

Kant on mental disorder. Part 1: An overview

PATRICK FRIERSON*

Whitman College, USA

This paper sets out Kant's anthropological account of mental disorder. I begin with a discussion of the nature of Kant's 'pragmatic anthropology' and the implications of the fact that his discussion of mental disorder takes place in that context. I then set out Kant's taxonomy of the mind and discuss the various disorders affecting the cognitive faculty and the faculties of feeling and desire. I end with a brief discussion of Kant's views on the causes, preventions, and treatments of mental disorder.

Keywords: *emotions; faculty psychology; Kant; mental illness; pragmatic anthropology*

Kant revels in the a priori. His *Critique of Pure Reason* (1781/1787) is an account of the a priori conditions of possibility of experience, and his moral philosophy is based on an a priori categorical imperative that is supposed to motivate human beings without empirical or sensuous influence. Such a philosopher of a priori order in cognition and volition might not seem to be the best source for nuanced and empirically informed views on mental disorder. But even while developing his famous 'Critical' philosophy of a priori metaphysics and morals, Kant also established the discipline of 'anthropology', a human science meant to be at once empirical, pragmatic and taxonomic. Within this anthropology, mental disorder plays a prominent role. This paper sets out Kant's anthropological account of mental disorder. In a subsequent paper (pp. xxx–xxx in this issue), I will show the account's implications for Kant's philosophy and sketch some ways in which it might affect thinking about the discipline of psychiatry today.

Because Kant uses terminology no longer used in contemporary psychology and psychiatry, and because he changes some of his own positions over the

*Address for correspondence: Philosophy Department, Whitman College, Walla Walla, WA 99362, USA. Email: frierspr@whitman.edu

course of his life, it is challenging to set out his account of mental illness for a modern audience. Nonetheless, a relatively clear account of Kant's theory of mental disorders can be developed from his treatments in *Anthropology from a Pragmatic Point of View* (1798) and related essays and lectures in anthropology. In the next section, I briefly discuss Kant's pragmatic anthropology and the implications of the fact that his discussion of mental disorder takes place in that context. In the following sections, I set out the specifics of Kant's theory of mental disorder, starting with his discussion of cognitive disorders, then discussing disorders that affect the faculties of 'feeling' and 'desire', and ending with the causes, preventions and treatments of mental disorder.

1. Pragmatic anthropology and mental disorder

Given its importance for epistemology and ethics, Kant *could* have discussed mental disorder in either his theoretical or moral philosophy, but instead he primarily reserved it for 'pragmatic anthropology'. For Kant, anthropology is not the relatively narrow human science which exists by that name today, but it has the traditional connotation of the study of human beings as such. Just as epistemology aims to answer the question 'What can we know?' and morals the question 'What ought we do?', anthropology aims to answer the question 'What is the human being?' (*Lectures on Logic*, 9: 25).¹ For Kant, the establishment of a discipline of 'pragmatic anthropology' was an important priority at least as early as 1773, when he writes (in a letter to his former student Marcus Herz):

I have read your review of Platner's *Anthropologie* ... This winter I am giving ... a lecture course on *anthropology*, a subject that I now intend to make into a proper academic discipline. But my plan is quite unique. I intend to use it to disclose the sources of all the sciences, the science of morality, of skill, of human intercourse, of the way to educate and govern human beings, and thus of everything that pertains to the practical. I shall seek to discuss phenomena and their laws rather than the foundations of the possibility of human thinking in general. Hence the subtle, and, to my view, eternally futile inquiries as to the manner in which bodily organs are connected with thought I omit entirely. I include so many observations of ordinary life that my auditors have constant occasion to compare their ordinary experience with my remarks and thus ... find the lectures entertaining and never dry. In my spare time, I am trying to prepare a preliminary study for the students out of this very pleasant empirical study, an analysis of the nature of skill (prudence) and even wisdom that, along with physical geography and distinct from all other learning, can be called knowledge of the world. (10: 145–6)

Kant sent this letter to Herz in response to Herz's review of Ernst Platner's *Anthropologie für Ärzte und Weltweise* (Anthropology for Doctors and the Wordly-Wise²), a work that heavily emphasizes the biological nature of human beings. Kant's aim here is to develop a conception of anthropology to compete with Platner's, which was already gathering substantial adherents.³

There are several distinctive features of Kantian anthropology, some of which are alluded to in this letter to Herz. First, Kantian anthropology is *pragmatic*, in contrast to two important strands of eighteenth-century reflection on human nature. Leibnizian, rationalist philosophers like Wolff and Baumgarten studied humans as rational and sensible souls, while so-called ‘philosophical physicians’ such as Platner articulated a ‘physiological’ anthropology emphasizing the bodily bases of mental phenomena. Both strands fit into what Kant calls ‘speculative’ or ‘scholastic’ theorizing (25: 472, 856, 1120), suitable for book-learning but not life. Whereas one might have expected the Kant of the *Critique of Pure Reason* to be equally scholastic, Kant actually insists that anthropology must be applicable – and immediately so. Highlighting his contrast with Platner, Kant explains:

A doctrine of knowledge of the human being, systematically formulated (anthropology), can exist either in a physiological or in a pragmatic point of view. – Physiological knowledge of the human being concerns the investigation of what *nature* makes of the human being; pragmatic, the investigation of what *he* as a free-acting being makes of himself, or can and should make of himself. – He who ponders natural phenomena, for example, what the causes of the faculty of memory may rest on, can speculate back and forth (like Descartes)⁴ over the traces of impressions remaining in the brain, but in doing so he must admit that in this play of his representations he is a mere observer and must let nature run its course, for he does not know the cranial nerves and fibers, nor does he understand how to put them to use for his purposes. Therefore all theoretical speculation about this is a pure waste of time. – – But if he uses perceptions concerning what has been found to hinder or stimulate memory in order to enlarge it or make it agile, and if he requires knowledge of the human being for this, then this would be a part of anthropology with a *pragmatic* purpose, and this is precisely what concerns us here. (7: 119)

This interest in *pragmatic* anthropology goes back to Kant’s initial pedagogical interest in anthropology as ‘worldly wisdom’ (*Weltweisheit*). As early as 1757, when Kant began teaching a course in ‘Physical geography’, the primary purpose of which was to provide students with knowledge of the world to ‘make good their lack of *experience*’ and thereby ‘prepare them ... for the exercise of practical reason’ (2: 312; cf. 7: 122n).⁵

A second key feature of Kant’s anthropology, also related to its pedagogical origin, is that it was to be *popular*. As noted in the quote above, his lectures were attended by ‘people of different estates’. Kant boasts, ‘our anthropology can be read by anyone, even women in dressing rooms’ (25: 856–7, cf. 25: 1213). Even before teaching anthropology, Kant presented anthropological ideas – including his theory of mental disorder – in popular works such as his ‘Essay on the Maladies of the Head’ and *Observations on the Beautiful and the Sublime* (1764). This popular focus, which allowed Kant to present colourful examples of mental weakness and disorder that his students could ‘compare with their ...

experience' (10: 146), fits with the popular approach of Kant's anthropology, wherein he seeks to present 'phenomena and their laws' in a way that is 'entertaining and never dry' (10: 146).

