

# Qi stagnation and its manifestations in dreams

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**Summary.** Qi stagnation, which is believed to result from repressed emotions and bear directly on dream experiences, is an important diagnostic entity in Chinese medicine. This belief, however, has not received much empirical attention. In view of this, the study presented here was geared toward testing the relationship between anger expression, qi stagnation, and dreaming themes relating to qi stagnation. The Chinese versions of the Stagnation Scale, Buss-Perry Aggression Questionnaire, and Dream Motif Scale were administered to 117 Chinese participants. Qi stagnation was measured by the indicator variables overattachment, body-mind obstruction, and affect-posture inhibition; the incidence of dreaming about ego anger, bodily inhibition, and botanic elements was assessed as a nocturnal correlate of qi stagnation. It was found that the positive relationship between qi stagnation and dreaming was significant even after taking a person's aggressive tendencies into consideration. Specifically, dream themes involving ego anger were positively predicted by internal anger and overall qi stagnation, dreaming of bodily hindrance and botanic elements being respectively indicated by overattachment and body-mind obstruction. Nonetheless, the presenting findings do not necessarily lend support to the qi mechanisms described by traditional Chinese medicine but might instead reflect certain psychological mechanisms for dream formation, such as dream symbolism and internalizing emotions in waking life.

**Keywords:** Dream themes, Chinese medicine, ego anger, Five Elements (Wu-xing), inhibition

## 1. Introduction

Stagnation (yu; 鬱/ yu-jie; 鬱結) is a group of obstruction-like symptoms that was first mentioned in the Yellow Emperor's Canon of Internal Medicine (Huang-di Nei-jing; 黃帝內經) over 2000 years ago and is still an important diagnostic entity for the practice of Chinese medicine today. In traditional Chinese medicine (TCM), which lays much emphasis on the holistic perspective and the reciprocal body-mind relationship, repression of emotions is thought to obstruct the flow of vital energy (qi; 氣) inside the body and in the long run, cause stagnation syndrome. Since the liver is believed to play the primary role in regulating and ventilating the flow of qi, blood, and fluids in the body's circulatory systems and is particularly susceptible to the emotion of anger, qi stagnation or yu syndrome is most often associated with repressed anger and liver dysfunction. To operationalize this Chinese medical concept, Ng, Chan, Ho, Wong, and Ho (2006) developed the Stagnation Scale, which consists of 16 items measuring the self-perceived level of stagnation. The items of the scale were selected by a team of Chinese medical practitioners, psychologists, and social workers in Hong Kong. According to both exploratory and confirmatory factor analyses (Ng et al., 2006; Ng, Fong, Wang, & Wang, 2012), the 16 items can be divided into three factors: Overattachment, Body-Mind Obstruction, and Affect-Posture Inhibition. The Overattachment factor measures the tendency of overly clinging to, and being unable to let

go of, certain things. According to the authors, overattachment can be considered as dysfunctional thoughts relating to the Buddhist philosophy that the fear of losing what a person possesses distracts him or her from the path to happiness. The Body-Mind Obstruction factor is a cluster of obstruction-like symptoms occurring in various parts of the body, such as a feeling of something clogged in the throat or stomach. The Affect-Posture Inhibition factor refers to suppressed facial expressions and body movements due to excessive self-consciousness and uneasiness.

