

The Effectiveness of Mindfulness-Based Cognitive Therapy on Cognitive Distortions and Suicidal Ideation among Individuals Referring to Counseling Centers

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ABSTRACT

The present study aimed to determine the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on cognitive distortions and suicidal ideation among individuals referring to counseling centers. This study employed a quasi-experimental design with a pretest–posttest control group. The statistical population consisted of individuals who referred to the Arsam Psychological Services and Counseling Center in Tonekabon, Iran, in 2025. A total of 28 participants were selected through convenience sampling and randomly assigned to an experimental group ($n = 14$) and a control group ($n = 14$). The experimental group participated in eight weekly 90-minute sessions of Mindfulness-Based Cognitive Therapy, while the control group received no intervention. Data were collected using the Cognitive Distortions Questionnaire (CDQ) and the Beck Scale for Suicidal Ideation (BSSI). Data analysis was conducted using descriptive statistics, Levene's test, and one-way analysis of covariance (ANCOVA). The inferential results demonstrated significant differences between the experimental and control groups at posttest after controlling for pretest scores. ANCOVA revealed that MBCT had a significant effect on cognitive distortions ($F = 25.69$, $p < .001$, $\eta^2 = .47$), indicating a substantial reduction in distorted thinking patterns among participants who received the intervention. Likewise, a significant effect was found for suicidal ideation ($F = 15.14$, $p < .001$, $\eta^2 = .45$), suggesting that participation in MBCT effectively reduced suicidal thoughts. The results indicate that the intervention accounted for a considerable proportion of the variance in both outcome variables, supporting the efficacy of mindfulness-based cognitive approaches in improving cognitive and emotional functioning. The findings suggest that Mindfulness-Based Cognitive Therapy is an effective psychological intervention for reducing cognitive distortions and suicidal ideation among individuals seeking counseling services. By enhancing present-moment awareness, nonjudgmental observation, cognitive flexibility, and emotional acceptance, MBCT helps individuals disengage from maladaptive cognitive patterns and self-destructive thoughts. Therefore, this therapeutic approach can be recommended as a valuable intervention for promoting psychological well-being and preventing suicide risk in clinical and counseling settings.

Keywords: Mindfulness-Based Cognitive Therapy (MBCT), Cognitive Distortions, Suicidal Ideation, Counseling Centers, Psychological Intervention, Mental Health.

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Introduction

Suicide and suicidal ideation remain among the most serious public health concerns worldwide, affecting individuals across different age groups, cultures, and socioeconomic backgrounds. Although suicide represents the final outcome of a complex psychological process, suicidal ideation is often recognized as one of the earliest and most important warning signs preceding suicidal behavior. Suicidal ideation encompasses a broad spectrum of thoughts, wishes, plans, and cognitive preoccupations related to self-inflicted death. These thoughts may range from passive desires for death to active planning and intent to end one's life. Given its strong predictive value for future suicide attempts and completed suicide, understanding the psychological factors associated with suicidal ideation has become a major focus of contemporary mental health research (1-3).

Recent epidemiological studies indicate that suicidal ideation continues to increase in many societies despite advances in psychiatric treatment and mental health awareness. Individuals experiencing persistent suicidal thoughts often suffer from substantial psychological distress, impaired functioning, and reduced quality of life. Research has demonstrated that suicidal ideation is associated with a wide range of risk factors, including psychiatric disorders, maladaptive personality traits, hopelessness, depression, social isolation, ineffective coping strategies, and exposure to stressful life events (4-6). Furthermore, investigations conducted among high-risk populations have shown that suicidal ideation frequently emerges before more severe manifestations of suicidal behavior, highlighting the importance of early identification and intervention (3, 7).

