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Aesthetic Experience and Mental Health: Examining the Mediating Effects of Emotion Regulation and Mindful Attention

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A B S T R A C T

Purpose: This study aimed to examine the relationship between aesthetic experience and mental health and to determine the mediating roles of emotion regulation and mindful attention among adults living in Tehran.

Methods and Materials: The study was conducted using a descriptive-correlational design based on structural equation modeling. The statistical population consisted of adults living in Tehran, and the final sample included 412 participants selected through convenience sampling. Data were collected using standardized self-report instruments measuring aesthetic experience, emotion regulation, mindful attention, and mental health distress. Before the main analyses, the data were screened for missing values, outliers, normality, and reliability. Descriptive statistics, Pearson correlation coefficients, and structural equation modeling were used to examine the hypothesized relationships. The significance of indirect effects was assessed using the bootstrap method, and model adequacy was evaluated through standard fit indices.

Findings: The results showed that aesthetic experience had a significant positive effect on emotion regulation ($\beta = 0.46$, $p < 0.001$) and mindful attention ($\beta = 0.39$, $p < 0.001$). Emotion regulation had a significant negative effect on mental health distress ($\beta = -0.31$, $p < 0.001$), and mindful attention also had a significant negative effect on mental health distress ($\beta = -0.35$, $p < 0.001$). The direct effect of aesthetic experience on mental health distress remained significant after entering the mediators into the model ($\beta = -0.18$, $p = 0.001$). Bootstrap analysis confirmed the significant indirect effect of aesthetic experience on mental health distress through emotion regulation ($\beta = -0.14$, $p < 0.001$) and mindful attention ($\beta = -0.14$, $p < 0.001$). The total indirect effect was also significant ($\beta = -0.28$, $p < 0.001$), supporting a partial mediation model.

Conclusion: The findings indicate that aesthetic experience is associated with better mental health both directly and indirectly through stronger emotion regulation and mindful attention. These results suggest that aesthetic responsiveness may function as a psychological resource that supports emotional balance, present-centered awareness, and reduced psychological distress. Incorporating aesthetic activities into mental health promotion programs may therefore help improve emotional and attentional functioning in urban adult populations.

Keywords: *Aesthetic Experience; Mental Health; Emotion Regulation; Mindful Attention*

1. Introduction

Mental health is increasingly understood not only as the absence of psychological symptoms, but also as a dynamic condition shaped by emotional, cognitive, embodied, relational, environmental, and cultural experiences. Within this broader perspective, aesthetic experience has attracted growing attention as a psychological process that may contribute to well-being through mechanisms that extend beyond simple pleasure or entertainment. Aesthetic experience refers to the individual's receptive, emotional, cognitive, and sometimes embodied engagement with beauty, form, harmony, symbolic meaning, artistic expression, sensory depth, and affective resonance. Such experiences may occur while viewing visual art, listening to music, reading literature, engaging with poetry, observing natural landscapes, participating in dance or movement, practicing calligraphy, entering architecturally meaningful spaces, or encountering any object, environment, or performance that evokes contemplation, absorption, wonder, emotional modulation, or meaning-making. Recent theoretical and empirical literature suggests that aesthetic experience may influence psychological functioning by activating neuroaffective systems, supporting emotional integration, strengthening attentional presence, and facilitating reflective self-awareness (Castellotti et al., 2025; Pizzolante, 2026; Wanzer et al., 2020).

The psychological significance of aesthetic experience is particularly important because contemporary mental health challenges are often characterized by dysregulated affect, persistent stress, attentional fragmentation, rumination, and reduced capacity for present-centered awareness. In daily life, individuals are frequently exposed to cognitive overload, occupational pressure, social uncertainty, and digital distraction, all of which may weaken emotion regulation and mindful attention. Aesthetic experiences may provide an alternative mode of psychological organization by slowing perception, intensifying awareness, and enabling individuals to encounter emotions in a structured and symbolically meaningful form. Studies on art viewing, slow looking, and museum-based experiences indicate that aesthetic engagement can shape mood, increase engagement, and support reflective psychological states, suggesting that aesthetic perception is not a passive sensory activity but an active process involving attention, interpretation, affective response, and self-related meaning (Igdalova & Chamberlain, 2025; Vanutelli et al., 2025; Weigand & Jacobsen, 2021).

The relationship between aesthetic experience and mental health can also be understood through the concept of flourishing. Arts participation and aesthetic education have been associated with psychological benefits, emotional development, subjective well-being, and broader forms of positive functioning. In emerging adulthood and university populations, participation in artistic and aesthetic activities has been presented as a pathway to flourishing because it offers opportunities for self-expression, affective exploration, social connectedness, and meaning-making (Fan et al., 2024; Minmin & Mo, 2024; Ye et al., 2025). The positive humanities framework similarly emphasizes the potential of aesthetic, narrative, artistic, and cultural practices to enhance emotional intelligence and well-being by cultivating interpretive sensitivity, empathy, self-reflection, and emotional understanding (Tee, 2024). Therefore, aesthetic experience may be regarded as a psychologically relevant domain that contributes to mental health through both emotional and cognitive pathways.

