

## HYPOCHONDRIA AS A DISTRACTION OF THE REASON WITHIN KANT'S TRANSCENDENTAL PHILOSOPHY

### HIPOHONDRIJA KAO RASTRESENOST UMA UNUTAR KANTOVE TRANSCENDENTALNE FILOZOFIJE

Franjo Mijatović\*

#### SUMMARY

*The primary aim of this paper will be to understand hypochondria as a philosophical problem, rather than a medical-psychological one, since there is a significant difference between the modern (medical-psychological in the true sense of the word) understanding of hypochondria and all earlier anthropological, philosophical, and physiological understandings, including that of Kant. Kant's interpretation of hypochondria, as a mental illness, highlights an interesting dichotomy between actual bodily sensations and distorted perception. The hypochondriac experiences real physical sensations but interprets them in a way that is not grounded in actuality. Kant argues that these sensations result from the (lack of) attention the hypochondriac gives to certain physical signals. On the other hand, if one were to focus their attention on something else or engage in activities that distract their thoughts from pathological feelings, the feelings could diminish and, with enough composure, even disappear entirely. One of the key problems with hypochondria is that rational arguments often cannot change the beliefs of a person who feels symptoms in their body and mind. In order for a person to regain control over themselves, Kant turns to the principles of moral and philosophical dietetics. Therefore, this paper will specifically follow two aspects: Kant's scattered analysis of hypochondria and its transcendental philosophi-*

---

\* University of Rijeka, Faculty of Medicine, Department of social sciences and medical humanities, Rijeka, Croatia. ORCID: <https://orcid.org/0000-0002-1854-7472>.

Correspondence Address: Franjo Mijatović, University of Rijeka, Faculty of Medicine, Braće Branchetta 20, HR-51000 Rijeka, Hrvatska. E-mail: [franjo.mijatovic@medri.uniri.hr](mailto:franjo.mijatovic@medri.uniri.hr).

cal assumptions. Conclusions from transcendental philosophy should help in overcoming hypochondriac whims.

**Keywords:** Kant, hypochondria, sense, sensation, perception, imagination, reason

## INTRODUCTION

According to recent medical manuals on mental disorders (DSM-IV), hypochondria falls under the category of psychological disorders, specifically those involving excessive concern and fear of serious illness based on the interpretation of bodily symptoms and feelings without any objective foundation. Today, the issue of hypochondria is approached solely from a medical-psychological perspective. Even with the current and daily advancements in science, it cannot be definitively stated what the fundamental problem of hypochondria is or how to treat it, if it can even be adequately treated since hypochondria has no exclusively physical cause. Its roots are manifold. Due to the difficulty in easily defining and locating it, hypochondria is subject to many interpretations. As a psychological abnormality, rather than a pathological condition of the body, hypochondria holds a significant place in the philosophy of Immanuel Kant, especially in his works *Essay on the Maladies of the Head*, *Anthropology from a Pragmatic Point of View*, and *The Conflict of the Faculties*.

The main goal of this paper<sup>1</sup> will be to understand hypochondria as a philosophical *problem* rather than a medical-psychological one, as there is a significant difference between the modern (in the true medical-psychological sense of the word) understanding of hypochondria and all earlier anthropological, philosophical, and physiological understandings, including Kant's. The difference is primarily qualitative. Kant considers hypochondria a mental illness, or a particular form of "the fantastic mental condition" (Kant, 2011a, p. 211; 2:266), i.e. "as the morbid preoccupation with inner sense, potentially creating an overly active and possibly 'woeful' imagination" (Kiblinger, 2015, p. 210). In his works, Kant provides a descriptive systematic division of *mental deficiencies* and *mental illnesses*, based on his own *mechanical* body and experience of hypochondria. In *The Conflict of the Faculties*, Kant precisely summarizes the complexity of hypochondria as a mental weakness when he says:

I myself have a natural disposition to hypochondria because of my flat and narrow chest, which leaves little room for the movement of the heart and lungs; and in my earlier years this disposition made me almost weary of life. But by reflecting that, if the cause of this oppression of the heart was purely mechanical, nothing could be done about it, I soon came to pay no

---

<sup>1</sup> "This work has been fully supported by the Researcher support fund of the Faculty of Medicine in Rijeka".