Psychological theories increasingly emphasize the role of cognitive processes in the development and maintenance of suicidal ideation. Cognitive models propose that individuals do not merely react to external events but rather respond to their interpretations of those events. When individuals consistently process experiences through distorted and maladaptive cognitive patterns, they become more vulnerable to negative emotional states and self-destructive thinking. Consequently, cognitive distortions have been identified as one of the central mechanisms underlying psychological disorders and suicidal vulnerability (8, 9). Cognitive distortions refer to systematic errors in thinking that lead individuals to interpret reality in biased, exaggerated, or irrational ways. These distortions often involve overgeneralization, catastrophizing, personalization, dichotomous thinking, and unrealistic expectations regarding oneself and others. Such distorted interpretations contribute to emotional suffering and interfere with adaptive coping and problem-solving abilities (9, 10).

The relationship between cognitive distortions and suicidal ideation has received growing empirical support. Individuals who experience frequent cognitive distortions often perceive themselves as helpless, rejected, or incapable of influencing life outcomes, thereby increasing feelings of hopelessness and despair. These maladaptive cognitive patterns may reinforce negative self-evaluations and strengthen beliefs that life difficulties are insurmountable, ultimately contributing to suicidal thoughts and intentions. Research examining suicidal populations has repeatedly identified dysfunctional cognitive processing as a significant contributor to suicide risk (4-6). Consequently, interventions targeting cognitive distortions may provide an effective pathway for reducing suicidal ideation and improving psychological well-being.

In recent years, mindfulness has emerged as a promising psychological construct for understanding and improving mental health outcomes. Mindfulness refers to a state of purposeful, present-moment awareness

characterized by openness, acceptance, and nonjudgmental observation of internal and external experiences. Rather than attempting to suppress or avoid unwanted thoughts and emotions, mindfulness encourages individuals to acknowledge them as transient mental events. Through this process, individuals develop greater psychological flexibility and reduce automatic reactivity to distressing experiences (11, 12). The growing popularity of mindfulness-based interventions reflects accumulating evidence demonstrating their effectiveness across a wide range of psychological difficulties, including anxiety, depression, emotional dysregulation, interpersonal problems, and suicidal ideation (13, 14).

Among mindfulness-based approaches, Mindfulness-Based Cognitive Therapy (MBCT) has received considerable attention. MBCT integrates principles of cognitive therapy with mindfulness practices to help individuals develop a different relationship with their thoughts and emotions. Rather than challenging the content of negative thoughts directly, MBCT teaches individuals to observe their cognitive experiences with acceptance and curiosity. This shift in perspective enables participants to recognize cognitive distortions without becoming emotionally entangled in them, thereby reducing the impact of maladaptive thought patterns on emotional functioning (11, 12). Through repeated mindfulness practice, individuals learn to disengage from habitual patterns of rumination, self-criticism, and cognitive fusion, which are often implicated in the persistence of suicidal ideation.

Several studies have demonstrated the beneficial effects of mindfulness-based interventions on suicidal thoughts and related psychological variables. Goodarzi et al. reported that mindfulness-based stress reduction significantly decreased suicidal ideation and aggression among military conscripts, suggesting that mindfulness skills can enhance emotional regulation and reduce vulnerability to self-destructive thinking (15). Similarly, Darj found that mindfulness therapy effectively reduced suicidal thoughts and improved social adjustment among adolescent girls with a history of suicide attempts (16). These findings support the notion that mindfulness interventions may provide protective psychological resources that buffer against suicidal risk.

More recent investigations have further strengthened the evidence for mindfulness-based approaches in suicide prevention. Fan et al. demonstrated that mindfulness therapy combined with mentalization-based family therapy significantly reduced suicidal ideation among adolescents with depressive disorders, highlighting the potential of integrative mindfulness interventions for high-risk populations (17). Likewise, Zeydabadinejad et al. found that MBCT significantly improved cognitive fusion and interpersonal needs among students experiencing suicidal thoughts, suggesting that mindfulness may alter key cognitive and interpersonal processes associated with suicidality (18). These findings indicate that mindfulness-based interventions may influence both intrapersonal and interpersonal mechanisms involved in suicidal ideation.