Among the various forms of aesthetic engagement, music has received substantial empirical attention because of its strong capacity to evoke, modulate, and organize emotion. Music listening may trigger neurochemical responses associated with reward, arousal, bonding, and regulation, while also contributing to homeostatic balance and adaptive functioning in everyday life (Reybrouck & Dyck, 2024; Reybrouck et al., 2021). Research on music-induced sadness has shown that even negatively valenced aesthetic emotions can have complex psychological value, as sadness experienced through music may be accompanied by reflection, pleasure, consolation, or emotional clarification rather than ordinary distress (Herdson et al., 2022). The feeling of beauty in music has also been associated with relaxation and reduced confusion, indicating that aesthetic pleasure may contribute to psychological calmness and emotional coherence (Jain et al., 2022). These findings support the assumption that aesthetic experience may influence mental health not merely by increasing positive affect, but by changing the way emotions are perceived, tolerated, regulated, and integrated.

Emotion regulation is a central psychological mechanism through which aesthetic experience may contribute to mental health. Emotion regulation refers to the processes by which individuals monitor, evaluate, modify, intensify, diminish, or reinterpret their emotional responses. Effective emotion regulation is associated with lower psychological distress,

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greater resilience, improved interpersonal functioning, and better adaptation to stressful circumstances. Aesthetic experiences may facilitate emotion regulation because they allow individuals to encounter emotionally charged material in a safe, symbolic, and structured context. Music aesthetics, for example, has been discussed as a mechanism for emotion regulation because musical form can guide attention, evoke affective states, and support the transformation of emotional experience (Luo & Hua, 2024). Emotional subjectivity in professional and educational development also demonstrates that emotions are not merely private internal states, but are shaped through interpretive and contextual experiences, including aesthetic and cultural forms (Dhungana, 2024). From this perspective, aesthetic experience may strengthen mental health by helping individuals reorganize emotional states and develop more adaptive regulatory patterns.

Mindful attention represents another major mechanism that may explain the link between aesthetic experience and mental health. Mindful attention involves present-centered awareness, openness to immediate experience, reduced automaticity, and the capacity to observe internal and external phenomena without excessive judgment or distraction. Aesthetic experience often requires the person to attend carefully to sensory detail, rhythm, proportion, movement, tone, texture, narrative, or symbolic meaning. This attentional immersion resembles mindfulness in that it draws the individual away from repetitive rumination and toward direct engagement with the present moment. Research on mindfulness meditation and musical aesthetic emotion processing has shown that mindfulness can improve the processing of aesthetic emotions, suggesting a close connection between mindful attention and aesthetic responsiveness (Liu, Liu, et al., 2021; Liu, Shi, et al., 2021). More recent empirical work has extended this connection by showing that mindfulness meditation training may influence musical aesthetic emotion processing among musically trained individuals (He et al., 2025). These findings indicate that mindful attention may not only be strengthened by aesthetic engagement, but may also intensify the emotional and psychological benefits derived from aesthetic experience.

The intersection between mindfulness, aesthetic engagement, and mental health is further supported by intervention-oriented studies. Zen meditation combined with music has been explored as a program for mindfulness and happiness, highlighting the potential of integrative contemplative-aesthetic practices to support psychological well-being (Hwang et al., 2023). Mindfulness-based cognitive behavior therapy has also been shown to improve happiness in Iranian women, demonstrating the relevance of mindfulness-based approaches for mental health in culturally specific populations (Terikani et al., 2025). In environmental and design contexts, students' wellness and mindfulness have been linked to school design, suggesting that aesthetic and spatial features of daily environments may influence psychological presence and well-being (Ndimako et al., 2024). These studies collectively support the assumption that mindful attention may operate as an explanatory pathway between aesthetic experience and mental health, particularly when aesthetic engagement increases awareness, reduces automatic responding, and supports reflective attention.

Embodied forms of aesthetic experience further clarify the potential psychological relevance of aesthetics. Dance, movement, and body-based artistic practices engage sensory, emotional, motor, and relational systems simultaneously. Dance-based and movement-oriented interventions have been reviewed as forms of embodied mindfulness that may support mental well-being in recreational populations (Zafeiroudi et al., 2025). Dance and movement therapy has also been discussed as a holistic approach for reducing health discrepancies and promoting wellness among people with schizophrenia, suggesting that aesthetic and embodied practices may be meaningful even in severe mental health contexts (Biondo, 2023). Neuroaesthetic perspectives on dance creation further indicate that dance may contribute to emotional expression and cognitive functioning across adulthood, especially by connecting movement, affect, creativity, and self-awareness (Yusup, 2025). These findings broaden the concept of aesthetic experience beyond visual or auditory appreciation and emphasize that aesthetic engagement can be bodily, affective, relational, and regulatory.

Other aesthetic domains also provide evidence for the psychological value of structured sensory and symbolic engagement. Calligraphy activities have been associated with peace of mind, stress self-management, perceived health status, flow experience, and self-focused attention, suggesting that repetitive, skill-based, visually meaningful practices may support calmness and self-regulation (Wang, 2024, 2025). Poetry and brief literary forms such as haiku and senryu demonstrate how condensed aesthetic language can invite creativity judgments, emotional precision, and interpretive engagement (Chaudhuri & Bhattacharya, 2025). Experiences of coastal environments have also been shown to evoke emotions that influence well-being, indicating that

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aesthetic experience is not limited to formal art but also includes natural environments and place-based emotional encounters (Severin et al., 2022). In addition, autonomous sensory meridian response has been linked to heightened sensory sensitivity, suggesting that individual differences in sensory responsiveness may shape the intensity and presence of aesthetic-like experiences (Poerio et al., 2022). These domains indicate that aesthetic experience is a multidimensional construct with potential implications for emotional regulation, attentional awareness, and psychological health.