attention to it. The result was that, while I felt the oppression in my chest, a calm and cheerful state prevailed in my mind [...]. But I have mastered its influence on my thoughts and actions by diverting my attention from this feeling, as if it had nothing to do with me. (Kant, 1979, p. 189; 7:104)<sup>2</sup>

This quote, where Kant self-diagnoses hypochondria while discussing its effects on his body and mind, can be considered a starting point for further discussion of hypochondria. Although at first glance, his self-diagnosis may seem unusual and unconventional, his texts on illnesses of the soul and cognitive faculties are significant and useful in combating “hypochondriacal exhalations” (Kant, 1992, p. 305; 2:317). They are characteristic for yet another reason: “to learn how to avoid blatant extravagance” (David-Ménard, 2000, p. 87). Kant vividly describes what distracts every hypochondriac:

a kind of insanity; for though some sort of unhealthy condition (such as flatulence or constipation) may be the source of it, this state is not felt immediately, as it affects the senses, but is misrepresented as impending illness by inventive imagination. (Kant, 1979, p. 187; 7:103)

In hypochondriacs, personal experience and interpretation of symptoms outweigh any external rational analysis or medical explanation. Kant was well aware of this. That is why his personal experience with hypochondria is very important.

However, Kant’s reflection on hypochondria should be viewed in the context of his overall philosophy, i.e., transcendental philosophy and critical philosophy (Kiblinger, 2015). Although Kant’s transcendental philosophy differs from modern psychological approaches, it provides a unique perspective and solutions for hypochondria, seeing it as a challenge that the reason must overcome in order for an individual to develop into a mature and moral being (Moran, 2023), while emphasizing the need for self-control (Vujošević, 2020), the cultivation of one’s emotions (Thomason, 2017) and taming the imagination (Kiblinger, 2015). His writings: *Essay on the Maladies of the Head*, *Anthropology from a Pragmatic Point of View*, and *The Conflict of the Faculties* will be key not only for understanding the phenomenon of hypochondria itself but also for the broader philosophical implications these works carry, such as issues of perception, imagination, voli-

---

<sup>2</sup> In that context, Kiblinger writes: “Kant’s attention to his lifelong struggle with hypochondria represents for him the lived and self-aware experience of the liminal status of the imagination, which, as the mediating link between sensibility and understanding, is poised on the boundary between bodily existence and mental or spiritual life. The ambiguous status of hypochondria as both bodily and spiritual (geistig) is precisely the characteristic that makes it significant as a part of Kant’s intellectual, and not just personal, biography” (Kiblinger, 2015, p. 208).

tion, self-mastery (Grinnell, 2010), apperception, maxims, and the philosophical dietetics and therapeutics of hypochondriacal states. Further research into this Kantian concept could contribute to a better understanding of various psychoanalytic, philosophical, and existential interpretations of hypochondria, as well as of other mental disorders such as hysteria, melancholy, schizophrenia, paranoia, etc. For example, the *madman* is clearly distinct from the *amentia*, who are incapable of connecting their presentations in the way necessary for the possibility of experience. Thus, Kant's analyses are consistent with current knowledge in psychiatry (Rauer, 2007).

The novelty of Kant's idealism lies in his emphasis on human dependence on sense experiences. However, regardless of how the individual senses function, Kant's argument in *Critique of Pure Reason* does not rely on the human sense apparatus as a whole or on the nature of individual senses as premises. He is not concerned with the specific structure and functioning of the senses but with epistemological argumentation that fundamentally depends on sensuality. From an epistemological standpoint, one could already assert that (analogous to Swedenborg's visions of spirits) hypochondria does not concern a sensory illusion, as Kant's epistemology leaves no room for deception of sensibility. Finally, it is important to mention the mind's characteristic in relation to hypochondria:

that with the assistance of the power of the imagination it can concoct desires not only without a natural drive directed to them but even contrary to it, which desires in the beginning receive the name of concupiscence; but through them are hatched bit by bit, under the term voluptuousness, a whole swarm of dispensable inclinations, which are even contrary to nature. (Kant, 2007a, p. 165; 8:111)

One of the key problems with hypochondria is that rational arguments often cannot change the beliefs of a person who feels symptoms in their body and mind. For further consideration, it will be necessary to follow two aspects: a) Kant's analysis of hypochondria in his works, and b) his theory of knowledge and its transcendental philosophical presuppositions. Conclusions from transcendental philosophy should help in understanding the role of the reason and feelings in creating a hypochondriacal state.