Theoretical and empirical evidence also suggests that mindfulness may operate as a protective factor by improving coping strategies and resilience. Individuals with higher levels of mindfulness tend to exhibit greater emotional awareness, better stress management, and more adaptive responses to adversity. For example, research has shown that mindfulness mediates the relationship between family resilience and self-injurious behaviors among adolescents, indicating its role in fostering psychological adaptation under stressful circumstances (14). Similarly, studies have found that mindfulness is associated with reduced anxiety, insomnia, and social dysfunction, all of which are recognized correlates of suicidal ideation (13).

The growing body of literature examining mindfulness and suicidality has also highlighted the importance of underlying cognitive processes. Hefazi Torghabeh and Najafi reported that mindfulness and mentalization mediated the relationship between childhood trauma and suicidal ideation among students, emphasizing the capacity of mindfulness to modify the cognitive and emotional consequences of adverse experiences (19). Because cognitive distortions frequently emerge following traumatic and stressful experiences, interventions that cultivate mindful awareness may help individuals identify and disengage from dysfunctional cognitive patterns before they escalate into severe psychological distress.

Despite the expanding evidence base, several gaps remain in the literature. Although numerous studies have examined the effectiveness of mindfulness interventions on either suicidal ideation or cognitive functioning separately, relatively few investigations have simultaneously evaluated the impact of Mindfulness-Based Cognitive Therapy on both cognitive distortions and suicidal ideation. This limitation is particularly important because cognitive distortions may represent one of the principal mechanisms through which suicidal thoughts develop and persist. Understanding whether MBCT can effectively reduce both distorted cognition and suicidal ideation within counseling populations may provide valuable insights into the mechanisms of therapeutic change and contribute to more effective prevention strategies (9, 10, 18).

Furthermore, most previous studies have focused on specific populations such as adolescents, students, military personnel, or psychiatric patients, while less attention has been devoted to individuals seeking routine psychological services in counseling settings. Counseling centers frequently serve clients experiencing a broad range of emotional, cognitive, and interpersonal difficulties, many of which are associated with elevated suicide risk. Evaluating the effectiveness of MBCT in such settings may therefore enhance the ecological validity and practical applicability of mindfulness-based interventions (16, 17, 19).

Therefore, the present study aimed to investigate the effectiveness of Mindfulness-Based Cognitive Therapy on cognitive distortions and suicidal ideation among individuals referring to counseling centers.

Methods and Materials

Study Design and Participants

The present study employed a quasi-experimental design using a pretest–posttest framework with a control group. The target population consisted of individuals who referred to the Arsam Psychological Services and Counseling Center in Tonekabon, Iran, during 2025. Participants were selected through convenience sampling based on their willingness to participate and their eligibility for psychological intervention. A total of 28 individuals were recruited and subsequently assigned to either an experimental group or a control group, with 14 participants in each group. Prior to the intervention, both groups completed baseline assessments of cognitive distortions and suicidal ideation. The experimental group participated in an eight-week Mindfulness-Based Cognitive Therapy (MBCT) program, while the control group did not receive any psychological intervention during the study period. Following completion of the intervention, both groups were reassessed using the same measurement instruments to evaluate changes in the study variables.

Data Collection

The Cognitive Distortions Questionnaire (CDQ), developed by Hamamci and Büyüköztürk (2004), was used to assess participants' levels of cognitive distortions. The instrument consists of 19 items rated on a five-point Likert scale and measures three dimensions of distorted interpersonal cognition: interpersonal rejection, unrealistic relationship expectations, and misperception in interpersonal relationships. Scores range from 19 to 95, with higher scores indicating greater levels of cognitive distortion. The original developers reported acceptable psychometric properties for the scale, with Cronbach's alpha coefficients and test-retest reliability coefficients demonstrating satisfactory internal consistency and temporal stability. Evidence of construct validity was also established through significant correlations with measures of irrational beliefs, automatic thoughts, and interpersonal conflict tendencies. The Persian version of the questionnaire was validated by Esmailpour, Bakhshipour Roodsari, and Mohammadzadegan, who confirmed the three-factor structure and reported Cronbach's alpha coefficients ranging from 0.79 to 0.82 across the subscales, indicating good reliability.

