

Identifying Core Indicators of Relapse in Clients Undergoing Cognitive Behavioral Therapy for Depression: A Qualitative Study

Kemal. Gökçay^{1*}, Murat. Ceyhan²

¹Department Guidance and Psychological Counseling, Anadolu University, Eskisehir, Turkey

² Kanuni Sultan Süleyman Training and Research Hospital, Department of Adult Psychiatry, Küçükçekmece, İstanbul, Turkey

* Corresponding author email address: kemalgokcay@anadolu.edu.tr

Editor

Mehdi Rostami¹
Department of Psychology and
Counseling, KMAN Research
Institute, Richmond Hill, Ontario,
Canada
mehdirostami@kmanresce.ca

Reviewers

Reviewer 1: Onur Isci¹
School of Sociological and Anthropological Studies, University of Ottawa, Ottawa,
ON, Canada. Email: onurisci@gmail.com
Reviewer 2: Muhammet Oğuz Yucel¹
Department of Education Counseling and Guidance, TED University, Ankara,
Turkey. Email: muhammetoguz.yucel@gmail.com

1. Round 1

1.1. Reviewer 1

Reviewer:

Objective line, the statement “to explore and identify the core indicators of relapse” is too general. Clarify whether your objective is to identify subjective warning signs, behavioral markers, or broader contextual factors.

In the Introduction, the concept of relapse is framed as “a multifaceted process involving cognitive, behavioral, and social stressors.” Please provide a formal definition or cite an authoritative source to ensure conceptual precision.

In Category 2: Behavioral and Lifestyle Indicators, “withdrawal and isolation” and “lack of social support” (from Category 3) appear conceptually overlapping. Clarify how the coding distinguished between individual withdrawal versus external support deficits.

The Introduction reviews relapse prevention therapies (PCT, MBCT, RFCBT), but it is unclear which theoretical lens guided this study. Please articulate a guiding framework (e.g., cognitive vulnerability-stress model) that shaped the thematic analysis.

In Category 3: Social and Interpersonal Factors, the quote “When someone criticizes me... I take it as proof that I’m not good enough” illustrates interpersonal sensitivity. Please contextualize this within existing theories (e.g., rejection sensitivity model) to strengthen interpretation.

In Introduction – first paragraph, the phrase “Depression remains one of the most pervasive and debilitating mental health disorders worldwide” should be supported by a recent epidemiological citation (e.g., WHO 2024 data) to establish timeliness.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

In Discussion – first paragraph, the authors state: “These findings support previous research showing that rumination and dysfunctional attitudes are powerful predictors of relapse.” While accurate, please also address contradictory studies or alternative interpretations for balance.

In Conclusion, the recommendation “early identification of these indicators combined with booster interventions may enhance treatment gains” is promising but too general. Please specify concrete clinical practices, such as frequency of booster sessions or monitoring tools.

In Limitations, self-report bias is briefly acknowledged. Please elaborate on how recall bias (participants recounting past relapse indicators retrospectively) might have influenced the findings, and suggest methodological solutions for future research.

In Discussion – behavioral indicators section, you compare findings with bipolar disorder relapse. Consider also drawing comparisons with anxiety relapse literature to broaden the discussion.

In Table 1 – Themes, Subthemes, and Concepts, some open codes (e.g., “what if” scenarios, “inner harsh voice”) are too colloquial. Consider standardizing them into more formal psychological constructs to increase academic rigor.

Authors revised and uploaded the document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.