### HYPOCHONDRIA – AN EMPTY WHIM?

In Kant's works, there is no textual passage of several pages specifically dedicated to hypochondria, nor a separate essay on the subject, although hypochondria in the true sense of the word was a widespread illness among the bourgeoisie of

the 18<sup>th</sup> century (Grinell, 2010), with a strong element of narrative dramatization (Flucher, 2023). Kant's references to hypochondria are mostly brief or occasionally longer remarks, such as in the *Essay on the Maladies of the Head*. From this perspective, it seems that for Kant, hypochondria, which he himself suffered from, as mentioned in the introduction, did not present a truly challenging problem. Thus, in *Essay on the Maladies of the Head*, Kant mockingly refers to hypochondria as simply "an empty whim" (Kant, 2011a, p. 211; 2:266), which arises from "pathological feelings" (Kant, 1979, p. 187; 7:103). As an internal burden, it should not influence our thoughts and actions because it is a matter of exaggerated and unfounded sensations. It involves chimeras that disturb our emotions, or as Kant puts it:

The chimeras, which this malady hatches do not properly deceive the outer senses but only provide the hypochondriac with an illusory sensation of his own state, either of the body or of the soul. (Kant, 2011a, p. 211; 2:266)

Mental activity must evoke a deeper sense of life that transcends physical weaknesses. In hypochondria, this positive effect of observing the body is absent. Instead, even the tiniest physical sign can lead to the assumption of a serious illness, almost as if the hypochondriac is actively seeking signs of disease. When changes or symptoms are noticed, the hypochondriac already experiences the corresponding illness. According to Kant's transcendental philosophy, we should focus on the reason and isolate only those parts of thought that originate from the reason.

On the other hand, no one can deny that all representations in us, whether they are objectively merely sensible or else entirely intellectual, can nevertheless subjectively be associated with gratification or pain, however unnoticeable either might be (because they all affect the feeling of life, and none of them, insofar as it is a modification of the subject, can be indifferent). (Kant, 2000, pp. 158–159; 5:277)

In this internal activity, the presentation is entirely related to the subject, specifically to his feeling of life as a feeling of pleasure or displeasure. According to Epicurus, whom Kant references, feelings such as pleasure or displeasure (pain), although psychological in nature, are essentially physical, as life is reduced to the awareness of existence, not necessarily to the feeling of well-being or discomfort. However, Kant believes that life is a constant struggle between pleasure and displeasure (pain), which makes life a scheme of stimuli and responses. When this understanding is connected with the progress of recognising feelings of pleasure and displeasure as an independent faculty, the feeling in *Critique of the Power of Judgment* even helps explain the concept of life. For life, it is essential to have "a

feeling of well- or ill-being, i.e., the promotion or inhibition of the powers of life” (Kant, 2000, p. 159; 5:278). Before pain becomes “the incentive of activity” (Kant, 2006, p.128; 7:231), it must first be felt as such, which falls under the jurisdiction of feeling. The faculty to understand does not arise only from outer senses, although they are the starting point in our interpretation of the world and actuality. While external objects may be necessary for developing a certain self-awareness, it is not necessary that every intuitive representation of these objects always includes their actual existence. This interpretation of feeling is the fundamental problem for the hypochondriac.

Although hypochondria is difficult to define with certainty, as this disorder is deeply rooted in the complex aspects of the human psyche, including imagination, will, and compulsion (Grinell, 2010), it is indeed a mental illness and a distressing condition. Hypochondria relates not only to physical symptoms but also to the ways in which a person shapes their perception of themselves. Furthermore, the body is subject to unpredictable changes and degradations that affect health and general well-being. For this reason, hypochondria is not merely a matter of physical condition but also a reflection of internal psychological and emotional processes (Thomason, 2017). It involves constant anxiety and concern about one’s health, even when there are no clear medical reasons for concern (Fuchs, 2015). Every thought or perception, no matter how imperceptible, touches upon our feeling of existence, either through pleasure or through displeasure (pain). Here, Kant recognises the double-edged sword of hypochondria: while it may disrupt our enjoyment of life (Schreiner, 2003), it is nonetheless an inevitable part of the human experience, reminding us of the fragility of both mental and physical states.

