Difference between Affect and Mood

Affect vs Mood

Affect is experiencing an emotion or a feeling. It is crucial for responding to the external environment. When someone responds to an external stimulus it is referred to as “affect display”. Mood is an emotional state of mind and is always expressed through body language, postures, and gestures.

Affect

Affect as mentioned in the introduction is an “experience of feeling”. According to psychology, there are many debates about the definition of affect. The most popular argument is that affect is what occurs instinctually in our minds when we respond to stimuli. This theory says affect occur without any cognitive process. If this is the case, when it comes to humans affect is a primary reaction but for animals and other organisms the most powerful one. One argument says that affect is “post-cognitive” and hence involve some thinking process. Some argue that it can be the both, at times pre-cognitive and sometimes post-cognitive. However, affect is an instantaneous or quick experiencing and comes very confidently. Therefore, most agrees to the idea that it is instinctual because thinking takes time and result in less confident action due to trouble taken for decision making. Affect is a very specific response hence very intense and focused.

Mood

Mood is a “state of emotion”. A mood always shows from facial expressions and verbal communication. Mood is not generated specifically from a stimulus or a specific event. A mood can generally be of two types, a negative mood or a positive mood (Basically a good mood or a bad mood). We cannot say if a mood is due to, say, a death, a victory, a divorce, a celebration etc. They are less intense and less focused. That is why we call it a “good” mood or a “bad” mood because why it is good or bad is not clear. Moods change from time to time, but they stay longer than affects.

When moods are disturbed for prolonged periods, it is identified as a mood disorder (e.g. bipolar disorder, depression, chronic stress). Positive mood has proved to enhance creativity, problem solving and thinking power. Interestingly it is also found that a person in a positive mood is highly sensitive to distractions. A negative mood, on the other hand, has proved to decrease thinking power, often results in confusion. When a person is constantly in a bad mood, it can lead to a mood disorder.
What is the difference between affect and mood?

• Affect occurs in response to a specific stimulus or an event, but mood can occur without specific stimulus or a reason.
• Affect is instantaneous and instinctual, but a mood takes time to develop and involves thinking.
• Affect is intense and focused, but the mood is diluted and unfocused.
• Affect is short-termed in comparison to mood; mood is long-termed and, therefore, the impacts may be larger and troublesome to cope up.
• Affect has a pin pointed- start and end, but a mood does not have a pin pointed start and end, or difficult to identify.

The conceptualization of terms: ‘Mood’ and ‘affect’ in academic trainees of mental health

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Abstract

INTRODUCTION

Ideally, the management of mental and behavioral disorders is carried out by a team of multidisciplinary mental health professionals consisting of psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, and others. This may not be true in psychiatric practices in India. However, a majority of the teaching mental health institutes in India have multidisciplinary team consisting of the above-mentioned professionals, with the aim to improve the clinical services, academic as well as research activities. Every mental health professional, during his/her training, irrespective of disciplines, is expected to learn similar clinical skills and deliver clinical services. All the trainees of mental health, irrespective of the discipline, are expected to learn similar basic skills of Mental Status Examination (MSE) during their training. Hence, it is interesting to compare some of the core skills of MSE in the trainees of different mental health disciplines.

The assessment of ‘mood’ and ‘affect’ is a vital part of MSE and is the cornerstone in the clinical assessment of mental and behavioral disorders.[1] The changes in mood and affect are paramount in taking clinical decisions during the management of different psychiatric disorders.[2] The descriptions of the terms ‘mood’ and ‘affect’ are adequately covered elsewhere.[2] However, the
descriptions of these terms may be understood differently by trainees of different disciplines of mental health professions. Therefore, it is essential to understand the differences in the conceptualization of the terms ‘mood’ and ‘affect’ among trainees of different disciplines of mental health. If the differences exist, further efforts may be carried out to reduce the differences and improve inter-rater reliability, which in turn improves the understanding of basic skills and ultimately the delivery of clinical services.

This study aims at comparing the conceptualizations of the terms ‘mood’ and ‘affect’ in all disciplines of mental health trainees in our institute. Authors hypothesized that there would be no differences in the understanding of the terms ‘mood’ and ‘affect’, as they were all undergoing similar training in the same institute.

**MATERIALS AND METHODS**

The original mood and affect questionnaire of Serby [3] that was modified to suit for this study has already been dealt elsewhere.[2] The final ‘modified mood and affect questionnaire’[2] was prepared after a discussion with teachers of all disciplines, to improve the validity.

This study was conducted in the Central Institute of Psychiatry (CIP), Ranchi, India, which is a premier postgraduate mental health institute in Eastern India, imparting training in psychiatry, clinical psychology, psychiatric social work, and psychiatric nursing, with the focus on multidisciplinary approach. The CIP has both in- and out-patient services along with more than 600 inpatient beds. The CIP also has an output of at least fifteen psychiatrists, fifteen clinical psychologists, six psychiatric social workers, and six psychiatric nurses every year. This study was also approved by the Institutional Review Board of CIP, Ranchi, India.