Suicidal ideation was measured using the Beck Scale for Suicidal Ideation (BSSI), originally developed by Aaron T. Beck. This self-report instrument consists of 19 items designed to assess the severity and characteristics of suicidal thoughts, including desire for death, active and passive suicidal tendencies, frequency and duration of suicidal ideation, perceived self-control, deterrents to suicide, and readiness to engage in suicidal behavior. The scale contains five initial screening items; when responses indicate the presence of suicidal ideation, respondents proceed to complete the remaining items. Factor analytic studies have identified three primary dimensions within the scale, including desire for death, preparation for suicide, and actual suicidal desire. Previous psychometric evaluations have demonstrated strong validity and reliability. In a study conducted on Iranian participants, the BSSI showed a correlation coefficient of 0.76 with the Goldberg Depression Scale. Reliability estimates were also satisfactory, with a Cronbach's alpha coefficient of 0.95 and a split-half reliability coefficient of 0.75, supporting its use as a valid and reliable measure of suicidal ideation.

Intervention

Participants in the experimental group received Mindfulness-Based Cognitive Therapy (MBCT) over an eight-week period. The intervention was delivered in weekly sessions lasting approximately 90 minutes each. The program integrated principles of cognitive therapy with mindfulness practices aimed at increasing present-moment awareness and reducing maladaptive cognitive processes. Throughout the sessions, participants were trained to observe thoughts, emotions, and bodily sensations without judgment, cultivate acceptance of internal experiences, and develop greater cognitive flexibility. The intervention emphasized recognizing automatic negative thoughts, disengaging from dysfunctional cognitive patterns, and fostering a decentered perspective toward psychological experiences. Mindfulness exercises such as focused breathing, body scanning, mindful awareness of thoughts and emotions, and experiential acceptance practices were incorporated to help participants regulate emotional distress and reduce cognitive distortions and suicidal ideation. The control group received no structured psychological intervention during the study period.

Data Analysis

Data were analyzed using both descriptive and inferential statistical methods. Descriptive statistics, including means and standard deviations, were calculated to summarize participant performance on the study variables before and after the intervention. Prior to hypothesis testing, the assumption of homogeneity of variances was evaluated using Levene's test. To examine the effectiveness of Mindfulness-Based Cognitive Therapy on cognitive distortions and suicidal ideation while controlling for pretest differences, one-way Analysis of Covariance (ANCOVA) was conducted. The pretest scores were entered as covariates and posttest scores served as dependent variables. Statistical significance was evaluated at the conventional alpha level of 0.05, and effect sizes were calculated to determine the magnitude of the intervention effects.

Findings and Results

A total of 28 individuals participated in the study, including 14 participants in the experimental group and 14 participants in the control group. The participants were recruited from clients referred to the Arsam Psychological Services and Counseling Center in Tonekabon during 2025. All participants completed the pretest and posttest assessments, and no attrition occurred during the intervention period. The experimental and control groups were comparable in terms of sample size and baseline characteristics.

Table 1. Descriptive Statistics of Cognitive Distortions and Suicidal Ideation

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Cognitive Distortions	Experimental	72.78	6.89	60.57	5.68
Cognitive Distortions	Control	71.47	6.12	70.84	6.15
Suicidal Ideation	Experimental	21.63	4.36	14.87	3.53
Suicidal Ideation	Control	20.37	4.34	19.38	4.78

As shown in Table 1, the mean scores of cognitive distortions and suicidal ideation in the control group remained relatively stable from pretest to posttest. In contrast, participants in the experimental group demonstrated noticeable reductions in both cognitive distortions and suicidal ideation following participation in the Mindfulness-Based Cognitive Therapy program. These descriptive findings provide preliminary evidence of the effectiveness of the intervention.

