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## The Theory of Humours and Traditional Chinese Medicine: A Preamble to Chapter 3

Jessica Milner Davis

All thinking and writing about humour sooner or later confronts issues of terminology and concepts relating to this complex form of human behaviour. In English, “humour” has shifted its meaning considerably down the centuries. Other times have privileged words such as “jest”, “mirth”, “wit” and even “the comic” (borrowed from the French expression *le comique*, meaning the essence of what is amusing) above “humour” as the general term for things related to laughter and amusement. The most important antecedent to present day usage is the ancient medical “theory of the humours”, where the Latin word *humores* denoted the four primary body fluids or “humours”: *chole* (yellow bile); *melanchole* (black bile); *flegma* (phlegm); and *sanguis* (Latin for blood). The first three are Greek names for the “surplus” fluids that are discharged in illness while the last, blood, causes illness when insufficient (as in anaemia or severe blood loss). These four were understood “in terms of a general cosmological theory in which fire, earth, air and water were the four basic elements of all things [and] physical constitution and psychological characteristics were determined by the balance or blend (L. *temperare*) of the humours”.<sup>1</sup> Hence a humour defined a person’s basic constitutional temperament, or type of personality, not just their evanescent mood or an experience of “humour” in the modern sense.

When the word came into English, as Willibald Ruch has pointed out, it “entered as *humour* into Middle English via French (responsible for the *ou*), still primarily a technical term, associated with the humor theory of temperament and humoral pathology”.<sup>2</sup> It remained largely so until the late eighteenth and early nineteenth centuries, when “being humorous” became inextricably bound up with the idea of

the even-tempered, wryly amused English gentleman (exemplified by *Punch* magazine<sup>3</sup>). The word then returned to modern French with precisely this connotation of gentle, *humour à l'anglais* (as opposed first to *humeur*, which retained the medical sense of character or mood as in *mauvaise humeur*, bad-tempered; and second to *esprit*, or lively wit, characteristically French).<sup>4</sup> From these antecedents, humour has now grown internationally to embrace all aspects of whatever is amusing, provoking laughter and smiles, regardless of mood or purpose.

In both its old and modern senses, humour has an important part to play in Traditional Chinese Medicine (TCM) and the traditional Chinese world-view of temperament and bodily health, as Rey Tiquia explains in Chapter 3. For this reason, it is important to explore the subject of the “humours”. In fact, the two classical views — Eastern and Western — of the physical elements, of bodily “humours”, of character and of health have much in common — although, as Jocelyn Chey notes in Chapter 1, it is also important that students of humour in its modern sense understand the differences. One obvious variation is that in TCM there are five elements (*wu xing* 五行),<sup>5</sup> not four; and since these affect both physical body and emotions, the two views of how the body operates and of appropriate therapies necessarily differ somewhat. This is particularly reflected in the way TCM conceives of, and is designed to promote, the centrality of the body’s meridian *qi* 氣 circulation system (as stressed by Tiquia). Nevertheless, both theories rest upon the concept of balance in bodily and emotional health, and seek the goal of harmony for its essential contribution to health. In so doing, both seem to anticipate some aspects of modern psychology. To explore this intriguing idea a little further, I shall briefly sketch the development of the Western theory of humours and its connections with modern psychological thought.

Deriving from ancient Egyptian and Greek holistic concepts of the body and of temperament, this theory was expounded by Galen of Pergamon (129–199/217 CE),<sup>6</sup> himself greatly influenced by Hippocrates of Cos (c.460–c.370 BCE), the “father of medicine”. By the late sixteenth century, it was the prevailing medical paradigm across Europe. Ruch describes how

physiological theory at that time assumed that the mixture (*L. temperare* = to combine or blend in proper proportion) of the four humours in the make-up of a person was expressed in physical appearance, physiognomy and proneness to disease. Optimally, the humors are balanced, but a predominance of blood, phlegm, yellow bile or black bile yields, respectively, the sanguine, phlegmatic, choleric, and melancholic temperament.<sup>7</sup>

If the humours were not well balanced — allowing for a natural predominance of the one determining a particular character — then corrective treatment was prescribed, tailored to that patient's character.