Third, Kant's anthropology was *empirical*. Kant is best known for his *Critique of Pure Reason* (1781) and *Groundwork of the Metaphysics of Morals* (1785), which set out a priori structures of human cognition and morals. Throughout those works, Kant can appear to disparage empirical inquiry, and in another work – his *Metaphysical Foundations of Natural Science* (1786) – he even mocks the idea of a scientific psychology (4: 471). Nonetheless, his *Anthropology* is thoroughly empirical, consisting of 'observations' (7: 119) on the basis of which one makes claims about human beings in general. In keeping with eighteenth-century trends in the human sciences (see Zammito, 2002: 237, 245–6),⁶ Kant freely appeals to 'world history, biographies, [and] even plays and novels' as important 'aids' to anthropology (7: 121). Kant frequently tells short anecdotes to his readers, such as the case of 'a certain lady [who] replied to the question of an academic, "Do the horses eat at night too?" "How can such a learned man be so stupid!"' (7: 204).⁷ Kant's notion of an 'empirical' anthropology is thus broader than what we might consider experimental psychology today.

Though empirical, however, anthropology has a fourth key feature: it is teleological. The most obvious examples of this come in Kant's account of the character and vocation of the species. Here Kant shows how the ills of the world conspire to direct humanity to '*cultivate* himself, to *civilize* himself, and to *moralize* himself by means of the arts and sciences' (7: 324; see also Brandt and Stark, 1997; Wood 1999: 207–15). Kant also points out teleological purposes of such things as sleep (7: 166, 175, 190), laughter (7: 261), sexual difference (7: 305), and that 'illusion' by which someone 'who is naturally lazy' mistakes 'objects of imagination as real ends' (7: 175, 274). This emphasis on teleological explanation is consistent with Kant's claim, in the *Critique of the Power of Judgment* (1790), that with respect to living things, we can assume that 'nothing in it is in vain, purposeless, or to be ascribed to a blind mechanism of nature' (5: 376) in order to 'supplement the inadequacy of [mechanical explanation] in the empirical search for particular laws of nature' (5: 383).

Finally, a fifth feature of Kant's anthropology is its emphasis on taxonomy. In his *Anthropology*, Kant emphasizes this need for taxonomy both with respect to anthropology in general (7: 121–2) and mental disorders in particular (especially 7: 214, cf. 2: 259–60). For Kant, this taxonomy:

yields an advantage for the reading public: the completeness of the headings under which this or that observed human quality ... can be subsumed offers readers many occasions and invitations to make each particular into a theme of its own, so as to place it in the appropriate category. Through this means the details of the work are naturally divided among the connoisseurs of this study, and they are gradually united into a whole through the unity of the plan. As a result, the growth of science for the common good is promoted and accelerated. (7:121–2)

Taxonomy, in other words, serves as a transition from observation of individual human beings to the sort of popular work that can serve pragmatic purposes.

These five features of anthropology structure Kant's account of mental disorder. The pragmatic nature of the work implies an emphasis on treatment or prevention of mental disorders. At the same time, however, Kant's resistance to *physiological* approaches to the study of human nature narrows the scope of Kant's emphasis on treatment and prevention. Kant does not discuss pharmacological treatments for mental disorder, or treatments that require specific consultation with a physician.⁸ His anthropology is a philosopher's guide to help ordinary people with *self-treatment* – what he elsewhere connects with 'the power of the mind to master its morbid feelings by sheer resolution' (7: 97) – not a medical guide for physicians. Because of his emphasis on popularity, Kant does not emphasize forms of mental disorder so idiosyncratic as to be beyond the experience or intuitive understanding of his readers. At the same time, Kant includes types of disorder so familiar as not even to amount – in contemporary estimation – to true mental disorders. Moreover, while Kant is systematic in his taxonomy, his general tone when discussing mental disorder is informal and even playful rather than technical or medical. He provides an entertaining guide for diagnosing and dealing with peculiarities that arise in society, not a *Diagnostic and Statistical Manual* for professionals.

The empirical nature of Kant's anthropology might seem obvious, except that Kant is often taken as an a priori philosopher par excellence. For his account of mental disorder, Kant's empiricism has important implications. Kant permeates his discussion of mental disorders with examples. He mentions the 'Cretins of Valais' as examples of 'complete mental deficiency' (7: 211–12) and tells the story of 'Helmont', who 'claims to have perceived a sensation as if he were *thinking in his stomach*' (7: 216), as an example of self-induced mental derangement. More importantly, Kant uses *empirical* psychology to structure his account of mental disorder. Thus Kant distinguishes between feeling and desire, for example, based on his empirical claim that it is possible to have pleasant feelings unconnected with desires. Based on this distinction, Kant distinguishes affects and passions, two 'illnesses of mind' (7: 251) that affect feeling and desire, respectively. Still, while empirical psychology determines the mental structure within which he situates mental disorders, Kant also responds to empirical details that do *not* fit within this structure. In cases where no mental disorder seems to affect an empirically discovered power of the soul – such as mental deficiency affecting 'reason' – Kant does not add such a mental disorder, even though it would make his account of mental disorder fit his psychology more neatly. Furthermore, where there are mental disorders that do not cleanly cohere with his psychological taxonomy – such as hypochondria – Kant simply makes a new category. At multiple levels, Kant's taxonomy of mental disorders is shaped by empirical facts.

It is worth noting, in this context, that Kant's 'empirical' human sciences are not empirical in the present-day sense. The closest that Kant comes to

appealing to *experiments* are cases where he appeals to his own experiments on himself (7: 98) or offers pragmatic advice that could be tested in practice (e.g., 7: 252). With respect to *observations*, Kant usually avoids extreme cases, instead offering examples that would be intuitive and available to his audience, such as that ‘the person who *falls in love* is inevitably blind to the faults of the beloved object, though the latter person will usually regain his sight eight days after the wedding’ (7: 253). Also, as noted above, Kant’s ‘empirical’ anthropology includes such resources as ‘plays and novels’ (7: 121), hardly the stuff of which empirical psychology consists today.

The teleological nature of Kant’s anthropology is important for his discussion of mental disorder more by its absence than by its presence. Teleology arises only rarely in Kant’s accounts of mental disorder, as when he explains that even in craziness (*Aberwitz*):

[T]he powers of the unhinged mind still arrange themselves in a system ... so that the faculty of thought does not remain idle. Although it is not working objectively towards true cognition of things, it is still at work subjectively, *for the purpose of animal life.* (7: 216, italics added)⁹

The one important exception to this general absence of teleology from Kant’s descriptions of mental disorder comes in his account of affects. Here Kant does offer a teleological account, explaining;

The principle of *apathy* – namely that the wise man must never be in a state of affect ... is an entirely correct and sublime moral principle ... – Nevertheless, the wisdom of nature has planted in us the predisposition to compassion in order to handle the reins *provisionally*, until reason has achieved the necessary strength; that is to say, ... nature has added the incentive of pathological (sensible) impulse to the moral incentives for the good, as a temporary surrogate of reason. (7: 253)

Affects are illnesses of soul that need not be lasting and that seem to be quite common, so here Kant suggests a teleological purpose: affects like sympathy and compassion are implanted to bring about the preservation and cultivation of the species until reason matures.