Before conducting the covariance analyses, the assumption of homogeneity of variances was examined using Levene's test. The results indicated that the obtained F values were not statistically significant for either cognitive distortions or suicidal ideation. Since the significance levels for all study variables exceeded the criterion value of 0.05, the assumption of equal variances across groups was satisfied. Therefore, the use of analysis of covariance (ANCOVA) was considered appropriate.

Table 2. Results of Levene's Test and One-Way Analysis of Covariance

Variable	Source	SS	df	MS	F	p	η^2
Cognitive Distortions	Levene's Test	—	1, 26	—	0.657	0.510	—
	Pretest	1265.284	1	1265.284	69.286	0.001	0.635
	Group Membership	687.698	1	687.698	25.694	0.001	0.475
	Error	298.375	25	11.935	—	—	—
Suicidal Ideation	Levene's Test	—	1, 26	—	0.054	0.620	—
	Pretest	412.586	1	412.586	23.658	0.001	0.569
	Group Membership	258.396	1	258.396	15.147	0.001	0.456
	Error	96.734	25	3.869	—	—	—

The ANCOVA results presented in Table 2 revealed a significant effect of Mindfulness-Based Cognitive Therapy on cognitive distortions after controlling for pretest scores, $F(1, 25) = 25.694$, $p = 0.001$, $\eta^2 = 0.475$. This finding indicates that participation in the intervention significantly reduced cognitive distortions among individuals attending counseling centers. Similarly, a significant group effect was observed for suicidal ideation, $F(1, 25) = 15.147$, $p = 0.001$, $\eta^2 = 0.456$, after adjustment for pretest differences. The obtained effect sizes suggest that the intervention accounted for a substantial proportion of the variance in both outcome variables. Therefore, the findings support the conclusion that Mindfulness-Based Cognitive Therapy was effective in reducing both cognitive distortions and suicidal ideation among participants.

Discussion and Conclusion

The present study aimed to investigate the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on cognitive distortions and suicidal ideation among individuals referring to counseling centers. The findings demonstrated that MBCT significantly reduced cognitive distortions in the experimental group compared with the control group. After controlling for pretest scores, the covariance analysis revealed a significant group effect, indicating that participants who received the intervention reported lower levels of distorted thinking patterns following treatment. In addition, the results showed that MBCT significantly decreased suicidal ideation among participants in the experimental group. The observed reductions in both cognitive distortions and suicidal ideation suggest that the intervention successfully addressed maladaptive cognitive processes and emotional vulnerabilities that contribute to psychological distress. These findings provide empirical support for the effectiveness of MBCT as a therapeutic approach for individuals experiencing dysfunctional cognitions and self-destructive thoughts.

The first major finding of the study was that Mindfulness-Based Cognitive Therapy significantly reduced cognitive distortions among individuals attending counseling services. This result is consistent with previous research indicating that mindfulness-based interventions can improve cognitive functioning and reduce maladaptive thinking patterns. For example, Goodarzi reported that cognitive-behavioral interventions can significantly improve cognitive distortions by helping individuals identify and modify irrational beliefs and dysfunctional interpretations of experiences (10). Similarly, Sharifzadi demonstrated that cognitive-behavioral approaches effectively reduced cognitive distortions and psychological symptoms among children with attention-deficit and hyperactivity disorders (9). The present findings extend these observations by demonstrating that MBCT can achieve similar outcomes among individuals seeking psychological counseling services.

Several theoretical mechanisms may explain the observed reduction in cognitive distortions. According to mindfulness theory, psychological distress is often maintained by automatic and habitual patterns of thinking that individuals accept as accurate reflections of reality. Cognitive distortions emerge when individuals interpret experiences through rigid, exaggerated, and negatively biased cognitive schemas. MBCT encourages participants to observe thoughts as transient mental events rather than objective truths. Through mindfulness practice, individuals learn to recognize cognitive distortions without immediately reacting to them or becoming emotionally entangled in them. This process of decentering weakens the influence of distorted cognitions and allows more balanced interpretations of experiences to emerge (11, 12).