At the biological and technological levels, recent research has further expanded the possible mechanisms connecting aesthetic experience and mental health. Integrative frameworks combining neurophenomenology, psychoneuroendocrinoimmunology, and epigenetics suggest that art and aesthetic experiences may influence health through interconnected subjective, neural, endocrine, immune, and epigenetic pathways (Pizzolante, 2026). The concept of the enchantment of the arts has also been discussed in relation to epigenetic processes, proposing that aesthetic experience may have deeper biological implications than previously assumed (Gallazzi et al., 2024). Wearable smart textiles designed for mood regulation represent another emerging area in which sensory design, aesthetic embodiment, and psychological regulation intersect (Dejene, 2025). Collective aesthetic technologies, such as systems designed to share music-induced frisson, also suggest that aesthetic emotion can become a socially shared and empathic experience (He et al., 2021). Although these areas are still developing, they demonstrate that aesthetic experience is increasingly viewed as a complex psychobiological process with potential relevance for mental health.

Despite the growing literature on the benefits of arts participation, mindfulness, emotional regulation, and aesthetic engagement, several conceptual and empirical gaps remain. First, many studies have examined aesthetic experience and well-being as directly related constructs without sufficiently identifying the psychological mechanisms that explain this relationship. Second, emotion regulation and mindful attention have often been investigated separately, although both may operate simultaneously as mediating mechanisms linking aesthetic experience to mental health. Third, much of the evidence has emerged from intervention-based, domain-specific, or exploratory studies, while fewer studies have tested an integrated structural model in a general adult population. Fourth, some adjacent areas, including deep learning in pedagogy and positive adult development, suggest that transformative experience, meaning-making, and reflective engagement may shape psychological development, yet these ideas require more focused examination within aesthetic and mental health research (Robinson et al., 2025; Shaules & McConachy, 2023). Therefore, examining aesthetic experience, emotion regulation, mindful attention, and mental health within a single mediational framework may clarify how aesthetic responsiveness is translated into psychological benefits.

Accordingly, the present study aimed to examine the relationship between aesthetic experience and mental health among adults in Tehran and to determine the mediating effects of emotion regulation and mindful attention in this relationship.

2. Methods and Materials

2.1. Study Design and Participants

This study was conducted using a descriptive-correlational design based on structural equation modeling, with the aim of examining the relationship between aesthetic experience and mental health and determining the mediating roles of emotion regulation and mindful attention. The statistical population consisted of adults living in Tehran who had sufficient literacy to complete self-report questionnaires and who had regular exposure to aesthetic experiences such as music, visual arts, literature, architecture, cinema, nature-based aesthetic activities, or other art-related and beauty-oriented experiences in daily life. The study sample included exactly 412 participants from Tehran, selected through convenience sampling from cultural centers, universities, art institutes, public libraries, psychological counseling centers, and online community groups. The inclusion criteria were residence in Tehran, age between 18 and 60 years, willingness to participate in the study, ability to read and understand the questionnaire items, and completion of the informed consent form. The exclusion criteria included incomplete questionnaire responses, patterned or careless responding, self-reported acute psychiatric crisis at the time of participation, and unwillingness to continue participation at any stage of data collection. Before data collection, all participants were informed about the purpose of the study, the voluntary nature of participation, confidentiality of responses, and their right to withdraw without any consequences. After screening the

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returned questionnaires, 412 complete and valid questionnaires were retained for final analysis.

2.2. Measures

Aesthetic experience was measured using the Aesthetic Responsiveness Assessment, which evaluates individual differences in responsiveness to aesthetic stimuli and aesthetic experiences across domains such as visual arts, music, literature, performance, and other beauty-related encounters. This instrument contains 14 items and assesses aesthetic responsiveness through dimensions such as aesthetic appreciation, intense aesthetic experience, and creative behavior. Items are scored on a Likert-type scale, with higher scores indicating greater sensitivity, responsiveness, and engagement with aesthetic experiences. In the present study, the total score was used as the observed indicator of aesthetic experience, and higher scores reflected stronger aesthetic responsiveness. Previous psychometric studies have confirmed the acceptable validity and reliability of this instrument, and in the present study, the internal consistency of the scale was also examined using Cronbach's alpha before conducting the main analyses.

Emotion regulation was assessed using the Emotion Regulation Questionnaire developed by Gross and John. This questionnaire consists of 10 items and measures two main strategies of emotion regulation: cognitive reappraisal and expressive suppression. Cognitive reappraisal refers to the tendency to reinterpret emotional situations in a way that changes their emotional impact, whereas expressive suppression refers to the tendency to inhibit the outward expression of emotions after emotional responses have already been activated. Items are scored on a seven-point Likert scale ranging from strongly disagree to strongly agree. Higher scores on cognitive reappraisal indicate more adaptive emotion regulation, while higher scores on expressive suppression indicate greater reliance on suppression as a regulatory strategy. In this study, emotion regulation was operationalized by considering the relative contribution of adaptive and maladaptive regulatory strategies, and the reliability of the questionnaire was assessed using internal consistency coefficients. The questionnaire has been widely used in psychological research, and its validity and reliability have been supported in previous studies.

Mindful attention was measured using the Mindful Attention Awareness Scale developed by Brown and Ryan. This scale includes 15 items and assesses the individual's tendency to attend to and remain aware of present-moment experiences in everyday life. The items focus on attentional awareness, automatic pilot functioning, distraction, and lack of present-centered awareness. Responses are scored on a six-point Likert scale, and higher total scores indicate greater mindful attention and awareness. The scale is commonly treated as a unidimensional measure of dispositional mindfulness, particularly the attention and awareness component of mindfulness. In the present study, the total score was used as the index of mindful attention. Previous research has supported the construct validity, convergent validity, and reliability of the scale, and its internal consistency was re-evaluated in the present sample.