The final ‘modified mood and affect questionnaire’[2] was administered to all the trainees of the different disciplines of our institute [psychiatric residents (PR) of both DPM and MD, trainees of clinical psychology (CP), including M.Phil and PhD, trainees of psychiatric social work (M.Phil), and trainees of psychiatric nursing (DPN)] and they were invited for participation in this study. After their informed consent, all the trainees were requested to mark one response (one of either ‘true’ or ‘false’, or ‘not sure’) for each item. The completed questionnaire was collected back on the spot after the stipulated time. Forty-one out of 43 PR, 38 of 40 CP, seven psychiatric social work, and six psychiatric nurse trainees participated in this study. The statistical analysis was done
for responses of PR (N = 43) and CP (N = 38) only. The basic sociodemographic data of the participants (except their names, to maintain the anonymity) along with their disciplines and duration of training in mental health, were collected at the time of this study.

**RESULTS**

The mean ages of PRs and CPs were 29.09 (SD-3.09) and 26.28 (SD-2.05) years, respectively. The means of the duration of training of PRs and CPs in mental health at the time of this study were 25.80 (SD-21.46) and 27.58 (SD-20.16) months, respectively. The result of the study is summarized in Table 1. A statistical significant difference was observed in the response to items, — ‘Mood is the moment to moment emotional tone’ and items of ‘sign/symptom dimension’. There was no statistical difference observed in items of sustained/momentary dimension, subjective/objective dichotomy, external/internal dimension, or using quotation mark/in the patient verbatim.

The item-wise comparison of the responses of psychiatric residents and clinical psychologists in the questionnaire

**DISCUSSION**

There are recent increases in literature on mood and affect. The mood and affect sections of MSE were taken up in this study, as the changes in mood and affect are paramount in taking clinical decisions in the management of different psychiatric disorders. On account of the non-suitability of statistical tests in less number of responders in other disciplines, a statistical analysis was carried out only for responses of psychiatric residents (PRs) and trainees of clinical psychology (CPs), despite data being collected from all mental health trainees of the institute.

Authors observed the statistical differences between PRs and CPs in the items No. 15; 16, and 17 of Table 1, which could be the reflection of trends of trainees in the reading of both European and
American textbooks, as well as the differences in their graduation background (will be discussed in detail a little later in the text).

About 88% of PRs and 66% of CPs have not considered mood as a moment-to-moment emotional tone [Item No. 3 in Table 1]. This may be the reflection of differences in two popular psychopathology books available in India to describe to terms ‘mood’ and ‘affect’ at the time of this study [Fish's psychopathology (Hamilton, 1984) and SIMS (2003)]. In Fish's clinical psychopathology,[5] mood and affect are described as follows: Strictly speaking, mood is the emotional state prevailing at any given time or, as Deese (p. 70) puts it, “the dominant hedonic tone of the moment”. However, mood is often used by psychiatrists for an emotional state that usually lasts for some time, and which colors the total experience of the subject, or in other words, ‘a mood state’. Thus, while an emotion is a short-lived response, a mood state is a lasting disposition, either reactive or endogenous, to react to events with a certain kind of emotion. On the other hand, ‘affects are waves of emotion in which there is a sudden exacerbation of emotion, usually as a response to some event’. However, in the next line, ‘strictly speaking, mood is the emotional state prevailing at any given time or dominant hedonic tone of moment’. One would conclude from the above italic sentences of Fish that affect is a sudden exacerbation of emotion, and mood is also the emotional state prevailing at any given time, in other words, both mood and affect are short-term emotional tone (However, these confusing lines are deleted in the new edition of Fish's clinical psychopathology). In other texts, for example, Sims[6] as well as glossary of DSM- IV TR.[7] there is a difference in these descriptions (described in detail a little later in the text). According to Sims,[6] Karl Jaspers described the terms mood and affect as follows: Affect is a complex but momentary emotional perturbation. Mood is a more prolonged emotional state, which influences all aspects of the mental state. It is clear from the above lines of Sims[6] that ‘affect is momentary, while mood is prolonged emotion’. The glossary of DSM-IV TR[7] defines the terms ‘mood’ and ‘affect’ in the line of Sims[6] as follows: ‘Affect is a pattern of observable behaviors that is an expression of subjectively experienced feeling state (emotion)’, whereas, ‘mood is a pervasive and sustained emotion that colors the perception of the world’. In other words, mood refers to a more pervasive and sustained emotional ‘climate’, whereas, affect refers to more fluctuating changes in the emotional ‘weather’. The glossary of DSM-IV TR[7] makes it clear that ‘affect is momentary (like weather), while, mood is a prolonged emotion (like climate)’. Authors feel that the differences in these popular texts of psychopathology may be attributed to
the differences in conceptualizations among the German and the Anglo-American psychopathologists. Unfortunately, however, it is causing more confusion than clarity of the conceptualization of the terms ‘mood’ and ‘affect’.