The taxonomic nature of anthropology is of particular significance for mental disorder. Kant’s description of human mental life involves distinguishing three fundamental ‘faculties of the soul’, subdividing these into higher (intellectual) and lower (sensory) faculties, and grouping various distinct and irreducible powers of the soul under these six headings. One can summarize Kant’s taxonomy of the soul (or mind) as in Table 1.¹⁰

Kant structures his theory of mental disorder according to this faculty psychology. Because the mind has three basic ‘faculties’, there are three quite different sorts of maladies that can affect it. In his ‘Essay on the Maladies of the Mind’, this distinction is only implicit, as Kant first discusses passions (illnesses related to the ‘drives of human nature’; 2: 261) before turning to more properly cognitive ‘frailties of the disturbed head’ (2: 263). In the *Anthropology*,

TABLE 1. *The faculties (and powers) of the soul*

	Cognition	Feeling	Desire
Higher ('Understanding' in the general sense)	<ul style="list-style-type: none"> • Judgment • (Wit)* • Understanding (in the narrow sense) • Reason 	<ul style="list-style-type: none"> • Intellectual pleasure and displeasure 	<ul style="list-style-type: none"> • Choices based on maxims/principles
Lower	<ul style="list-style-type: none"> • Outer senses (sight, hearing, taste, smell, touch) • Inner sense • Imagination (including memory) 	<ul style="list-style-type: none"> • Sensory pleasure and displeasure 	<ul style="list-style-type: none"> • Choices based immediately on instinct or inclination

*Generally, Kant does not list wit as a distinct mental power in his empirical psychology, but he treats it as one in his anthropology (7: 201).

the correlation between mental disorder and Kant's tripartite account of the soul is more conspicuous, though even here Kant does not *explicitly* distinguish mental disorders in this way. Instead, Kant structures his *Anthropology* in terms of cognition, feeling and desire, and he includes specific mental disorders for each faculty, and he uses his precise taxonomy of different powers to diagnose specifically different mental disorders, often with the intention of showing *practical* implications of these differences. Thus, for example, Kant points out that Cristoph Clavius (a sixteenth-century mathematician) was, strictly speaking, 'obtuse' because he lacked 'wit', the mental power responsible for 'thinking up the universal for the particular' (7: 201), but although his obtuseness prevented Clavius from 'making verses', he 'became a great mathematician when he was given a mathematics book' (7: 204). Clavius had a defect of wit but not understanding (a separate mental power) and thus had great facility with concepts without being creatively able to get *to* those concepts. Likewise in a more morally significant case,

That people allow themselves to be taken in by treasure seekers, alchemists, and lottery agents is not to be attributed to their stupidity [a mental deficiency in the power of judgment] but to their evil will [a moral defect in the faculty of desire]: the desire to get rich at others' expense without a proportionate effort of their own. (7: 205)

Because Kant uses his psychological taxonomy to derive a classification of mental disorders, I divide my treatment of Kant's account in the next two sections similarly. In the next section, I focus on disorders affecting the cognitive faculty and, Section 3, I turn to affects and passions which ail the faculties of feeling and desire.

2. Disorders of the cognitive faculty

Within his tripartite structure of cognition, feeling, and desire, Kant further distinguishes between different sorts of mental disorder. (I summarize Kant's taxonomy of cognitive disorder in a chart at the end of this section.) For disorders related to the faculty of cognition, Kant distinguishes between 'weaknesses' and 'illnesses' strictly speaking. The former involve either a lack of a cognitive power or the diminished functioning of that power. The latter involve some positive disorder, and within this category of 'illness' Kant further distinguishes between '*melancholia* (hypochondria) and *mental derangement*' (7: 212). With the exception of melancholia, which I discuss in more detail below, Kant further subdivides these deficiencies and illnesses in terms of his subdivisions of the different distinct cognitive powers: imagination and senses,¹¹ wit, judgment, understanding, and reason.

To understand Kant's taxonomy of cognitive disorders, one must understand the distinctive function of each cognitive power and how this cognitive power can be either deficient or deranged. Kant summarizes the functions of higher faculties of cognition as follows: 'Understanding draws the general from the particular ... Reason draws the particular from the general ... The power of judgment is the subsumption of one concept under others [or of particulars under concepts]' (29: 890). Crucially, these powers also play important roles in Kant's overall philosophy. The understanding, via a priori concepts, brings to one's representations the unity necessary for coherent experience of an objective world. Reason, in its theoretical capacity,¹² gives rise to 'ideas' that play an important regulative role in the development of scientific knowledge.¹³ The power of (reflecting) judgment is shown to have its own a priori principles, principles that govern both aesthetics and the pursuit of teleological order in nature (see Kant's *Critique of the Power of Judgment*). In the *Anthropology*, Kant adds wit as a correlate to judgment: 'Just as the faculty of discovering the particular for the universal (the rule) is the *power of judgment*, so the faculty of thinking up the universal for the particular is *wit (ingenium)*' (7:201). *Deficiencies* of these capacities involve either the absence of the relevant capacity – as in the case of stupidity, a 'lack of the power of judgment' (7: 204) – or a diminished function of that capacity – as in the case of the '*simpleton*, ... he who cannot grasp *much* through his understanding' (7: 204) and who, in more extreme cases, is 'incapable of learning' (7: 209).

Kant also describes *illnesses* for each higher cognitive faculty (excepting wit). Insanity (*Wahnsinn, insania*) is a 'deranged *power of judgment*' (7: 215) in which a healthy function of judgment – the power to make analogies – is confused with a function of the understanding – uniting particulars under concepts – such that 'the power of imagination, in a play resembling understanding, conjures up the connection of disparate things as universal, under which the representations of the universal are contained' (7: 215). The perversion of the power of the understanding arises in amentia (*Unsinnigkeit, amentia*), an 'inability

to bring one's representations into even the coherence necessary for the power of experience' (7: 214).¹⁴ Crazyiness (*Aberwitz*, *vesania*) is:

the sickness of a deranged *reason*. – The mental patient flies over the entire guidance of experience and chases after principles that can be completely exempted from its touchstone, imagining that he conceives the inconceivable [, such as] ... the squaring of the circle ... and the comprehension of the mystery of the Trinity are in his power. (7: 215–16)

With respect to the lower faculty of cognition, Kant again mentions both deficiencies and derangement. The lower faculty includes the five outer senses, the inner sense (a sort of power of introspection of one's own mental states) and the imagination. Except when one confuses imagination with them, outer senses do not play significant roles in Kant's account of mental illness. Inner sense, by contrast, plays a special role in both Kant's anthropology in general and his account of mental illness in particular. On the one hand, Kant's anthropology depends upon the inner sense: 'anthropology ... is supplied by the inner sense with content' (7: 398; cf. 7: 143, 25: 473). On the other hand, Kant sees excessive attention to inner sense as not only difficult (7: 121) but even dangerous: 'eavesdropping on oneself is either already a disease of the mind (melancholy), or leads to one and the madhouse' (7: 134). The problem arises not from merely observing one's inner states, but from a tendency superstitiously to misinterpret these inner states, 'a confusion in the mind of supposed higher inspirations and powers flowing into us' (7: 133) that can easily occur when the flow of inner states seems not to be self-directed. Such introspection leads us, 'without noticing it, to make supposed discoveries of what we ourselves have carried into ourselves.' 'This is the most direct path to illuminism or even terrorism' (7: 133, cf. 7: 161–2) and 'can easily lead to enthusiasm [*Schwärmerei*] and madness' (7: 132). Inner sense does not itself suffer from deficiency or illness strictly speaking. Although 'inner sense is subject to *illusions*' (7: 161), these illusions are not due to the inner sense itself, but to one's 'taking the appearances of inner sense for external appearances ... regarding them as inspirations' (7: 161). Properly regulated, everyone's inner sense can be an important source for anthropology. But when observed haphazardly, even healthy inner sense feeds dangerous religious zealotry and eventually madness.