Mental health was assessed using the General Health Questionnaire-28. This instrument contains 28 items and is designed to evaluate general psychological health and symptoms of psychological distress. The questionnaire includes four subscales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Each subscale contains seven items, and responses are scored using a Likert-type method. In this study, higher scores indicated poorer mental health and greater psychological distress; therefore, lower scores reflected more favorable mental health status. The total score was used as the main outcome variable in the statistical model. The General Health Questionnaire-28 has been extensively used in community and clinical research, and previous studies have confirmed its acceptable validity and reliability. In the present study, Cronbach's alpha coefficients were calculated for the total scale and its subscales to evaluate internal consistency.

2.3. Data Analysis

Data analysis was performed using SPSS and AMOS software. Before conducting the main analyses, the data were screened for missing values, outliers, normality, and response accuracy. Incomplete questionnaires and responses with obvious repetitive patterns were excluded from the final dataset. Descriptive statistics, including mean, standard deviation, minimum, maximum, skewness, and kurtosis, were calculated for aesthetic experience, emotion regulation, mindful attention, and mental health. The normality of the variables was evaluated through skewness and kurtosis indices, and the reliability of the instruments was examined using Cronbach's alpha coefficients. Pearson correlation coefficients were then used to examine the bivariate relationships among the study variables.

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To test the hypothesized mediation model, structural equation modeling was applied. In the proposed model, aesthetic experience was entered as the independent variable, mental health as the dependent variable, and emotion regulation and mindful attention as mediating variables. The direct effect of aesthetic experience on mental health, the indirect effects through emotion regulation and mindful attention, and the total effect were estimated. The significance of indirect effects was examined using the bootstrap method with repeated resampling and confidence intervals. Model fit was evaluated using multiple fit indices, including the chi-square to degrees of freedom ratio, comparative fit index, Tucker–Lewis index, goodness-of-fit index, root mean square error of approximation, and standardized root mean square residual. Values within acceptable ranges were considered evidence of adequate model fit. The level of statistical significance was set at 0.05 for all analyses.

3. Findings and Results

The final sample consisted of 412 adult participants living in Tehran. Of these participants, 238 individuals were female and 174 were male, representing 57.8% and 42.2% of the sample, respectively. The age of the participants ranged from 18 to 60 years, with a mean age of 32.64 years and a standard deviation of 9.41. In terms of age distribution, 92 participants were between 18 and 25 years old, 148 participants were between 26 and 35 years old, 105 participants were between 36 and 45 years old, and 67 participants were between 46 and 60 years old. Regarding marital status, 179 participants were single, 219 were married, and 14 were divorced or widowed. In terms of educational level, 51 participants had a diploma or below, 231 had an associate or bachelor's degree, 104 had a master's degree, and 26 had a doctoral degree. With respect to exposure to aesthetic activities, 246 participants reported engagement with aesthetic experiences such as music, visual arts, literature, cinema, architecture, or nature-based aesthetic activities on a daily or several-times-per-week basis, while 166 participants reported occasional exposure. These demographic characteristics indicated that the sample included adults with diverse educational, marital, and experiential backgrounds, making it appropriate for examining the structural relationships among aesthetic experience, emotion regulation, mindful attention, and mental health.

Table 1

Descriptive Statistics, Normality Indices, and Reliability Coefficients of the Main Study Variables

Variable	Possible Score Range	Mean	Standard Deviation	Minimum	Maximum	Skewness	Kurtosis	Cronbach's Alpha
Aesthetic Experience	14–70	48.37	8.92	22	69	-0.42	0.31	0.88
Emotion Regulation	10–70	45.91	7.86	21	67	-0.18	-0.27	0.82
Mindful Attention	15–90	59.44	10.36	27	88	-0.36	0.14	0.90
Mental Health Distress	0–84	28.76	13.04	4	71	0.49	-0.08	0.91

As shown in Table 1, the mean score of aesthetic experience was 48.37 with a standard deviation of 8.92, indicating that the participants generally reported a moderate to high level of responsiveness to aesthetic stimuli and aesthetic activities. The mean score of emotion regulation was 45.91 with a standard deviation of 7.86, suggesting that participants had a moderate level of adaptive emotional regulation capacity. The mean score of mindful attention was 59.44 with a standard deviation of 10.36, indicating a relatively favorable level of present-moment awareness and attentional mindfulness among the participants. The mean score of mental health distress was 28.76 with a standard deviation of 13.04. Since higher scores on this variable indicate poorer mental health and greater psychological distress, this result suggests that the overall level of psychological distress in the sample was moderate. The skewness and kurtosis values for all variables were within the acceptable range of -2 to +2, indicating that the distribution of the variables did not show serious deviation from normality. In addition, Cronbach's alpha coefficients ranged from 0.82 to 0.91, demonstrating acceptable to excellent internal consistency for all measurement tools used in the study.