Although both stagnation and depression present with dysphoria, obsessive preoccupations, and somatic symptoms, the two conditions are distinguished from each other by their key features – that is, worthlessness and helplessness for depression as opposed to overattachment and feelings of obstruction for stagnation (Ng, Chan, Ho, Wong, & Ho, 2006). Similarly, unlike somatoform disorders, the physical symptoms of which, by definition, cannot be explained by medical reasons, the physical symptoms of stagnation are deemed to be readily attributed to the malfunctioning of internal organs in TCM (Ng et al., 2012). Such a conceptualization disparity can lead to different treatment strategies; from the TCM perspective, yu syndrome should be treated with both medications and psychological interventions. Ng et al. (2006, 2012) have validated the Stagnation Scale against the Beck Depression Inventory (Beck et al., 1961), Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983), General Health Questionnaire (Goldberg, 1972), and Body-Mind-Spirit Well-being Inventory (Ng, Yau, Chan, Chan, & Ho, 2005) in Hong Kong adults. Innamorati et al. (2015) also applied the Stagnation Scale, Beck Depression Inventory, and Italian Perceived Disability Scale (Innamorati et al., 2009) to Italian patients suffering from medication-overuse headache. The findings of both research groups based at different ethnic settings indicated that despite its association with depression and other health factors, stagnation should be conceptualized as a distinct construct. It should be noted, however, that the notion of qi or qi stagna-

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tion is far more commonly used in Asian countries than in Western countries.

Repression has long been considered an important modulator of dreaming in the psychoanalytic literature. Yu (2013a, 2013b) studied the relationship between repression, emotions, and dream experiences in Chinese samples. All three negative emotions – including anxiety, depression, and anger – were positively associated with dream experiences, their effects being stronger than those of positive emotions. Moreover, anger was the negative emotion that not only contributed most to dream experiences but was also most sensitive to repressive defensiveness. In light of the positive correlation between introversion and the frequency of killing dreams, similarly, Schredl and Mathes (2014) postulated that introverts refrain from articulating their aggressive feelings and thoughts, which promotes the homicidal inclination in their dreams. If qi stagnation is intimately related to inhibited emotions and anger, which have been consistently shown to affect dream experiences, it follows that the severity of qi stagnation might be one way or another reflected in dreams. It is interesting to note that in the TCM practice, anger expression and qi stagnation are indeed believed to have impacts on dream content. According to Huang-di Nei-jing, the liver belongs to the Element Wood (mu; 木) in the Five Element taxonomy (Wu-xing; 五行) and is responsible for qi conveyance and anger management. When anger is not sufficiently expressed, qi accumulates in the liver. Excessive qi in the liver causes a person to dream of anger themes, such as blaming and being blamed. If the condition of qi stagnation persists, qi accumulated and clogged in the liver is turned into heat (“fire”), resulting in an inflammatory condition of excessive liver fire (gan-huo-sheng/ gan-huo-wang; 肝火盛/ 肝火旺) or simply liver fire (gan-huo; 肝火) or even a syndrome called liver fire flaring up (gan-huo-shang-yang; 肝火上炎). In this case, the Element Wood and yang qi (陽氣) – a type of vital qi energy that keeps the body warm and vibrant – would manifest in dreams in the form of plants and fire, for instance, trees, wooded hills, fragrant plants, and lying or hiding below the tree with fear and being unable to rise, and something burning.

Not all Chinese people avail themselves of TCM today, yet the impacts of its tenets on Chinese everyday life are widespread and deep-seated. It is very common for Chinese people to use the TCM jargons excessive liver fire, liver fire flaring up, and mobilizing liver fire (dong-gan-huo; 動肝火) to express the meaning of getting angry or being easily given to anger, whether or not they are actually aware of the connection between anger, the liver, and Wood Element in the TCM conceptualization. Indeed, the term liver fire has long been used and accepted as the synonym for anger in Chinese classics and dictionaries. From the perspective of Chinese medicine, qi stagnation appears to be an important factor that influences dream content; this notion, however, has not received much empirical attention. Therefore, the present study was undertaken to investigate the relationship between anger expression, qi stagnation, and dreaming themes relating to qi stagnation in a Chinese sample. On the strength of the evidence for the overnight alterations in affect valence, Yu (2007, 2015) put forth a theory that dreaming is a mood-regulatory process through which pent-up emotions are worked through, thereby reverting the internal affective barometer to its homeostatic constant. In other words, dream experiences are predisposed to zeroing in on emotions that have not been sufficiently processed or

expressed; emotions that have been overtly and physically expressed, on the other hand, were expected to have less impact on dream experiences. Considering also this theory, it was hypothesized that qi stagnation as indicated by overattachment, body-mind obstruction, and affect-posture inhibition and internal anger as opposed to physical aggression can statistically predict dreaming of ego anger, bodily inhibition, and wood elements.