Thus, in *Anthropology from the Pragmatic Point of View*, Kant, when discussing illnesses of the soul, including hypochondria, emphasises another key aspect of the hypochondriac experience: thoughts. Under the title *On Mental Deficiencies in the Cognitive Faculty*, Kant writes:

Illnesses of the soul with respect to the cognitive faculty can be brought under two main types. One is *melancholia* (hypochondria) and the other is *mental derangement* (mania). With the *former*, the patient is well aware that something is not going right with the course of his thoughts, in so far as his reason has insufficient control over itself to direct, stop, or impel the course of his thoughts. (Kant, 2006, p. 96; 7:202)

Two things are important: first, the person is aware that something is wrong with their body and reason, and second, the person feels that their thoughts are not flowing correctly, but at the same time, they cannot direct that feeling towards something else. Kant’s interpretation of hypochondria highlights an interesting

dichotomy between physical sensations and distorted perception. The hypochondriac experiences real physical sensations but interprets them in a way that is not grounded in actuality. Kant argues that these sensations result from the undue attention the hypochondriac pays to certain physical signals. On the other hand, if the person directed their attention to something else or occupied themselves with something that diverted their thoughts, the feelings might weaken, and with enough focus, even completely disappear. “The first freedom is attention: hypochondria epitomizes the skill and danger of attention” (Kiblinger, 2015, p. 211).

In contrast, control over the body is absent, which then opens up space for human imagination that “(as fantasy) plays just as frequently with us, and sometimes very inconveniently” (Kant, 2006, p. 68; 7:175). The hypochondriac thus becomes trapped in these fantasies, as they cannot rationally refute them and cannot free themselves from their influence, leading to a state of constant distraction.

Thus to distract oneself without being distracted is an art that is not common. If distraction is habitual, it gives the human being who is subject to this ill the appearance of a dreamer and makes him useless to society, since he blindly follows his power of imagination in its free play, which is not ordered by any reason. (Kant, 2006, p. 102; 7:208)

Therefore, hypochondria is not only a matter of sensations but also the way in which a person interprets those sensations through imagination. Kant’s concept of fantasy involves involuntary ideas that arise through the power of imagination and play a key role, not only in creating fantasies but also in shaping ideas in general, even when the object of those ideas is not present. These fantasies evade the criticism of the reason because they appear to stem from real physical sensations. Since these fantasies are so strong that the person experiences them as actuality, it is understandable that it is difficult “to deceive the deceiver in ourselves” (Kant, 2006, pp. 42–43; 7:151), and even harder to distance oneself from one’s immediate experiences.

#### FANTASY – WHERE’S THE PROBLEM?

Kant categorises mental disorders according to three fundamental mental faculties: reason, understanding, and the power of judgment. According to these mental faculties,

The frailties of the disturbed head can be brought under as many different main genera as there are mental capacities that are afflicted by it. I believe to be able to organize them all together under the following three divisions: first, the reversal of the concepts of experience in *derangement*, second,

the power of judgment brought into disorder by this experience in *dementia*, third, reason that has become reversed with respect to more universal judgments in *insanity*. (Kant, 2011a, p. 210; 2:264)

Psychological suffering, such as that found in hypochondria, can be attributed to the disorder of one of these faculties: “the reversal of the concepts of experience in *derangement*” (Kant, 2011a, p. 210; 2:264). One of the key contexts for understanding “the reversal of the concepts of experience in *derangement*” is Kant’s critique of occultist ideas of his time, particularly those advocated by E. Swedenborg, who claimed to communicate with spirits. In several parts of his work, Kant draws parallels between Swedenborg’s visions of spirits and hypochondria as an illusion of illness. He somewhat sarcastically describes the disorders of both as “hypochondriacal exhalations” or “a hypochondriacal wind” that rages “in the guts”, creating “heavenly inspiration” (Kant, 1992, p. 336; 2:348). Like spiritual seers, hypochondriacs see things that no one else sees because “their heads were already filled with them beforehand” (Kant, 1992, p. 347; 2:360). These false beliefs and perceptions are not signs of a spiritual experience but rather the result of mental states that distort our perception of actuality. It is this distorted perception of actuality that leads the hypochondriac into a state of constant discomfort and unease. They do not trust their feelings but are paradoxically completely obsessed with them. Real sensations become the source of fantasies about serious illnesses, further complicating the distinction between the real and the imaginary. A closer observation reveals that the chimeras of spiritual seers are also fantasies arising from the waking state, where the natural focus on sensible impressions is overridden. Similarly, the hypochondriac, even though aware that their symptoms are imaginary, cannot free themselves from the feeling of their presence. It is futile to try to convince a spiritual seer that their spirits are merely products of the imagination. In the same way, it is impossible to dissuade a hypochondriac from the belief in the existence of the illness that troubles them. Both are convinced that their experiences are real perceptions, even though their sense organs and power of judgment suggest otherwise.