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Table 2

Pearson Correlation Matrix among Aesthetic Experience, Emotion Regulation, Mindful Attention, and Mental Health Distress

Variable	1	2	3	4
1. Aesthetic Experience	1			
2. Emotion Regulation	0.46**	1		
3. Mindful Attention	0.39**	0.43**	1	
4. Mental Health Distress	-0.41**	-0.47**	-0.50**	1

The correlation results presented in Table 2 show significant relationships among all main study variables. Aesthetic experience had a positive and significant correlation with emotion regulation, indicating that individuals with higher aesthetic responsiveness also tended to report more adaptive emotion regulation. Aesthetic experience was also positively and significantly associated with mindful attention, suggesting that people who were more responsive to aesthetic experiences were more likely to maintain awareness of present-moment experiences. In relation to the outcome variable, aesthetic experience had a negative and significant correlation with mental health distress. This means that higher aesthetic experience was associated with lower psychological distress and, consequently, better mental health status. Emotion regulation and mindful attention were also negatively and significantly correlated with mental health distress, indicating that individuals with stronger emotion regulation abilities and higher mindful attention reported fewer symptoms of psychological distress. The strongest correlation with mental health distress belonged to mindful attention, followed by emotion regulation and aesthetic experience, suggesting that the mediating variables may play an important role in explaining how aesthetic experience is related to mental health.

Table 3

Model Fit Indices for the Structural Equation Model

Fit Index	Obtained Value	Acceptable Criterion	Interpretation
Chi-square	142.68	—	Acceptable considering sample size
Degrees of Freedom	73	—	—
Chi-square / df	1.95	Less than 3	Good fit
Comparative Fit Index	0.96	0.90 or higher	Good fit
Tucker–Lewis Index	0.95	0.90 or higher	Good fit
Goodness-of-Fit Index	0.94	0.90 or higher	Good fit
Root Mean Square Error of Approximation	0.048	Less than 0.08	Good fit
Standardized Root Mean Square Residual	0.041	Less than 0.08	Good fit

The model fit indices reported in Table 3 indicate that the proposed structural model had an adequate and acceptable fit with the observed data. The chi-square to degrees of freedom ratio was 1.95, which is below the recommended threshold of 3 and indicates that the discrepancy between the proposed model and the empirical data was not excessive. The comparative fit index was 0.96, the Tucker–Lewis index was 0.95, and the goodness-of-fit index was 0.94, all of which were above the acceptable threshold of 0.90. These values demonstrate that the proposed model explained the covariance structure among the variables well. The root mean square error of approximation was 0.048 and the standardized root mean square residual was 0.041, both of which were below 0.08 and therefore confirmed the acceptable error level of the model. Overall, the fit indices supported the adequacy of the hypothesized model in which emotion regulation and mindful attention mediated the relationship between aesthetic experience and mental health distress.

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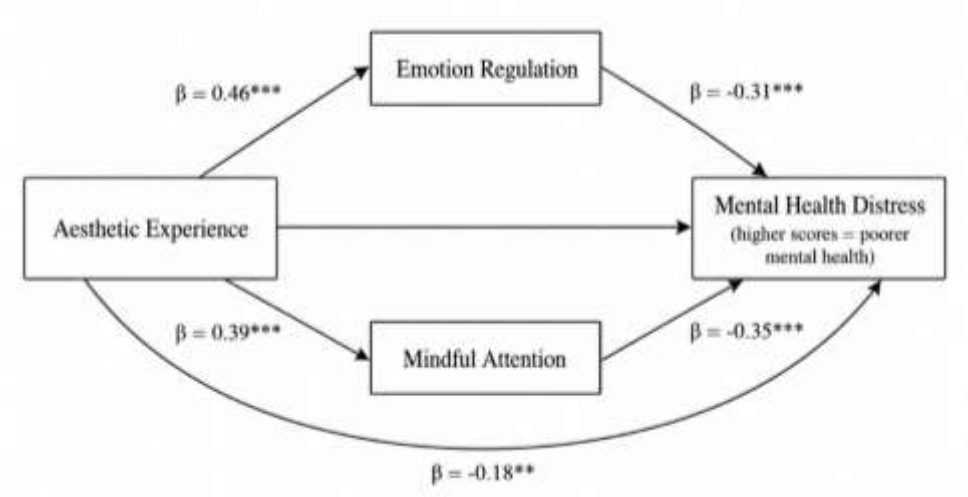
Table 4

Standardized Direct Effects in the Structural Model

Path	Standardized Beta	Standard Error	Critical Ratio	p-value	Result
Aesthetic Experience → Emotion Regulation	0.46	0.041	9.84	<0.001	Significant
Aesthetic Experience → Mindful Attention	0.39	0.045	8.12	<0.001	Significant
Emotion Regulation → Mental Health Distress	-0.31	0.052	-6.44	<0.001	Significant
Mindful Attention → Mental Health Distress	-0.35	0.049	-7.28	<0.001	Significant
Aesthetic Experience → Mental Health Distress	-0.18	0.047	-3.21	0.001	Significant

Figure 1

Standardized Structural Model of the Relationship between Aesthetic Experience and Mental Health with the Mediating Roles of Emotion Regulation and Mindful Attention



The structural model showed that aesthetic experience had direct positive effects on both emotion regulation and mindful attention, while emotion regulation and mindful attention had direct negative effects on mental health distress. In other words, higher aesthetic experience predicted stronger emotion regulation and higher mindful attention, and these two psychological capacities predicted lower psychological distress. The model also showed a remaining direct negative path from aesthetic experience to mental health distress, indicating that aesthetic experience was related to better mental health not only through the mediating variables but also through a direct pathway. Therefore, the pattern of standardized paths supported a partial mediation model. This means that aesthetic experience may contribute to mental health both by strengthening internal regulatory capacities, such as adaptive emotion regulation and mindful attention, and by directly reducing vulnerability to psychological distress through its restorative, meaningful, and emotionally organizing qualities.