## 2. Method

### 2.1. Participants

117 Chinese adults, 54 males (46.2%) and 63 females (53.8%), volunteered to participate in this study without payment. Participants' ages ranged between 17 and 25 ( $M = 20.34$ ,  $SD = 2.561$ ). They were recruited from a counseling centre and a university in Hong Kong.

### 2.2. Instruments

The Chinese versions of the Stagnation Scale (Ng et al., 2006; Ng et al., 2012), Buss-Perry Aggression Questionnaire (Buss & Perry, 1992; Lv, Takami, Dong, Wong, & Wang, 2013), and Dream Motif Scale (Yu, 2012, 2016) were administered to participants after obtaining their consent.

#### 2.2.1 Stagnation Scale

The Stagnation Scale is a 16-item scale developed for measuring self-appraised stagnation. Respondents rate on a 10-point scale, with 1 indicating “has not occurred at all” and 10 indicating “occurring every single moment.” The Stagnation Scale comprises three factors: Overattachment (Items 1-7), Body-Mind Obstruction (Items 8-12), and Affect-Posture Inhibition (Items 13-16). Item 17, which directly asks about the presence of stagnation syndrome (yu syndrome), serves for the purpose of testing the criterion validity (“I feel stagnant in mind and body, obstructed and clogged”). The overall stagnation score is the sum of all three factors.

#### 2.2.2 Chinese College Students' Version of Buss-Perry Aggression Questionnaire

College Students' Version of Buss-Perry Aggression Questionnaire (CC-BPAQ; Lv et al., 2013) was employed in this study. The 22-item CC-BPAQ was adopted from the Aggression Questionnaire (Buss & Perry, 1992) and has been validated with college students from different provinces in China. A five-point scale is used as the response format to each item (1 = extremely uncharacteristic; 2 = uncharacteristic; 3 = neutral (between 2 and 4); 4 = characteristic; 5 = extremely characteristic). The scale can be divided into four subscales: Hostility, Physical Aggression, Verbal Aggression/Impulsivity, and Anger Proneness. The first two subscales are similar to those of Buss and Perry's original version; the latter two have been mildly modified by Lv et al. (2013). The Hostility subscale indicates the cognitive aspect of aggression, such as thoughts and feelings about being jealous, being treated unfairly, and being mocked. The Physical Aggression subscale assesses the behavior of threatening and harming other people. The Impulsivity subscale measures unplanned, thoughtless, emotional response to external provocation. Three of the six items on this subscale address verbal aggression. The Anger Proneness subscale measures the tendency to get annoyed.

Table 1. Items Selected from the Dream Motif Scale and Newly Added Items

Item no.	Dream themes	Source	Category
51	Being blamed or punished	Ego-Ideal Scale (Yu, 2012)	Ego Anger
52	Blaming others for doing something wrongly/ making troubles/ committing mistakes	Ego-Ideal Scale (Yu, 2012)	Ego Anger
57	Blaming yourself	Ego-Ideal Scale (Yu, 2012)	Ego Anger
66	Others not giving you proper credit for your achievements	Ego-Ideal Scale (Yu, 2012)	Ego Anger
91	Flying into a rage, getting into a temper, or cursing	Ego-Ideal Scale (Yu, 2012)	Ego Anger
96	Blaming others for blaming you wrongly	Ego-Ideal Scale (Yu, 2012)	Ego Anger
8	Being locked up	Inhibition Scale (Yu, 2016)	Hindrance
15	Being tied, unable to move	Inhibition Scale (Yu, 2016)	Hindrance
84	Feeling dog-tired, lack of strength in the whole body, and very difficult to move — but you have not stopped, and keep walking very hard	Inhibition Scale (Yu, 2016)	Hindrance
-	Hiding under something	Newly added	Hindrance
-	Unlocking something or solving puzzles	Newly added	Hindrance
-	Getting lost	Newly added	Hindrance
-	Attempting to escape from somewhere	Newly added	Hindrance
23	Being an object (e.g., tree, rock, etc.)	Unusual Creature (Yu, 2012)	Wood
30	Fire	Persecution Scale (Yu, 2012)	Wood
-	Trees and lights (e.g., Christmas trees, trees decorated with lights)	Newly added	Wood
-	Forest, meadow, or park	Newly added	Wood
-	Balcony or indoor plants	Newly added	Wood
-	Wet and sticky rotting wood, fungi, or moss	Newly added	Wood
-	Burning trees	Newly added	Wood