The role of humour in the modern sense was also well understood by practitioners, in terms of its formative impact on character and also as a potential remedy. It was particularly endorsed by the French doctor and classical scholar Laurent Joubert (1529–83), who translated and published the relevant classics to correct what he saw as contemporary misunderstandings about the body. His pioneering *Traité du ris* (Treatise on laughter) was published originally in Latin and then in French in 1579, and its full title illustrates his positive evaluation of laughter.<sup>8</sup> In it, Joubert discusses many disability cases of persons unable to enjoy laughter (he terms them “agelasts”) and the importance of attitude to laughter in identifying temperament, as well as in offering positive mood-enhancement. In England, as across the Channel, these concepts formed the basic belief-system for works which are still read as classics, such as Richard Burton's *Anatomy of melancholy* (1621) and Ben Jonson's pair of popular plays for the Elizabethan stage, *Everyman in his humour* (1598) and its sequel, *Everyman out of his humour* (1599).<sup>9</sup>

The vitality of the idea of “the humours” is shown by the longevity of the terms they generated. Noga Arikha's masterly study, *Passions and tempers: A history of the humours*,<sup>10</sup> points out that we continue to speak of melancholic and sanguine temperaments, even if the associated medical treatments such as administering things that are bitter or cold or their opposites died out long ago. While today's remedies for emotional distress are most likely to be defined in chemical terms, the old-fashioned selection did include “sending a patient to a different location”, which sounds pretty much like a rest cure or modern respite care.

The theory went out of favour in the West generally with the advent of notions of strict dualism of mind and body promulgated by influential French philosopher René Descartes (1596–1650). Chronicling these matters in appreciative detail, Arikha explores many forgotten authorities hugely influential in their time, including Joubert. Importantly, her narrative concludes by reflecting on post-Cartesian attempts to reunite the mind and the body, beginning with Thomas Willis (1621–75), who pioneered investigations of the brain's neural anatomy,<sup>11</sup> and ending with today's explorations of positive psychology and its very practical messages embracing both cognition and emotion.<sup>12</sup>

Psychologists studying humour today strive to bring effective and practical approaches to the investigation and measurement of its various aspects and contemporary uses in personality, social life, politics, entertainment, education, the health professions, organizational behaviour and communications of all kinds, including advertising and informal internet groups. Their research corrects any lingering view from modern rationalists that humour, or “having a sense of humour”, is purely a cognitive function. Experiencing things that make one laugh — or being repelled by them, as some people are (more extreme cases than Joubert's *agelasts*, these unfortunates are termed *gelotophobes*) — clearly involves emotion as well as cognition. Definitive evidence of this now comes from brain studies using functional magnetic resonance imaging (fMRI) to record activation of both affective and cognitive neural pathways when subjects respond to humorous stimuli such as cartoons.<sup>13</sup>

Modern scientific studies tend to focus on a descriptive approach to humour rather than investigating its prescription as therapy. Here the anticipatory significance of the theory of the humours for modern psychological symptomatology has been noted by Robert Stelmack and Anastasios Stalikas. Although Galen's own observations on character were few and did not correspond very well to the later four classic types, these researchers see his true legacy as a “descriptive typology of character that emerged in the eighteenth and nineteenth centuries [and] bears a remarkable resemblance to the extraversion and neuroticism dimensions”.<sup>14</sup> Thus a line of inheritance runs from Galen, via Kant and Eysenck to today's *Diagnostic and Statistical Manual*

of *Mental Disorders* (DSM).<sup>15</sup> Modern parallels to Joubert's case-studies of unbalanced agelasts take the shape of studies on gelotophobia and on humour in combination with the DSM-IV.<sup>16</sup>

The role of humour in therapy is, however, more complex. Despite some tentative progress and the emergence of popular movements such as "laughter yoga" and clown doctors, it is still hedged with scientific uncertainty.<sup>17</sup> What is agreed to be important is the need to clarify the models and types of humour and their uses, and correlations with good and bad outcomes. Thus we see the emergence of studies focusing on styles of use of humour in daily life, interpersonal behaviour, coping behaviour, self-esteem, and so on.<sup>18</sup> However, if questions still surround the applications of humour — particularly in physical health or in televised violence<sup>19</sup> — the more general point is nevertheless accepted: that good emotional balance is needed. Here the importance of ancient ways of thinking should not be under-estimated for providing insight into modern problems and lives.

At the heart of Rey Tiquia's chapter lies the notion of the elements (however computed and identified) as the "ultimate roots of all natural things": this carries with it the implication that what has been cast out of balance can, by the same means (or adaptations of it), be restored to balance. Methodologies may differ; however, in addressing health, today's professionals would surely agree. For good health of mind and body, we should emulate the ancient wisdom of the Golden Mean and seek the balance of equanimity, or *xin ping qi he* 心平氣和, that allows free-flow to the all-important *qi* 氣, the animating principle beyond all elements. We should ignore neither joy nor sorrow, anger nor compassion, humour nor seriousness, but equally should not allow any to master us for too long. We should also remember that experiencing humour is in itself both a positive and a negative emotion — delight mixed with shock or transgression — and that laughter can be used for both good and ill, to include and to exclude. Hence we see the importance of investigating the full range of types of humour and the most adaptive ways of using it beneficially today. The use of humour therapy in TCM reminds us that these very contemporary approaches share much with an older approach that is now attracting wider interest than in the past, not only among those in the Chinese diaspora, but also among a wide variety of patients seeking balance and wholeness in their lives and minds.