As presented in Table 4, aesthetic experience had a positive and significant direct effect on emotion regulation. This finding indicates that participants with higher levels of aesthetic responsiveness were more likely to report adaptive emotional regulation. Aesthetic experience also had a positive and significant direct effect on mindful attention, showing that individuals who were more engaged with aesthetic experiences tended to demonstrate greater awareness and attention to present-moment experiences. In relation to mental health distress, emotion regulation had a negative and significant direct effect, indicating that stronger emotion regulation was associated with lower psychological distress. Mindful attention also had a negative and significant direct effect on mental health distress, suggesting that higher mindful attention was related to better mental health status. Furthermore, aesthetic experience retained a significant negative direct effect on mental health distress after entering emotion regulation and mindful attention into the model. This result suggests that although part of the association between aesthetic experience and mental health was explained by the mediating variables, aesthetic

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experience still had an independent protective role in relation to psychological distress.

Table 5

Bootstrap Analysis of Indirect Effects

Indirect Path	Standardized Indirect Effect	Bootstrap Standard Error	95% Lower Confidence Interval	95% Upper Confidence Interval	p-value	Result
Aesthetic Experience → Emotion Regulation → Mental Health Distress	-0.14	0.032	-0.208	-0.083	<0.001	Significant
Aesthetic Experience → Mindful Attention → Mental Health Distress	-0.14	0.034	-0.216	-0.079	<0.001	Significant
Total Indirect Effect	-0.28	0.046	-0.376	-0.194	<0.001	Significant
Total Effect of Aesthetic Experience on Mental Health Distress	-0.46	0.051	-0.562	-0.357	<0.001	Significant

The bootstrap results in Table 5 confirmed the mediating roles of emotion regulation and mindful attention in the relationship between aesthetic experience and mental health distress. The indirect effect of aesthetic experience on mental health distress through emotion regulation was negative and statistically significant, as the confidence interval did not include zero. This finding indicates that aesthetic experience was associated with lower psychological distress partly because it was related to stronger emotion regulation. Similarly, the indirect effect of aesthetic experience on mental health distress through mindful attention was also negative and significant, indicating that mindful attention was another explanatory pathway through which aesthetic experience contributed to better mental health. The total indirect effect was significant, showing that the combined mediating role of emotion regulation and mindful attention was meaningful in the model. In addition, the total effect of aesthetic experience on mental health distress was significant and negative, confirming that higher aesthetic experience was associated with lower psychological distress overall. Since the direct effect of aesthetic experience on mental health distress remained significant after the mediators were included, the findings supported partial mediation rather than full mediation. Therefore, the results suggest that aesthetic experience contributes to mental health through both direct psychological benefits and indirect effects operating through emotion regulation and mindful attention.

4. Discussion and Conclusion

The present study aimed to examine the relationship between aesthetic experience and mental health and to determine the mediating effects of emotion regulation and mindful attention among adults in Tehran. The findings supported the proposed structural model and showed that aesthetic experience was significantly associated with lower mental health distress. Since higher scores on the mental health measure indicated poorer psychological health, the negative direct and total effects of aesthetic experience on mental health distress suggest that individuals with stronger aesthetic responsiveness reported better mental health status. This finding is consistent with the growing literature indicating that aesthetic experiences are psychologically meaningful processes that can contribute to well-being, flourishing, emotional balance, and subjective vitality. Art-induced well-being has been shown to depend partly on individual traits and the quality of aesthetic engagement, indicating that the psychological benefits of art are not limited to exposure alone but are shaped by how individuals emotionally and attentively respond to aesthetic stimuli (Castellotti et al., 2025). Similarly, the development of the Aesthetic Experience Questionnaire emphasized that aesthetic experience may involve flow, absorption, pleasure, and meaningful engagement while viewing art, all of which can support psychological adjustment (Wanzer et al., 2020). The present finding also aligns with broader integrative accounts suggesting that aesthetic experiences may influence health through neurophenomenological, psychoneuroendocrinoimmunological, and epigenetic pathways, thereby positioning aesthetic engagement as a multidimensional contributor to mental health rather than as a merely recreational activity (Gallazzi et al., 2024; Pizzolante, 2026).

The results also showed that aesthetic experience had a significant positive effect on emotion regulation. This means that participants who reported higher levels of aesthetic responsiveness also reported stronger capacity for emotional regulation. This finding can be explained by the fact that

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aesthetic experiences often create a structured emotional space in which individuals can encounter, process, reinterpret, and integrate affective states without being overwhelmed by them. Music, visual art, poetry, dance, calligraphy, and nature-based beauty may provide symbolic distance from distress while simultaneously allowing emotional expression and emotional clarification. This interpretation is consistent with studies showing that music aesthetics can influence emotion regulation by shaping emotional arousal, interpretive meaning, and affective balance (Luo & Hua, 2024). Music listening has also been described as a process that can trigger neurochemical responses in the brain and support homeostatic regulation, suggesting that aesthetic engagement may help individuals move toward psychological equilibrium (Reybrouck & Dyck, 2024; Reybrouck et al., 2021). In addition, research on music-induced sadness shows that even unpleasant or melancholic aesthetic emotions may be psychologically useful because they can be experienced as meaningful, reflective, or consoling rather than purely distressing (Herdson et al., 2022). Therefore, the positive path from aesthetic experience to emotion regulation in the present study supports the view that aesthetic engagement may strengthen emotional processing and adaptive regulation.