### 2.2.3 Dream Motif Scale

The Dream Motif Scale (DMS) assesses the lifetime frequencies of typical and recurrent dream themes using a five-point scale (0 = never or unsure; 1 = once or twice in a lifetime; 2 = three times or more in a lifetime, but not regularly; 3 = several times a year, but not each month; 4 = once a month or more often). Fifteen dream predisposition scores can be generated by summing the frequency scores of various combinations of these dream themes. Six items of the Ego Ideal predisposition and three items of the Inhibition predisposition can be readily utilized for measuring the frequencies of dreaming anger and obstacles. Nevertheless, no DMS items depict dreamers' attempts to deal with obstacles encountered. Likewise, the Wu-xing expression of the liver's qi condition can be captured by only two DMS items – that is, “fire” and “being an object (e.g., tree, rock, etc.)” Therefore, in addition to the original 11 DMS items, ten new themes were designed to supplement the measurement of confronting obstructive forces and coming across wood and botanic elements in dreams (see Table 1). The three scales were labelled as Ego Anger, Hindrance, and Wood. The sum of these three scale scores yields a total score for Dream Stagnation. Reliability and descriptive statistics of all scales and subscales employed in this study are shown in Table 2. All Cronbach's alpha coefficients were above the conventional .7 level.

### 3. Results

The DMS Dream Stagnation total score showed a significant correlation with all Stagnation Scale and CC-BPAQ scores, except the CC-BPAQ Physical Aggression score (see Table 3). The Stagnation Scale, Overattachment subscale, and Body-Mind Obstruction subscale scores were significantly correlated with all three DMS factors, the Affect-Posture Inhibition subscale score being correlated only with the Ego Anger subscale score. The criterion validity item of the Stagnation Scale significantly varied with the CC-BPAQ total,  $r = .292$ ,  $p = .002$ , Hostility subscale,  $r = .442$ ,  $p < .001$ , and Anger Proneness subscale scores,  $r = .237$ ,  $p = .010$ , and the DMS Dream Stagnation,  $r = .230$ ,  $p = .018$ , Ego Anger,  $r = .200$ ,  $p = .035$ , and Wood scores,  $r = .238$ ,  $p = .011$ . The regression analysis showed that the Dream Stagnation total score was positively predicted by both the Stagnation Scale total score ( $\beta = .267$ ,  $t = 2.754$ ,  $p = .007$ ) and the CC-BPAQ total score ( $\beta = .254$ ,  $t = 2.617$ ,  $p = .010$ ),  $F(2, 99) = 11.090$ ,  $p < .001$ ,  $R^2 = .183$ .