The imagination is, in general, 'a faculty of intuition without the presence of the object' (7: 167), that is, a means by which one presents objects to oneself without those objects being literally present. Imagination includes both *reproductive imagination*, a 'derivative presentation of the object' such as memory or foresight, and *productive imagination*, 'a faculty of the original presentation of the object' (7: 167) that not only includes the imagination as usually understood but also plays an important role in Kant's account of experience in the *Critique of Pure Reason* (see A124). Kant's catalogue of cognitive deficiencies includes a deficiency of reproductive imagination called 'absent-mindedness', which is an

involuntary mental ‘distraction’ by virtue of which one has ‘a representation ... from which one is not able to get away’ (7: 206). Such distraction can, ‘if [it] becomes habitual and directed to one and the same object, ... turn into dementia’ (7: 207). Dementia (*Wahnsinn*) is a mental derangement of imagination by which, ‘owing to the falsely inventive power of imagination, self-made representations are regarded as perceptions’ (7: 215). Unlike the madness of regarding inner sense as objective, dementia involves directedness outside of one’s own inner states, but here the imaginative presentation of objects is so strong that it seems to be perception (through outer senses).

For Kant, the most important disorder of the power of imagination is neither a deficiency nor a derangement, but a distinct category of mental disorder: melancholia/hypochondria.¹⁵ In *Anthropology*,¹⁶ melancholia includes, in addition to hypochondria, the ‘sudden change of mood (*raptus*)’ and the ‘mere delusion of misery which the gloomy self-tormentor creates’ (7: 213), but Kant focuses on hypochondria.

[T]he illness of the hypochondriac consists in this: that certain internal physical sensations do not so much disclose a real disease present in the body but rather are mere causes of anxiety about it; and that human nature, by virtue of a peculiar characteristic ..., can strengthen or sustain a feeling by paying attention to certain *local impressions* ... In this way hypochondria ... becomes the cause of imagining physical disease: the patient is aware that it is imaginary, but every now and then he cannot refrain from regarding it as something real ... The hypochondriac is a melancholic (visionary) of the most pitiful sort: obstinate, unable to be talked out of his imaginings, and always running headlong to the physician, who has no end of trouble with him, and who can calm him only by treating him like a child (with pills containing bread crumbs instead of medicine). But whoever does not look away from these thoughts with manly courage will never really be happy in life. (7: 212–13)

Although hypochondria is a ‘most pitiful’ form of melancholia, melancholia in general is less serious than mental derangement. Kant notes that *raptus* is ‘still on this side of the border of mental derangement’ and that the gloomy self-tormentor is ‘not yet mental derangement’ (7: 213). Nonetheless, hypochondria is a mental disorder that Kant takes particularly seriously, for at least two reasons. The first, discussed further in Section 4, is that melancholia is particularly well suited to the philosophical physician of the soul because it is particularly susceptible to prevention by mental self-discipline. The second is that Kant felt himself particularly susceptible to hypochondria. In ‘On the Power of the Human Mind’, Kant ascribed his own ‘natural predisposition to hypochondria’ to his ‘flat and narrow chest’ (7: 104), and much of Kant’s preoccupation with hypochondria throughout his life – and arguably his concern with mental disorder in general – can be traced to his efforts to combat this looming mental disorder of his own.

We can summarize Kant’s account of the mental disorders affecting humans’ cognitive faculty in the chart in Fig. 1.

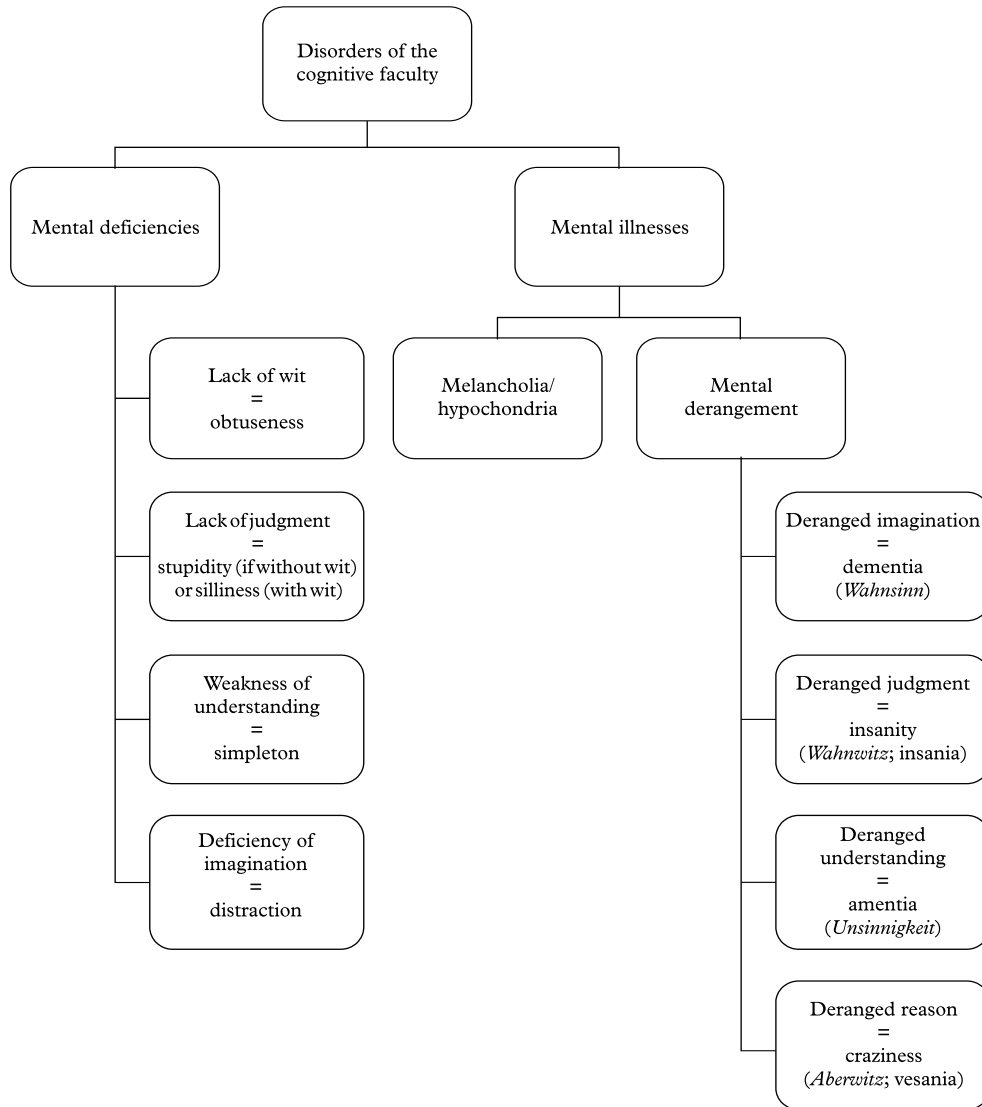


FIG. 1. Kant’s taxonomy of cognitive disorders

3. Illnesses of feeling (affects) and desire (passions)

In addition to *cognitive* disorders, Kant spends virtually the entirety of the *Anthropology*’s discussion of the faculty of *desire* on two specific sorts of ‘*illness of mind* [*Krankheiten des Gemüths*]’ (7: 251): affects and passions. An affect is a ‘feeling of pleasure or displeasure in the subject’s present state that does not let him to rise to *reflection* (the representation by means of reason as to whether

he should give himself up to it or refuse it'), while a passion is an 'inclination that can be conquered only with difficulty or not at all by the subject's reason' (7: 251).¹⁷ Kant locates affects primarily in the faculty of feeling. Passions are inclinations, or 'habitual sensual desires' (7: 251), so they are in the faculty of desire. As habitual *sensual* desires, passions have their *root* in the lower faculty of desire. But because 'passion always presupposes a maxim on the part of the subject, to act according to an end prescribed to him by his inclination' (7: 251), the ultimate nature of passions requires a disordered *higher* faculty of desire. Kant makes the connection with these faculties even clearer in his lectures on anthropology: 'Agitations of soul are twofold, affects and passions ... Affect is a *feeling* through which we come out of composure. Passion is rather a *desire* that brings us out of composure' (25: 589). Affects and passions are 'illness of mind' because 'both affect and passion shut out the sovereignty of reason' (7: 251). As should be clear from the preceding section (where derangements such as dementia are consistent with properly functioning reason), shutting out the sovereignty of reason is not a general characteristic of mental illness, but it seems to characterize mental illnesses affecting feeling and desire.