Another important finding was that aesthetic experience significantly predicted mindful attention. This result indicates that individuals with higher aesthetic responsiveness were more likely to report present-centered awareness and attentional engagement. Aesthetic experience commonly requires the individual to slow down perception, observe details, remain open to sensory and emotional qualities, and sustain attention toward an object, sound, movement, image, text, or environment. This attentional quality is conceptually close to mindfulness, particularly the capacity to remain aware of present-moment experience rather than operating automatically or becoming absorbed in repetitive thoughts. The finding is aligned with research showing that mindfulness meditation can improve musical aesthetic emotion processing and that mindful awareness may enhance the depth and quality of aesthetic emotional experience (Liu, Liu, et al., 2021; Liu, Shi, et al., 2021). More recent evidence has similarly indicated that mindfulness meditation training affects musical aesthetic emotion processing among musically trained individuals, supporting a close relationship between mindful attention and aesthetic responsiveness (He et al., 2025). Moreover, an eight-week Zen meditation and music program was associated with mindfulness and happiness, suggesting that the integration of contemplative attention and aesthetic experience may be especially beneficial for psychological well-being (Hwang et al., 2023). The present result therefore suggests that aesthetic experience may contribute to mental health partly because it cultivates attention, awareness, and openness to immediate experience.

The findings further indicated that emotion regulation had a significant negative effect on mental health distress. This means that stronger emotion regulation was associated with fewer symptoms of psychological distress and better mental health. This result is consistent with theoretical and empirical literature emphasizing that the ability to regulate emotions is a core component of psychological adaptation. Individuals who can reinterpret emotional situations, tolerate affective arousal, and express emotions appropriately are less likely to experience persistent distress, anxiety, depressive symptoms, or psychosomatic burden. The present result is also consistent with work in positive humanities and emotional intelligence, which suggests that aesthetic and cultural practices may support well-being by improving emotional understanding, affective interpretation, and emotional competence (Tee, 2024). In educational and professional contexts, emotional subjectivity has also been shown to be important for development, suggesting that emotions must be understood and regulated within meaningful contexts rather than treated as isolated internal reactions (Dhungana, 2024). From this perspective, the mediating role of emotion regulation in the present study is theoretically coherent: aesthetic experience may enhance mental health because it provides opportunities for emotional symbolization, emotional distancing, affective insight, and regulatory flexibility.

Mindful attention also had a significant negative effect on mental health distress, and its effect was slightly stronger than the effect of emotion regulation. This suggests that individuals with higher mindful attention experienced lower levels of psychological distress. The finding is consistent with a large body of research showing that mindfulness is associated with improved well-being, reduced emotional reactivity, and greater psychological flexibility. In the present model, mindful attention functioned as a pathway through which aesthetic experience was linked to better mental health. This result may be explained by the fact that aesthetic engagement can interrupt automatic thought patterns, reduce rumination, and bring the individual into closer contact with sensory, emotional, and embodied present-moment experience. The relationship between mindfulness and well-being is supported by research on

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mindfulness-based cognitive behavior therapy, including evidence from Iran showing that mindfulness-based intervention can improve happiness among postmenopausal women (Terikani et al., 2025). The connection between aesthetic environments and mindfulness is also supported by work on students' wellness and mindfulness in school designs, suggesting that the aesthetic and spatial qualities of everyday environments may influence attentional and psychological states (Ndimako et al., 2024). Therefore, the present finding suggests that mindful attention is a key psychological mechanism connecting aesthetic responsiveness with reduced mental health distress.

The bootstrap analysis confirmed the mediating role of emotion regulation in the relationship between aesthetic experience and mental health distress. This means that aesthetic experience was associated with lower psychological distress partly because it was related to better emotion regulation. This finding supports the assumption that aesthetic experiences can serve a regulatory function by helping individuals engage with emotions in a more organized, reflective, and tolerable manner. For example, calligraphy activities have been associated with peace of mind, stress self-management, perceived health status, flow experience, and self-focused attention, indicating that aesthetic practices can combine sensory focus, emotional regulation, and self-directed awareness (Wang, 2024, 2025). Dance and movement-based aesthetic practices have also been discussed as embodied pathways for emotional expression, wellness, and mental well-being (Biondo, 2023; Yusup, 2025; Zafeiroudi et al., 2025). These findings are consistent with the present mediation result because they show that aesthetic activities are not only expressive or pleasurable, but may also provide embodied and symbolic means for regulating emotion and supporting psychological health.

The mediating role of mindful attention was also confirmed. The indirect path from aesthetic experience to mental health distress through mindful attention was significant, indicating that aesthetic responsiveness may reduce psychological distress by increasing present-centered awareness. This finding is compatible with research on slow looking at still art, which showed that manipulating audio context and image category can influence mood and engagement during art-viewing exercises (Igdalova & Chamberlain, 2025). It is also consistent with evidence that occupied working memory can impair aesthetic experiences in everyday life, suggesting that aesthetic engagement requires attentional availability and that reduced cognitive overload may be important for aesthetic depth (Weigand & Jacobsen, 2021). Research on museum settings also shows that aesthetic environments may be linked with changes in state anxiety and physiological indicators, providing further support for the idea that attentional engagement with aesthetic settings can influence mental states (Vanutelli et al., 2025). Thus, the mediating role of mindful attention in the present study indicates that aesthetic experience may protect mental health by strengthening the person's capacity to attend, observe, and remain psychologically present.