A stepwise multiple regression analysis was carried out to predict the DMS Ego Anger score with the Stagnation Scale total score and the CC-BPAQ Hostility score. The resulting model included both predictors,  $F(2, 107) = 9.343$ ,  $p < .001$ ,  $R = .386$ ,  $R^2 = .149$ . The standardized beta values of the predictors are presented in Table 4. Another stepwise regres-

Table 2. Descriptive Statistics of Stagnation Scale, CC-BPAQ, and DMS Scores (n = 117)

Scales	No. of items	Mean (SD)	Cronbach's alpha
Stagnation Scale	16	69.71 (23.807)	.928
Overattachment	7	39.37 (12.550)	.937
Body-Mind Obstruction	5	17.47 (8.696)	.900
Affect-Posture Inhibition	4	12.80 (6.808)	.892
CC-BPAQ	22	55.74 (10.470)	.857
Hostility	8	21.84 (4.308)	.730
Physical Aggression	5	8.44 (3.425)	.863
Impulsivity	6	18.09 (3.904)	.709
Anger Proneness	3	7.27 (2.761)	.842
DMS Dream Stagnation	20	13.29 (9.383)	.871
Ego Anger	6	4.79 (4.074)	.819
Hindrance	7	6.72 (4.933)	.799
Wood	7	1.95 (2.624)	.745

sion analysis was carried out to predict the DMS Hindrance score with the Overattachment, Body-Mind Obstruction, Hostility, Impulsivity, and Anger Proneness scores. The resulting model contained only the Overattachment subscale, all other predictors being removed,  $F(1, 109) = 8.806$ ,  $p = .004$ ,  $R = .273$ ,  $R^2 = .075$ . Finally, the regression analysis for predicting the DMS Wood score took in the Body-Mind Obstruction subscale but removed the Overattachment subscale,  $F(1, 110) = 7.893$ ,  $p = .006$ ,  $R = .259$ ,  $R^2 = .067$  (see Table 4).

#### 4. Discussion

The study presented here provides the preliminary evidence that qi stagnation as operationalized by a three-factor psychosomatic symptomology is positively correlated with dreaming of ego anger, bodily hindrance, and botanic elements. This still holds true even after taking into account aggressive traits – a key factor for qi stagnation and a correlate of dream experiences. All Stagnation Scale scores were found to be significantly correlated with all DMS scores, with the exception of the correlations of the Affect-Posture Inhibition score with the DMS Hindrance and Wood scores. The positive relationship between qi stagnation and dreaming was further substantiated by the significant correlations generated using the single criterion validity item of the Stagnation Scale. As per the conjecture that internalized anger, rather than its externalized counterpart, bears on qi stagnation and dreaming, the Hostility subscale exhibited a stronger correlation with the Stagnation Scale validity item and the DMS scores than did the other CC-BPAQ subscales; the Physical Aggression subscale was hardly significantly correlated with any Stagnation Scale and DMS scores, except with the Body-Mind Obstruction subscale score,  $r =$

.188,  $p = .042$ . Although the present findings demonstrated the connections between qi stagnation, aggression, and dreaming, they do not necessarily lend support to the liver qi mechanisms delineated by TCM in that the triadic relationship can be to a certain degree explained by psychological mechanisms, such as repression of emotions, metaphoric representation, and ancient symbolism.

The DMS Ego Anger score was predicted concurrently by the Stagnation Scale global score and the CC-BPAQ Hostility score. This result has two important implications. First, qi stagnation makes a unique contribution to the prediction of dreams with anger, for which daytime aggression cannot fully account. Second, hostility, but not physical aggression, verbal aggression, and anger proneness, in waking life is related to the feelings of rage and resentment and the vignettes of blaming or being blamed in dreams. In other words, the tendency to act out anger during wakefulness does not necessarily continue into dreaming life; instead, it is those people who feel infuriated but do not take verbal or physical actions in the daytime that are likely to give vent to such feelings during dreaming. This implication echoes not only the argument that introverts dream about killing more often than do extraverts (Schredl & Mathes, 2014) but also the affect regulation theory that dreaming serves the cathartic function by working through and therefore eliminating pent-up emotions experienced during wakefulness (Yu, 2007, 2015).