Affects and passions, as mental illnesses, are distinguished from emotions, feelings and inclinations in general. For Kant, feelings like sympathy, affection and anger are perfectly normal and reflect no psychological disorder. Inclinations, which play an important role in Kant's moral theory, are potential obstacles to fulfilling the requirements of the moral law but do not generally reflect mental illness. While Kant has no special term for 'emotion', most of what we would consider emotions – love, anger, jealousy, fear, joy, embarrassment, eager anticipation, and so on – fall into the categories of normal feeling or desire. Even extremely strong emotions can be perfectly healthy: 'It is not the intensity of a certain feeling that constitutes the affected state, but the lack of reflection' (7: 254). Affects and passions refer neither to emotions in general nor to strong emotion, but only to emotions that prevent normal rational reflection.

Affects and passions are the most prominent mental illnesses in Kant's philosophy, both in their placement within *Anthropology* and in the ways they appear in other, 'systematic' works (especially the *Metaphysics of Morals*, 1797). Within Kant's *Metaphysics of Morals* (and related lectures), affects and passions are important because they inhibit that self-mastery that is a necessary precondition for moral action: affects are a '*lack of virtue*' and passions '*properly evil*' (6: 408) and 'in duty to ourselves, and for the dignity of mankind, the demand upon a man is that we have no passions or affects at all' (27: 368). Without a proper understanding of Kant's theory of mental illness, this comment from the lectures might sound like an extreme stoic denial of emotion. But given his account of affects and passions, Kant's point is that human beings ought to – and therefore can – work to root out mental disorders affecting feelings and desires. *Anthropology*, like these works, is concerned with morality, but as *pragmatic* anthropology in general Kant also emphasizes how affects and passions interfere even with humans' pursuit of happiness (7: 151; 25: 592). Specifically, affects and passions hinder morality and happiness through

inhibition of the reflection upon which rational choices – whether moral or merely self-interested – depend.

The specific way that this inhibition occurs depends upon whether the illness is an affect or a passion. In the case of affects, where the faculty of feeling is the direct location of the illness, the role of ordinary intention in human action is bypassed. In affect, feeling completely dominates. When this occurs, one is either incapable of action or acts purely on the basis of feeling, without any reflection at all. (In the context of Kant's empirical psychology more generally, this implies that the only sorts of desire that are present are 'lower' desires, the sort of instinctive or immediate desires that cause action without reflection, deliberation, or 'choice'.) Thus Kant says:

Affect is a surprise through sentiment, whereby the composure of soul ... is suspended. Affect therefore is precipitate, that is, it quickly grows to a degree of feeling which makes reflection impossible (it is thoughtless). (7: 252)

Under the influence of an affect, one does not choose in the ordinary sense. Feeling simply leads directly to action (not, of course, *intentional* action). The affect itself takes control. For example, in the case of shock:

One sees a child fall into the water, whom one could save ... through a small aid, but one is so shocked that one thereby cannot do anything. Shock anaesthetizes one such that one is thereby totally incapable of doing anything at all. (25:592)

Shock leads to incapacity. The strength of the feeling of shock prevents the normal process by which other feelings, like sympathetic pain, become desires and thereby bases on which one can act. In contrast, a feeling of concern, however intense, that does not incapacitate will issue forth in an inclination to help, which may be taken up as an interest, made the basis of a choice, and thus lead to action.

A very different affect is rage (5: 273). Though the affect of rage might incapacitate, it more often leads to rash action. Here the affect – a feeling of rage – motivates without being endorsed by a person's choice.¹⁸ Because the action is based on feeling, as soon the feeling passes – either because the object is no longer present or because it no longer arouses the feeling – the impetus to action passes: 'what the affect of rage does not accomplish quickly will not be accomplished at all' (7: 252). Affects similar to rage in this respect include sympathy and courage insofar as these rise to the level of affects. These lead one to act immediately, without deliberation, but once feeling ceases to provoke, the impetus to action vanishes. In contrast to rage, normal anger that does not rise to the level of affect gives rise to a desire, say, to do harm to the object of one's anger. One then weighs this desire against others in deliberation about whether or not to do harm. The *affect* of rage, in contrast to this *feeling* of anger, prevents such deliberation.

Unlike affects, which are located in the faculty of feeling and thereby bypass the (higher) faculty of desire (where Kant locates human choice), passions are

inclinations that implicate the faculty of desire. Because the faculty of desire is the seat of choices (6: 212–13; 7: 251), one under a passion's influence *chooses* one inclination as overriding. Reflection is absent in that this choice of one inclination over all others involves neither the comparison of that inclination with others, nor any consideration of the moral demands of practical reason. But passion does not consider those other interests because it intentionally rejects them.

Since passions can be paired with the calmest reflection, it is easy to see that they are not thoughtless ... Passion always presupposes a maxim on the part of the subject, to act according to an end prescribed to him by his inclination. Passion is therefore always connected with his reason, and one can no more attribute passion to mere animals than to pure rational beings. (7: 265–6)¹⁹

Passions allow reflection in that they are incorporated into 'maxims' – consistent principles by which one governs one's life – and they involve forming plans of action for the pursuit of one's inclination. Thus they persist even when the feelings that sparked one's inclinations are gone. But while passionate people rational endorse an inclination, they do not *compare* that inclination with other inclinations nor with the moral law, and thus do not effectively pursue their good nor their happiness (7: 265). While passionate reflection is not a self-conscious choice of this interest over particular others because passion undermines consideration of other interests, when one acts on a passion, one still *chooses*.

Both passions and affects (and the propensity to be subject to affects) are mental illnesses because each interferes with the normal processes of human decision-making. In addition to his general distinction between affect and passion, Kant goes on to subdivide each of these mental illnesses into various specific disorders, depending upon the particular feeling or inclination that dominates a person. Among the affects, for example, he includes such things as shock and rage (discussed earlier) as well as 'exuberant joy (which is tempered by no concern about pain) and overwhelming sadness (which is alleviated by no hope)' (7: 254). With respect to passions, Kant subdivides them into the general categories of 'passions of natural (innate) inclination', which include 'the inclinations of freedom and sex', and 'passions of inclination that result from human culture (acquired)', which include 'the manias for honor, dominance, and possession' (7: 267–8). In all of these cases of affect and passion, the relevant feelings (surprise, anger, joy, sadness) or inclinations (for freedom, sex, honour, dominance, possession) are perfectly healthy, although Kant raises serious concerns about certain acquired inclinations, especially for dominance and possession. Mental *disorder* arises only when these feelings or inclinations rise to a level where they preclude normal human reflection and deliberation.

We can thus summarize Kant's complete taxonomy of mental disorder as in Figure 2.