The direct effect of aesthetic experience on mental health distress remained significant after the mediating variables were included, which indicates partial mediation rather than full mediation. This means that emotion regulation and mindful attention explain an important part of the relationship between aesthetic experience and mental health, but they do not explain the entire relationship. Other mechanisms may also be involved, including meaning-making, identity integration, sensory pleasure, social connectedness, creativity, embodiment, flow, self-transcendence, and existential reflection. This interpretation is consistent with research showing that arts participation in emerging adulthood may support flourishing through multiple psychological pathways (Fan et al., 2024). Aesthetic education has also been shown to influence university students' psychological well-being through complex mediating and moderating processes, suggesting that the effects of aesthetic experience are not reducible to a single mechanism (Ye et al., 2025). Studies on aesthetic education and university students' emotions similarly indicate that aesthetic experience can shape emotional life in educational settings (Minmin & Mo, 2024). Therefore, the partial mediation observed in the present study is theoretically meaningful, as it suggests that aesthetic experience contributes to mental health through both regulatory-attentional pathways and other direct psychological resources.

The findings of the present study also support a broad understanding of aesthetic experience that extends across diverse sensory and symbolic domains. The psychological benefits of aesthetic engagement may emerge through music, visual art, literary expression, bodily movement, natural environments, design, and technologically mediated sensory experiences. Research on haiku and senryu poetry shows that brief literary forms can involve creativity judgments and interpretive sensitivity (Chaudhuri & Bhattacharya, 2025). Studies on emotions experienced at the coast demonstrate that natural environments can evoke

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emotionally meaningful experiences that influence well-being (Severin et al., 2022). Research on ASMR suggests that sensory sensitivity can shape the presence and intensity of aesthetic-like experiences (Poerio et al., 2022). Emerging technologies such as wearable smart textiles for mood regulation also show that sensory design and psychological regulation are increasingly interconnected (Dejene, 2025). Furthermore, collective frisson-sharing technologies in music performance point to the social and empathic dimensions of aesthetic emotion (He et al., 2021). These studies help explain why aesthetic experience may be linked with mental health through multiple pathways, including emotion regulation, mindful attention, social resonance, sensory modulation, and embodied awareness.

Overall, the results of the study provide empirical support for a structural model in which aesthetic experience is associated with better mental health both directly and indirectly through emotion regulation and mindful attention. The findings suggest that individuals who are more open and responsive to aesthetic experiences may be better able to regulate emotions, maintain mindful attention, and experience lower psychological distress. This model is consistent with contemporary approaches that view aesthetic experience as a psychologically active process involving affect, cognition, embodiment, perception, and meaning. It also aligns with broader developmental and educational perspectives suggesting that deep learning, reflective engagement, and transformative experiences can shape emotional and psychological growth (Shaules & McConachy, 2023). Although research on positive adult development has addressed other transformative experiences, such as psychedelic use, the broader implication is that emotionally meaningful experiences may contribute to adult development when they foster insight, openness, and psychological integration (Robinson et al., 2025). In this regard, aesthetic experience may be understood as a culturally accessible and nonclinical resource for promoting mental health.

The present study had several limitations. First, the cross-sectional design does not allow causal conclusions about the direction of relationships among aesthetic experience, emotion regulation, mindful attention, and mental health. Although the proposed model was theoretically supported and statistically acceptable, longitudinal and experimental designs are required to determine whether aesthetic experience leads to improved emotion regulation and mindful attention over time. Second, the data were collected using self-report questionnaires, which may be affected by social desirability, response bias, and individual differences in introspective accuracy. Third, the sample consisted of adults living in Tehran, and therefore the findings may not be generalizable to other cities, rural populations, clinical groups, adolescents, older adults, or culturally different communities. Fourth, the study treated aesthetic experience as a general construct and did not separately examine different aesthetic domains such as music, visual arts, literature, dance, calligraphy, cinema, architecture, and nature-based experiences. Finally, although emotion regulation and mindful attention were significant mediators, other potential mechanisms such as meaning-making, flow, self-compassion, social connectedness, sensory sensitivity, and spiritual experience were not included in the model.

Future research should examine the relationship between aesthetic experience and mental health using longitudinal, experimental, and intervention-based designs to clarify causal pathways and temporal changes. It is recommended that future studies compare different forms of aesthetic engagement, such as music listening, visual art viewing, poetry reading, dance, calligraphy, museum visits, architectural spaces, and natural environments, to determine whether different aesthetic domains operate through different psychological mechanisms. Future research may also test more complex models that include additional mediators and moderators, such as personality traits, sensory processing sensitivity, flow experience, self-compassion, creativity, cultural capital, social connectedness, and previous exposure to art. It would also be useful to examine the model in clinical populations, students, older adults, artists, healthcare workers, and individuals experiencing high levels of stress or emotional dysregulation. Finally, mixed-method studies could provide a deeper understanding of how people subjectively experience the emotional, attentional, and mental health benefits of aesthetic engagement in everyday life.

The practical implications of the findings suggest that aesthetic experience can be considered a valuable resource in mental health promotion. Counselors, psychologists, educators, and community health planners can incorporate aesthetic activities into preventive and supportive programs aimed at strengthening emotion regulation and mindful attention. Activities such as guided art viewing, reflective music listening, poetry reading, expressive movement, calligraphy, museum-based exercises, nature observation, and slow-looking practices may help individuals regulate emotions, reduce psychological distress, and cultivate present-centered awareness. Educational institutions,

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workplaces, and community centers can also design aesthetically enriched environments that support calmness, reflection, creativity, and emotional balance. In clinical and counseling contexts, aesthetic practices should not replace evidence-based psychological treatment, but they may be used as complementary strategies to improve emotional awareness, attentional focus, self-expression, and psychological resilience. These applications are especially relevant in urban populations where stress, distraction, and emotional overload are common features of daily life.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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