Consequently, participants become less likely to engage in catastrophizing, overgeneralization, personalization, and other forms of cognitive distortion that contribute to psychological dysfunction.

Another explanation for the effectiveness of MBCT in reducing cognitive distortions relates to emotional regulation. Cognitive distortions are often intensified by heightened emotional arousal, anxiety, and negative affect. Individuals experiencing emotional distress may interpret neutral situations negatively and become trapped in cycles of self-criticism and maladaptive thinking. Mindfulness training enhances awareness of emotional experiences while promoting acceptance and nonjudgmental observation. As participants develop greater emotional regulation capacities, they become less vulnerable to the cognitive biases that accompany intense emotional states. Previous studies have demonstrated that MBCT improves emotional self-awareness, metacognitive functioning, and emotion regulation, thereby reducing susceptibility to dysfunctional cognitive patterns (11, 12). Therefore, the reduction in cognitive distortions observed in the present study may reflect improved emotional regulation and increased cognitive flexibility resulting from mindfulness practice.

The second major finding of the study was that MBCT significantly reduced suicidal ideation among participants in the experimental group. This finding is consistent with a growing body of research demonstrating the effectiveness of mindfulness-based interventions in reducing suicide risk and suicidal thoughts. Goodarzi and colleagues found that mindfulness-based stress reduction significantly decreased suicidal ideation among military conscripts, suggesting that mindfulness training enhances resilience against self-destructive thinking (15). Similarly, Darj reported that mindfulness therapy reduced suicidal thoughts among adolescent girls with a history of suicide attempts and improved their social adjustment (16). Fan and colleagues also demonstrated that mindfulness therapy combined with mentalization-based family therapy significantly decreased suicidal ideation among adolescents with depressive disorders (17). Furthermore, Zeydabadinejad and colleagues found that MBCT improved cognitive fusion and interpersonal needs among students experiencing suicidal thoughts, thereby reducing factors associated with suicide risk (18). The findings of the current study align closely with these investigations and further support the role of mindfulness-based interventions in suicide prevention.

The reduction in suicidal ideation may be explained through several psychological mechanisms. Suicidal thoughts are frequently associated with hopelessness, emotional pain, perceived burdensomeness, social disconnection, and ineffective coping strategies. Individuals experiencing suicidal ideation often become trapped in repetitive cycles of rumination and negative self-evaluation that reinforce psychological suffering. Mindfulness interrupts these cycles by directing attention toward present-moment experiences and reducing engagement with maladaptive cognitive processes. Rather than attempting to suppress distressing thoughts, participants learn to observe them with acceptance and psychological distance. This shift in perspective reduces the emotional impact of suicidal cognitions and weakens their influence on behavior (13, 14). As individuals become more aware of their internal experiences, they may develop greater capacity to tolerate distress and identify alternative responses to emotional difficulties.

Another mechanism underlying the effectiveness of MBCT involves its impact on coping and resilience. Research has shown that ineffective coping strategies are strongly associated with suicidality, whereas adaptive coping skills serve as protective factors against suicide risk (6). Mindfulness-based interventions teach individuals how to respond to difficult emotions and stressful experiences in a more adaptive manner.

Instead of avoiding or suppressing distress, participants learn to approach challenges with openness and acceptance. This process strengthens psychological resilience and enhances individuals' confidence in their ability to manage adversity. Yuan and colleagues demonstrated that mindfulness contributes to resilience processes and helps protect individuals from self-injurious behaviors and related psychological difficulties (14). Therefore, the reduction in suicidal ideation observed in the present study may partially reflect improvements in coping resources and resilience capacities fostered through mindfulness practice.