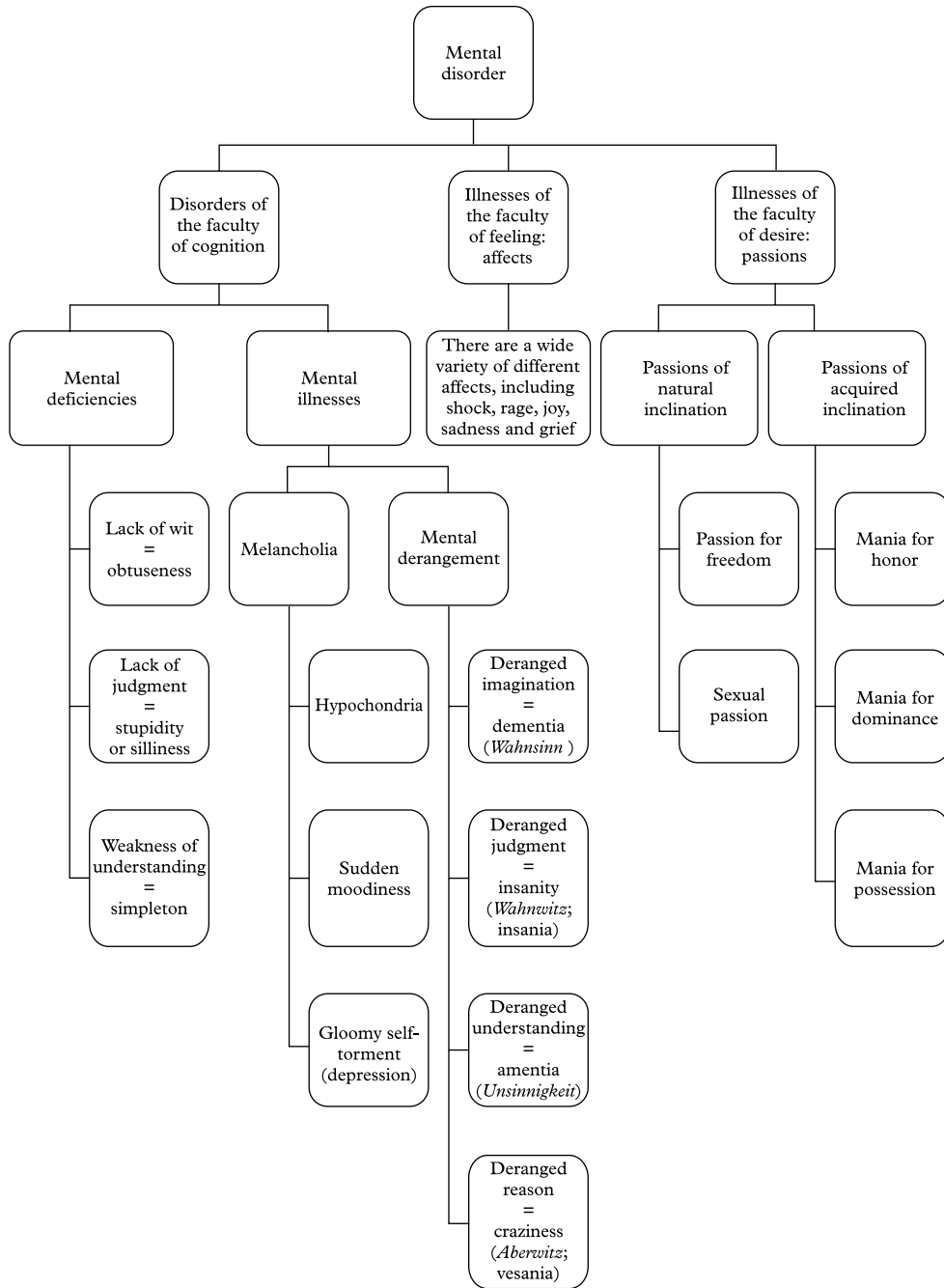


FIG. 2. Kant's complete taxonomy of mental disorder

4. Causes, prevention and treatment of mental disorder

As noted in Section 1, one of the central characteristics of Kant's *Anthropology* is its emphasis on *practice*; Kant aims to have a *pragmatic* anthropology. But for Kant, this pragmatic anthropology is, at least generally, distinguished from any investigation of the physical bases for mental phenomena. In part, the de-emphasis of physical bases is due to what Kant takes to be the limit of his competence as a philosopher (15: 943). Thus, immediately before explaining that philosophers should be responsible for determining whether a person is mad, Kant explains:

The *delirious raving* (*delirium*) of a person who is awake and in a *feverish* state is a physical illness and requires medical attention. Only the delirious person, in whom the physician perceives no such pathological occurrences, is called *mad*. (7: 213)

In other words, Kant allows that what we might call mental illnesses can be due to physically diagnosable causes, but he reserves the term 'mad' for those disorders that do not have a discernible physical cause. In part, too, Kant's de-emphasis of physiological factors is due to the pragmatic nature of his anthropology, which is meant to give individual readers or students knowledge that *they* can use practically. Finally, too, and despite his concession that delirious raving requires medical attention, his de-emphasis is due to Kant's pessimism about the prospects for a practical physiology of the mind. In the context of mental disorder, then, while Kant posits both biological and environmental factors that contribute to various disorders, he posits biological bases primarily to *exclude* the possibility of cure, or when he is more optimistic (as in the case of 'madness accompanied by *fury, rabies*') to suggest that because 'it is not so much rooted in the mind as stimulated by material causes, [it] can often be removed by the physician with one dose' (7: 220).

Kant does not discuss the causes of mental deficiencies, but based on his accounts of the healthy cognitive faculties, such deficiencies seem to be a combination of hereditary and environmental factors. For example, 'stupidity', a 'lack of the power of the judgment' (7: 204) may in part be due to inexperience – since 'the power of judgment is ... the understanding that comes only with years [and] is based on one's long experience' (7: 199; see also 25: 538–9) – and in part to a hereditary capacity for judgment. Kant's account of Clavius, who was 'obtuse' (lacking wit) strongly suggests a hereditary component to these mental deficiencies. With respect to 'distraction', a sort of mental deficiency when involuntary, Kant claims that 'the reading of novels ... makes distraction habitual' (7: 208; see also 7: 185). Kant does not discuss the prevention of these mental deficiencies, although his discussion of novels suggests one crucial preventative measure. But this absence is not particularly striking. Some people are particularly skilled with respect to some mental faculties, and others have deficiencies, but with the exception of idiocy, that 'complete mental deficiency'

that ‘either does not suffice even for animal use of the vital force ... or which is just sufficient for the mechanical imitation of external actions that are possible through animals (sawing, digging, and scraping’ (7: 212), Kant does not seem particularly worried about deficiencies of the higher cognitive powers, as long as one is clear about diagnosing them. Moreover, Kant discusses ways of *cultivating* cognitive powers, and these would be the most natural ways of preventing or eliminating deficiencies, insofar as they can be eliminated. Kant seems more interested, throughout his discussions of deficiencies, in showing how deficiencies in one or more mental power need not imply failings in other respects, how one can be obtuse (like Clavius) without being stupid, or why one must distinguish moral qualities from cognitive ones (stupidity from honesty and avarice from being a simpleton; 7: 204–5). The point here is that one can learn to live with many mental deficiencies, and one’s role as physician of the soul is not necessarily to ‘cure’ these but rather to work with them.

