tional intelligence (e.g. appraisal of emotions), less perceived stress and better mental health (e.g. less anxiety and insomnia) than those who had no meditation experience. Moreover, regression analyses reveal that meditation experience, emotional intelligence (e.g. optimism /mood regulation, utilization of emotions) and perceived stress all can predict the level of negative mental health (e.g. somatic symptoms, anxiety and insomnia, social dysfunction and (or) severe depression) closely. However, the utilization of emotions predicted positively the factors of somatic symptoms, anxiety and insomnia, and severe depression. These findings were different from that of some Western research results. These discrepancies may have resulted from the culture difference between the West and the Chinese. Additionally, meditation experience and emotional intelligence (e.g. optimism/mood regulation, appraisal of emotions, social skills) have been found to effectively moderate the relationship between perceived stress and negative mental health (e.g. anxiety and insomnia). In summary, the most significant findings in this study, which not only have supported Ciarrochi, Deane & Anderson's (2002) previous findings, was that emotional intelligence serves as a moderator in the relationship between stress and negative mental health. In addition, it also revealed that meditation experience was also an effective moderating factor.

Keywords: *meditation, meditation experience, emotional intelligence, perceived stress, negative mental health*