The findings can also be understood within the broader context of cognitive theories of suicide. Cognitive models emphasize that suicidal ideation often emerges when individuals develop persistent negative beliefs about themselves, the world, and the future. Such beliefs are frequently maintained by cognitive distortions that amplify feelings of hopelessness and helplessness. By reducing cognitive distortions, MBCT may indirectly decrease suicidal ideation through modifications in the underlying cognitive structures that support self-destructive thinking. Research examining the neural and cognitive mechanisms of emotional regulation has shown that interventions promoting cognitive reappraisal and flexible thinking can reduce negative self-beliefs and improve psychological adjustment (8). The present findings suggest that MBCT may facilitate similar processes by helping individuals develop a healthier relationship with their thoughts and emotions.

The current results are particularly important given the increasing prevalence of suicidal ideation reported in both clinical and nonclinical populations. Studies have consistently highlighted the significant public health burden associated with suicide and the urgent need for effective preventive interventions (1-3). Research has identified numerous risk factors for suicidality, including psychiatric disorders, maladaptive personality characteristics, hopelessness, emotional dysregulation, and adverse life experiences (4, 5). More recently, investigators have emphasized the role of mindfulness and mentalization as protective psychological resources that can mitigate suicide risk even among individuals exposed to significant adversity (19). The findings of the present study support these perspectives by demonstrating that MBCT can effectively target both cognitive and emotional processes associated with suicidality.

The study also contributes to the growing literature emphasizing the transdiagnostic value of mindfulness-based interventions. Rather than focusing exclusively on symptom reduction, MBCT appears to address broader psychological processes such as awareness, acceptance, cognitive flexibility, emotional regulation, and resilience. These processes are relevant across a wide range of psychological disorders and difficulties. By cultivating mindfulness skills, individuals may become better equipped to manage future stressors and psychological challenges, thereby reducing the likelihood of relapse and promoting long-term mental health. This interpretation is supported by previous studies showing beneficial effects of mindfulness on emotional awareness, metacognitive beliefs, relationship functioning, cognitive fusion, and psychological well-being (11, 12, 18).

A notable strength of the present study is its focus on individuals seeking services in a counseling center setting. Much of the existing literature has concentrated on adolescents, students, military populations, or psychiatric patients. By examining clients attending counseling services, the current research enhances the ecological validity and practical relevance of mindfulness-based interventions. The findings suggest that MBCT may be effectively integrated into routine counseling practice to address both maladaptive cognitive patterns and suicide-related concerns. Given the substantial burden associated with cognitive distortions

and suicidal ideation, the implementation of evidence-based mindfulness interventions may provide a valuable addition to contemporary psychological services.

One limitation of the present study was the relatively small sample size, which may limit the generalizability of the findings to broader populations. In addition, participants were recruited from a single counseling center, reducing the representativeness of the sample. The study also relied exclusively on self-report measures, which may be influenced by social desirability bias and subjective response tendencies. Furthermore, the absence of a long-term follow-up assessment prevented evaluation of the durability of treatment effects over time.

Future studies should employ larger and more diverse samples drawn from multiple counseling and clinical settings to improve the external validity of the findings. Researchers may also incorporate follow-up assessments to determine the long-term effectiveness of MBCT on cognitive distortions and suicidal ideation. Comparative studies examining MBCT alongside other evidence-based interventions could further clarify the unique mechanisms and relative effectiveness of mindfulness-based approaches. In addition, future investigations may explore potential mediators such as resilience, emotion regulation, cognitive fusion, and psychological flexibility.

From a practical perspective, counseling centers and mental health clinics may benefit from incorporating Mindfulness-Based Cognitive Therapy into their intervention programs for individuals experiencing cognitive distortions and suicidal thoughts. Mental health professionals can utilize mindfulness techniques to enhance clients' awareness of maladaptive thought patterns and strengthen adaptive coping skills. Training programs for psychologists, counselors, and psychotherapists may also include specialized instruction in mindfulness-based approaches. Finally, the development of accessible mindfulness-based interventions, including group-based and community-oriented programs, may contribute to the prevention of suicide and the promotion of psychological well-being among vulnerable populations.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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