With respect to the causes of and treatments for hypochondria, Kant’s position shifts between his ‘Essay on the Maladies of the Head’ (1764) and his later writings (especially *Anthropology* and *Conflict of the Faculties*, both published in 1798). Throughout all of these works, the fundamental cause of hypochondria is ‘a peculiar characteristic’ of the faculty of imagination by virtue of which one ‘can strengthen or sustain a feeling by paying attention to certain *local impressions*’ (7: 212). While all people have this characteristic, however, it only goes awry in those afflicted with hypochondria (or, more generally, melancholia). In ‘Maladies’, Kant identifies the cause of hypochondria as primarily physiological: ‘The hypochondriac has an ill which, regardless which place it may have as its main seat, nevertheless in all likelihood migrates incessantly through the nerve tissue to all parts of the body’ (2:266). In this work, Kant does not seem particularly interested in the *prevention* of hypochondria, instead focusing on the ways hypochondria comes to an end: ‘The ill is not deeply rooted and lifts itself, insofar as the mind is concerned, usually either by itself or through some medication’ (2: 266). Even in his ‘Philosopher’s Medicine of the Body’ (late 1780s), Kant suggests that for disorders like hypochondria, ‘bleeding the patient is likely to produce better results than reasoning with him’ (15:943).

By the time of Kant’s *Anthropology* (1798) and ‘On the Power of the Mind’ (published as the third part of Kant’s *Conflict of the Faculties*), this account has changed considerably. Now Kant sees physiological bases that make one *susceptible* to hypochondria, but not physiological causes of the disorder. He allows that some (including himself) have a ‘natural predisposition to hypochondria’ (7: 104) as a result of physical causes, but he insists that ‘this sort of melancholia (hypochondria ...) has no definite seat in the body’ (7: 103). Rather, ‘though some sort of unhealthy condition ... may be the source of it, this state is ... misrepresented ... [a]nd then the *self-tormenter*, instead of pulling himself together, summons the doctor’s help’ (7: 103; italics added). In other words, one may have biological preconditions of hypochondria, but these are never sufficient to bring about the disorder.

Accordingly, these later works shift pragmatic discussion of hypochondria from suggestions for treating it (with bleeding or medication) to the role of mental self-discipline (especially abstraction) for preventing or alleviating it: '[I]ntentional *abstraction*, or abstraction caused by other distracting occupations, may weaken the feeling[s on which the hypochondriac dwells], and if the abstraction becomes habitual, make it stay away completely' (7: 212). Also, in 'On the Power of the Mind', Kant gives a detailed general prescription for those susceptible to hypochondria:

A reasonable person does not permit himself any such hypochondria; if uneasiness comes over him and threatens to develop into melancholia ... he asks himself whether his anxiety has an object. If he finds nothing that could furnish a valid reason for his anxiety, or if he sees that, were there really such a reason, nothing could be done to prevent its effect, he goes on, despite this claim of his inner feeling, to his agenda for the day – in other words, he leaves his oppression (which is then merely local) in its proper place (as if it had nothing to do with him), and turns his attention to the business at hand. (7: 104)

This regimen for preventing hypochondria makes use of the same 'peculiar characteristic' that causes hypochondria: the imagination's capacity to direct its attention and thereby strengthen particular impressions. For combating hypochondria, one shifts attention *away* from particular sensations that threaten to drive one to doctors. This does not necessarily eliminate the sensations, but it prevents them from erupting into hypochondria. Kant autobiographically remarks, 'The oppression [predisposing me to hypochondria] has remained with me, for its cause lies in my physical constitution. But I have mastered its influence on my thoughts and action by diverting my attention from this feeling' (7: 104).

With respect to mania, or derangement, Kant focuses on biological bases, arguing that 'the germ of derangement develops together with the germ of reproduction, and is thus hereditary' (7: 217; see also Munzel, 1999; Sloan, 2002). Kant specifically argues against alternative explanations of this phenomenon such as 'He became crazy from *love*', 'He went mad from *pride*' or 'He *studied too hard*.' (7: 217–18). He posits that derangement simply sets on at a particular time due to biological factors. Although the 'definite object' that becomes 'the subject matter about which the person will rave' is based on an 'accidental encounter', this object is simply 'what first comes into the mind at the (usually sudden) outbreak of a crazy disposition' (7: 218). The basis for mental derangement is primarily biological, with environmental factors acting as triggers and providers of (arbitrary) content.²⁰

Given that he claims to focus his *Anthropology* on topics for which he can give pragmatic advice, Kant says remarkably little regarding the means of preventing or curing mental derangement. Kant specifically excludes from his treatment of derangement any diseases of mind for which a physician can find

‘pathological occurrences’, that is, any disease that is primarily ‘a physical illness and requires medical attention’ (7: 213). Moreover, he explicitly admits that in the context of mental derangement, ‘anthropology ... can be only indirectly pragmatic’ and he introduces his taxonomy with a sort of apology for discussing this topic at all: ‘*nevertheless* it still requires at least an attempt at a general outline’ (7: 214; italics added). He further emphasizes with respect to particular disorders that they are incurable: ‘I have never seen anyone who has been cured of this disease [dementia]’ and ‘the lunatic of this sort [insanity] is not curable’ (7: 215).

Despite this appearance of resignation to the fate of nature, however, Kant suggests important non-biological contributing causes to these ‘most profound degradation[s] of humanity’. For example, Kant points out that the reading of novels, by making distraction (a mental deficiency) habitual, can become a cause of dementia, a serious form of mental derangement (see 7: 207). More importantly, Kant points out that ‘the only universal characteristic of madness [i.e., derangement] is the loss of *common sense* and its replacement with *logical private sense*’ (7: 219). Kant emphasizes, both in his account of mental disorder and in his more general discussion of what he calls ‘logical egoism’, that restrictions on free expression can force this loss of ‘common sense’ by preventing the means for testing ideas against those of others (7: 129, 219; 8: 37–41). Moreover, his discussion of logical egoism – considering ‘it unnecessary to test one’s judgment also by the understanding of others’ (7: 128) – seems admonitory, suggesting that individuals can be *responsible* for failures to test their judgements. Kant’s language in his discussion of the causes of derangement suggests this as well: ‘He who *pays no attention at all to this touchstone* [the judgement of others] ... is abandoned to a play of thoughts in which he sees, acts, and judges ... in his own world’ (7: 119; italics added). Though emphasizing biological bases of derangement, Kant also suggests that social and political factors (such as the popularity of novels or restrictions on free expression) and even personal decisions (to ignore others’ opinions) can contribute to derangement. This provides at least *some* means of preventing such disorders.

With respect to affects and passions, Kant’s distinction between them is largely directed towards classifying ways of dealing with such different disorders: ‘as concerns their quality they are essentially different from each other, both with regard to the method of prevention and to that of the cure that the physician of souls would have to apply’ (7: 251). With respect to passions, Kant points out that ‘most of them are incurable because the sick person does not want to be cured’ (7: 266). Thus the most important measures with respect to passions are preventative, and Kant gives specific suggestions for preventing various particular passions. By being aware of the passions that are most dangerous for one, one can engage in preventative reflection before the passion takes root (e.g., 25: 520). In addition, there are at least some things that one can do to lead another person out of passion despite himself. In this context, for example,

Kant emphasizes the importance of politeness as an illusion that can free one from passions: ‘the passion of love is much moderated through [politeness], when one ... conceals the red-hot inclination that otherwise would be difficult to suppress’ (25: 930).²¹

With respect to affects, Kant suggests some preventative measures, such as avoiding ‘romances and maudlin plays’ (5: 273), and suggests that refining feeling through culture can help prevent and treat affects (25: 622–3). Because affects are only ‘precipitate’ (7: 252; 6: 407) and ‘what the affect ... does not accomplish quickly will not be accomplished at all’ (7: 252), affects provide much more room for self-treatment. One can and probably will seek out refining influences of culture and avoid situations that prompt affects. Kant also uses his accounts of affects (and passions) to introduce discussions of ‘apathy’, ‘self-mastery’ and ‘character’, all three of which are ways that one can prevent and eliminate affects. Apathy is not, for Kant, an absence of all feelings, but rather:

that absence of *affects* which is to be distinguished from indifference because in cases of moral apathy feelings arising from sensible impressions lose their influence ... only because respect for the moral law is more powerful’ (6: 408).

