GP NEWSLETTER

In Practice

BY EQUAL PSYCHOLOGY · ISSUE 9 · OCTOBER 2026 · THEME: EXISTENTIAL DISTRESS AND MEANING

When a young adult says nothing feels worth it, the problem is not always depression. Meaning-related distress is a distinct presentation, and it calls for a different conversation.

THE CLINICAL REALITY

When low mood is really lost meaning

More younger adults are presenting not with classic depression but with a loss of direction: hopelessness about the future, a sense of being stuck, and the question of what any of it is for. This pattern has a name. Demoralization, now coded in ICD-11 (MB22.2), describes a loss of confidence in one's ability to cope, with helplessness, hopelessness and discouragement. It is not listed in the DSM-5-TR, which is part of why it is easy to overlook.

The distinction is clinically useful. The hallmark of demoralization is subjective incompetence: the person is willing to act but does not know how to proceed. Unlike a major depressive episode, the capacity for pleasure is usually preserved, so anhedonia is absent, and demoralization can occur on its own, without depression. Meaning tracks these presentations. Across meta-analytic data it is moderately and negatively associated with depression ($r = -0.33$), and in young people a stronger sense of meaning is associated with lower suicidal ideation ($r = -0.51$), most strongly in high-income, individualist countries such as Australia.

THIS MONTH'S RESOURCE

Telling demoralization from depression

The Demoralization Scale-II (DS-II) is a brief 16-item measure with two domains: Meaning and Purpose, and Distress and Coping. It was developed and validated in advanced-illness populations, so in general practice it is best used as a structured prompt rather than a diagnostic test. The features below help separate the two presentations in the room.

DEMORALIZATION VS DEPRESSION

Both share low mood and hopelessness. Listen for what differs.

Points to demoralization: subjective incompetence (willing to act, unsure how), preserved capacity for pleasure, distress centred on meaning and the future.

Points to depression: anhedonia (loss of pleasure), pervasive low mood, neurovegetative change.

Note: the two can coexist, and demoralization can also occur alone.

Where medication is being considered, the distinction is practical. Australian guidelines recommend psychological therapy as a first-line option for mild to moderate depression, rather than reaching first for an antidepressant.

FROM MATTHEW

The Stoicism your patients bring to the room

> *What I notice most in the young men I see is not sadness. It is a kind of shutting down that they have been taught to call strength. Many arrive having found Stoicism online, and they have taken from it that the goal is to feel less and say nothing. That is not what the philosophy actually asks, and in my experience it is not what helps. The version that helps is the one that separates what a person can influence from what they cannot, and then acts. Often my work is simply helping someone find the first thing they can move, so the stuckness begins to give.*
>
> **Matthew Hallam · Registered Psychologist, Equal Psychology**

TO SHARE WITH YOUR PATIENT

A short meaning-oriented conversation can open the door without pathologising. These questions are a starting point, not a screen.

THREE QUESTIONS TO OPEN THE CONVERSATION

1. *What used to matter to you that feels out of reach right now?*
2. *If nothing changed externally, what would you still want to move toward?*
3. *What is one small thing that is genuinely within your control this week?*

The aim is to restore a sense of agency, not to supply an answer.

CONSIDER A REFERRAL WHEN...

- Loss of meaning or direction persists and is affecting daily functioning
- The picture is hard to separate from depression, or the two appear to coexist
- A patient is disengaging from support and framing self-reliance as the only option
- There is any suicidal ideation, as meaning-related distress carries its own risk
- Rigid emotional suppression has become the patient's main coping style

If your patients could benefit from additional psychological support, contact our admin team at **admin@equalpsychology.com.au**

Patient resource available

We have created a patient resource on existential distress and meaning to accompany this newsletter. Scan the QR code to download and share with your patients.

de Figueiredo, J. M. (2026). The demoralization construct in clinical practice and research. Journal of Clinical Psychiatry, 87(2), 26com16383. https://doi.org/10.4088/JCP.26com16383

Li, S., Luo, H., Huang, F., Wang, Y., & Yip, P. S. F. (2024). Associations between meaning in life and suicidal ideation in young people: A systematic review and meta-analysis. Children and Youth Services Review, 158, 107477. https://doi.org/10.1016/j.childyouth.2024.107477

Malhi, G. S., Bell, E., Bassett, D., Boyce, P., Bryant, R., Hazell, P., Hopwood, M., Lyndon, B., Mulder, R., Porter, R., Singh, A. B., & Murray, G. (2021). The 2020 Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. Australian & New Zealand Journal of Psychiatry, 55(1), 7–117. https://doi.org/10.1177/0004867420979353

Ouyang, W.-h., Wang, X.-q., Cai, J.-y., Pan, S.-y., & Li, J.-y. (2025). A three-level meta-analysis of the relationship between meaning in life and depression. Journal of Affective Disorders, 121045. https://doi.org/10.1016/j.jad.2025.121045

Robinson, S., Kissane, D. W., Brooker, J., Hempton, C., Michael, N., Fischer, J., Franco, M., Sulistio, M., Pallant, J. F., Clarke, D. M., & Burney, S. (2016). Refinement and revalidation of the Demoralization Scale: The DS-II–internal validity. Cancer, 122(14), 2251–2259. https://doi.org/10.1002/cncr.30015

World Health Organization. (2024). International classification of diseases (11th ed.), MB22.2 Demoralization. https://icd.who.int/browse11