The Overattachment score significantly predicted the DMS Hindrance score, its predictive effect overriding those of all other significant correlates, including the Body-Mind Obstruction score. The Hindrance scale did not even show a significant correlation with the Affect-Posture Inhibition subscale. Similar to the findings regarding ego-anger dreams, these findings imply an indirect continuity between

Table 4. Standardized Beta Coefficients of the Regression Models for Predicting Dream Stagnation Factors (n = 117)

	DMS Dream Stagnation		
	Ego Anger	Hindrance	Wood
Stagnation Scale			
Overattachment		.273**	sc
Body-Mind Obstruction		sc	.259**
Affect-Posture Inhibition			
Total Score	.228*		
CC-BPAQ			
Hostility	.224*	sc	
Physical Aggression			
Impulsivity		sc	
Anger Proneness		sc	
Total Score			

Note. \* t-value significant at the 0.05 level, \*\* t-value significant at the 0.01 level; sc = a significant correlate that was entered into but was removed by the regression analysis.

Table 3. Correlation Coefficients of DMS Scores with Stagnation Scale and CC-BPAQ Scores (n = 117)

	DMS Dream Stagnation			
	Ego Anger	Hindrance	Wood	Total
Stagnation Scale				
Overattachment	.282**	.276**	.213*	.333***
Body-Mind Obstruction	.275**	.250**	.259**	.307**
Affect-Posture Inhibition	.207*	.180	.094	.206*
Total Score	.318**	.264**	.246**	.339***
CC-BPAQ				
Hostility	.328**	.263**	.058	.304**
Physical Aggression	.165	.092	.056	.171
Impulsivity	.152	.206*	.177	.236*
Anger Proneness	.166	.188*	.103	.275**
Total Score	.301**	.260**	.136	.347***

Note. \* correlation significant at the 0.05 level, \*\* correlation significant at the 0.01 level, \*\*\* correlation significant at the 0.001 level

real-life and dreamed symptoms characteristic of inhibition. Accordingly, dreaming of bodily inhibition and the inability to free oneself, which cannot be ascribed to similar waking-life somatic symptoms alone, can perhaps be conceived as the metaphoric representation of the difficulty of letting go that the waking mind suffers during the day.

The DMS Wood score was positively correlated with the Overattachment and Body-Mind Obstruction scores but not with any CC-BPAQ scores. This result is not in line with the Wu-xing principle that the emotion of anger is represented by the Element Wood. Furthermore, in light of the regression analysis, it seems that wood elements in dreams are more accounted for by the somatic than cognitive component of qi stagnation. TCM is not the only cultural-specific healthcare practice that associates plants in dreams with health conditions. Indeed, similar practices can be observed in other cultures and in particular in the Karbi tribe of North-east India. Karbis believe that different plants in dreams are indicative of different health conditions. Terangpi, Phangchopi, and Terno (2015) discussed how Karbis interpret the meanings of dreaming 35 plants. All 35 interpretations of botanic dreams are consistent with the Karbi folk beliefs about the plants and virtually all of them surround the issues of mental disorder, trauma, headache, stomachache, dermatological problems, being scolded or criticized by elders, and being safeguarded from diseases. It is also noteworthy that Karbis make use of plants for treating diseases and nightmares. For example, jok anso (a plant of the Apocynaceae family), dreaming of which is interpreted as good health, is regarded by Karbis as an important medicinal plant. As in the Karbi healthcare practice, herbal therapy constitutes the major treatment tactic in TCM, including the treatment for qi stagnation and yu syndrome. Perhaps, both the TCM and Karbi practices reflect the humanity's ancient capacity to self-medicate with herbal remedies (Huffman, 2001). This primordial instinct or the folk belief about the harmful and healing effects of plants not only forges sym-

bolic connections between plants and health conditions but might also explain why the presence of botanic elements in dreams is linked to somatic complaints experienced in waking life and alludes to the intuitive desire for seeking cure. This speculation, however, requires clarification through further investigation. Future studies may explore whether subjective beliefs in herbal or Chinese medicine would moderate the relationship between qi stagnation and dreaming of botanic elements.

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