Feelings still exist, but they do not have boundless influence – and thus, they do not become affects – because one constrains them with a moral apathy ‘regarded as strength’ (6: 408). Self-mastery is a form of self-discipline, by which, for example, one ‘has the desire to sleep late, but compels himself to get up’ (27: 360). Through training in such self-discipline, one can gain mastery over one’s affects. Finally, ‘character’ is a ‘property of the will by which the subject binds himself to definite practical principles’ (7: 292). Character is the best means for avoiding the unruly influence of affects,²² and Kant gives specific instructions for how one might cultivate character in oneself and others (see 7: 294–5).

Throughout his discussion of mental disorder, Kant avoids dwelling on physiological bases of disorder, and he only rarely recommends specific physiological remedies (such as ‘bleeding’ for melancholia; 15: 943). Nevertheless, for the most extreme cognitive disorders, Kant recommends consulting a physician who can prescribe medications, but he also emphasizes, when appropriate, the extent to which those suffering from various disorders can simply be left to themselves (7: 214). For most mental disorders, however, Kant’s approach is to recommend a ‘philosopher’s medicine’ (15: 939), a sort of mental and volitional self-mastery directed towards preventing, alleviating or even curing mental disorders.

5. Conclusion

In Part 2 which follows, I will focus in more detail on the implications of this account for Kant’s philosophy as a whole. Here I will note only that Kant’s

discussion of mental disorder provides an excellent example of the ‘pragmatic anthropology’ that is increasingly being recognized as an important counterweight to the emphasis on Kant’s a priori and apparently deeply *unpragmatic* moral and theoretical philosophy. Kant’s discussion of mental disorder shows a remarkable sensitivity to empirical detail, systematic taxonomy and practical application. The *kinds* of empirical detail, taxonomy and application, however, have the potential to challenge contemporary understandings of these principles within psychology and psychiatry. Moreover, both the specifics of Kant’s account and even the general fact of mental disorder raise serious problems for Kant’s own Critical philosophy, precisely because of the universalism in both epistemology and morals that makes that Critical philosophy so important today.

Notes

1. Throughout, references to Kant are to volume and page number in the standard (German) Akademie Edition of the works of Kant (Kant, 1900–). For the *Critique of Pure Reason*, I follow the standard practice of offering page numbers from the A and B editions (the former published in 1781, the latter in 1787) of that work. Unless otherwise noted, my translations are based on those of the *Cambridge Edition of the Works of Immanuel Kant* (1995–), which gives German volume and page numbers in its margins. Unless otherwise stated, italic words in translations are as in the original.
2. *Weltweise* (worldly-wise) is difficult to translate. In the eighteenth century, *Weltweisheit* described the discipline of philosophy, but unlike the term *Philosophie* it had connotations of popular and applicable philosophical thinking.
3. For more on the reception of Platner’s *Anthropologie*, see Zammito, 2002: 250–3.
4. See, e. g., Descartes’ *Les Passions de l’âme*, 1649: Art. 42.
5. For a detailed examination of the relationship between Kant’s *Anthropology* and his lectures on physical geography, see Wilson, 2006: 7–26.
6. Zammito (2002: 245) particularly references Christian Blanckenburg as one who ‘recognized literary authors, especially novelists, as *authorities* on psychology, working in parallel and in competition with physiological psychologists’.
7. Kant criticizes the lady for not differentiating between stupidity (a mental deficiency) and ignorance (which can be ‘proof of a good understanding’; 7: 204).
8. Kant occasionally mentions such treatments but offers no systematic account of them.
9. What is particularly striking, however, is that Kant generally includes no account of the teleological purpose of mental disorder itself. That such disorder – at least in many cases – is a properly biological phenomenon is indicated by Kant’s use of the phrase ‘germ of madness’ (*der Keim der Verrückung*) (7: 217). A ‘germ’ (*Keime*) is the most basic and pre-given foundation for the development of an organism; see Munzel, 1999; Sloan, 2002. Given Kant’s account of teleology in biology in the *Critique of the Power of Judgment*, one would expect him to give some account of the ends of nature in these ‘profound degradation[s] of humanity, which still [are] attributable to nature’ (7: 214).
10. For details on various powers of soul, see Frierson, 2005b.
11. Strictly speaking, senses and imagination are separate powers, and Kant discusses ‘the inhibition, weakening, and total loss of the sense faculties’ in a distinct section of the *Anthropology* (7: 165–7). His discussion of weakening of senses, however, does not involve mental illness, and illnesses of imagination involve *confusion* between imagination and senses.

12. Practical reason belongs more to the faculty of desire than of cognition.
13. For more, see Grier, 2001.
14. In some respects, this disorder seems due to the imagination; Kant says that those (women) who are its main victims have an overly 'lively power of imagination' (7: 215). In other respects, it seems a mere deficiency, an *inability* to order one's representations. In the context of Kant's taxonomy, however, amentia is best described as a disordered understanding that includes imaginary distractions into one's stream of thought to such a degree that one can no longer form coherent objective judgments about the world, that is, that one no longer has 'experience' in the proper sense. (For a discussion of what Kant means by the term 'experience', see Ameriks, 2003: 5–16; van Cleve, 1999, 73–61.)
15. My discussion of Kant on hypochondria draws from Susan Meld Shell's helpful discussion; Shell, 1996: 268–305). Shell goes further than I do in suggesting the impact of Kant's susceptibility to and reflections on hypochondria for the evolution of his Critical philosophical project: 'Kant's peculiar attentiveness to his own bodily state – the consequence, by his own account, of a disposition to hypochondria ... [made] Kant particularly inclined as a thinker ... to see his way clear of a number of conflicts that had hereto barred mankind's way to philosophic satisfaction'; Shell, 1996: 265.
16. In 'Maladies of the Mind' the relationship between hypochondria and melancholia is laid out differently. For more, see Shell, 1996.
17. Kant's account of the passions seems to shift from his early lectures to his late ones. In early lectures, Kant thought of desire as more akin to feeling than to choice, so passions, like affects, bypass rather than corrupt choice. Kant also thought of passions, in early lectures, as only slightly longer lasting than affects (25: 589–91, 612). By the time Kant published discussions of passions and affects in the *Metaphysics of Morals* and *Anthropology* (see also 25: 1526), the rational faculty of desire was identified with choice, so an out-of-control desire – a passion – was a disordered *choice*. This led to clearer differentiation between affects and passions in Kant's later writings.
18. Specifically, the feeling produces a purely sensory desire (in the lower faculty of desire) and that lower desire *immediately* gives rise to action. In normal human action, even when feelings generate sensory desires, these desires are incorporated into higher order desires (maxims), on the basis of which one acts.
19. This is a marked shift from Kant's view in his early lectures, where he claimed that both passions and affects are characteristic of humans *qua* animal; see 25: 616–17.
20. In 'Maladies' Kant suggests that those in the state of nature will not be afflicted by derangement. Presumably, the requisite environmental triggers are sufficiently common in civil societies that Kant can treat derangement, for those in society, as essentially biological.
21. For details on the importance of politeness in combating passions, see Frierson, 2005a.
22. Note that character is *not* helpful for combating passions, since passions are capable of action in accordance with principle.

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