The statistical differences observed in ‘sign/symptom dimension’ (items No. 15, 16, and 17) may be a reflection of their graduation training in India. During their ‘Bachelor of Medicine and Bachelor of Surgery’ (MBBS) graduation in India, the PRs are well exposed to the ‘sign/symptom dimension’ (pre-requisite qualification in India to enter post-graduation in psychiatry is MBBS), whereas, it is not so in the case of CPs in India (CPs come from non-clinical graduation like BA/BSc). This may suggest that CPs may be benefited with exposure to more medical terminology during their postgraduate mental health training, to reduce the above-mentioned differences.

There was no statistical difference in any other item in the questionnaire. This may be explained by the habit of reading similar texts of psychiatry (Comprehensive Textbook of Psychiatry and Oxford Textbook of Psychiatry) during their respective mental health post-graduate training in the same institute. However, a majority of PRs and CPs (approximately 44% of PR and 29% of CPs in item No. 19) felt that they were getting inadequate information about ‘mood’ and ‘affect’ in literatures/textbooks, which suggested that further convergent literatures were required in the concepts of mood/affect. Future studies may focus on other sections of MSE in multi-site international studies, with a higher number of participants.

**CONCLUSIONS**

There are no significant differences in the responses of psychiatric and clinical psychology trainees in the questionnaire, except in the item ‘mood is the moment-to-moment emotional tone’ and in the item ‘sign/symptom dimension’, which could be the reflection of the difference in the description of ‘mood’ and ‘affect’ in textbooks of psychopathology, as well as, the difference in their graduation background. The trainees of clinical psychologists may get benefited from more exposure to medical terminology during their first clinical mental health training in India.

**Footnotes**

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REFERENCES


Difference between Mood and Affect

Mood vs Affect

In the English language, the word affect is mainly used as a verb, with two shades of meanings that are very similar. Affect may either mean changing someone’s feelings or altering someone’s mental state. In a wider sense, it may also mean to affect something in some way. In psychology, affect is used to describe mood, especially a change in mood. However, while affect may describe mood, the two are completely different in meaning.

Mood is a state of feeling (emotional), usually temporary, resulting from a specific stimulus. The word is derived from an ancient English word ‘mod’ which meant courage especially during war times. Mood creates either a positive or negative valence. This is when people talk of being in good or bad mood. Often, moods last a little longer than other emotional feelings like surprise and fear. In psychology, mood is said to result from tension and energy. According to the psychologist, Robert Thayer, a calm-energy mood gives the best feelings while the feelings get worse when one is in a tense-tired mood.
There’s a high tendency to confuse the meanings of the two words as in psychology they mean very similar things. Mood, similar to emotion, is a state of affect. Mood doesn’t necessarily have to have a specific stimuli or cause but rather it is as a result of a more diffused and unfocused occurrence. Emotion, however, has a clear cause. Affect also describes the state of feeling or experience of emotion. It is an essential part of our direct interaction with stimuli.

Another key difference between affect and mood is that affect results from instant reactions, which change if someone becomes expectant of some future enjoyment or pain. Therefore, it is a bit short-lived, while mood can last for some considerable period of time because causes are unfocused. Because it lasts longer, mood is harder to cope with.

In the sphere of interpersonal communication, the display of affect is very crucial. Emotions are known to be ways through which organisms maintain their relationship with their environment. Reactions to both mood and affect are physically manifested through posture, facial expression, sound or other body gestures.

Summary
1. Affect is the experience of feeling an emotion while mood is a state of emotion.
2. Affect is usually short-lived while mood can last for hours or days.
3. Mood can be a state of affect, where it may have no specific cause.

**Emotion, Feeling, Mood**
What’s the difference between an emotion, a feeling, and mood?
Simple answer: Time.

Emotions are chemicals released in response to our interpretation of a specific trigger. It takes our brains about 1/4 second to identify the trigger, and about another 1/4 second to produce the chemicals. By the way, emotion chemicals are released throughout our bodies, not just in our brains, and they form a kind of feedback loop between our brains & bodies. They last for about six seconds.

Feelings happen as we begin to integrate the emotion, to think about it, to “let it soak in.” In English, we use “feel” for both physical and emotional sensation — we can say we physically feel cold, but we can also emotionally feel cold. This is a clue to the meaning of “feeling,” it’s something we sense. Feelings are more “cognitively saturated” as the emotion chemicals are processed in our brains & bodies. Feelings are often fueled by a mix of emotions, and last for longer than emotions.

Moods are more generalized. They’re not tied to a specific incident, but a collection of inputs. Mood is heavily influenced by our environment (weather, lighting, color, people around us), by our physiology (what we’ve been eating, how we’ve been exercising, if we have a cold or not, how well we slept), by our thinking (where we’re focusing attention), and by our current emotions. Moods can last minutes, hours, probably even days.