However, there is a crucial difference between hypochondriacs and spiritual seers. While hypochondriacs are somewhat “aware that it is imaginary, but every now and then he cannot refrain from regarding it as something real” (Kant, 2006, p. 106; 7:212), the spiritual seer fully believes in their visions. This phenomenon shows how fragile and prone to error human perceptions can be, whether in dreams or the sensibility of a hypochondriac. In both cases, actuality and imagination intertwine in a way that confuses the reason, leading the unreal to be perceived as real, “for it would be in vain to set rational arguments against a sen-



sation or that representation” (Kant, 2011a, p. 210; 2:265). Sense experiences are so deeply rooted in our perception of actuality that even logical conclusions of the reason seem powerless.

Kant is even more precise in his *Essay on the Maladies of the Head*, where he says:

At least someone bewitched by these chimeras can never be brought by reasoning to doubting the actuality of his presumed sensation. One also finds that persons who show enough mature reason in other cases nevertheless firmly insist upon having seen with full attention who knows what ghostly shapes and distorted faces, and that they are even refined enough to place their imagined experience in connection with many a subtle judgment of reason. This property of the disturbed person, due to which, while being awake and without a particularly noticeable degree of a vehement malady, he is used to representing certain things as clearly sensed of which nevertheless nothing is present, is *derangement*. (Kant, 2011a, p. 211; 2:265)

In the context of *Dreams of a Spirit-Seer, Illustrated by Dreams of Metaphysics*, the intensity of the images that appear without the influence of sense organs is the decisive factor for the degree of fantasy. Chimeras that arise in the dream state are not the result of stimuli received through the sense organs but are autonomous products of the reason, which recede only upon awakening, when the stronger certainty of the sense organs such as sight, hearing, and touch, which Kant describes as objective, takes over. At first glance, there seems to be a clear distinction between the images in dreams and the sensations of the hypochondriac in the waking state. While the sense organs in sleep are almost entirely inactive and send no data, the sensations of a hypochondriac patient may seem to be the result of real stimuli coming through the senses, especially sight and touch, and influencing cognitive faculties. “*The senses do not confuse*” (Kant, 2006, p. 35; 7:144) because they do not judge. Although feelings manifest in sensibility, they originate in the pure reason that governs will (Klemme, 2014).

The particular difficulty with Swedenborg’s vision of spirits lies in the fact that he reports on things and circumstances he claims to actually perceive. The question that arises is how Kant can determine what constitutes valid experience. If Swedenborg indeed claims to experience spirits as real sensible impressions, such impressions cannot simply be dismissed as mere speculation. However, Kant refuses to take Swedenborg’s claims seriously, considering him “the arch-spirit-seer of all spirit-seers” (Kant, 1992, p. 341; 2:354). In this context, the concepts of madness and fantasy become significant, as it is necessary to distinguish cognitive faculties in the dream state from those in the waking state (Kohns, 2007). Yet

the question remains: how do we define the difference between the sensations in dreams and those we experience while awake, and what leads us to perceive some as real and others as fantasy? Kant's stance is clear. The reason follows the same laws in both the dream and waking states. The difference between the waking state and the dream state lies not in the laws of cognition but in the intensity of sensible impressions. While in the waking state sense stimuli are stronger and override illusory images, in sleep, these stimuli are absent, allowing fantasies to dominate. In the waking state, we have the faculty to critically reflect on what we perceive, enabling us to distinguish them from real experiences. However, the problem arises when this control is absent, for

the soul of every human being is occupied even in the healthiest state with painting all kinds of images of things that are not present, or with completing some imperfect resemblance in the representation of present things through one or another chimerical trait which the creative poetic capacity draws into the sensation. (Kant, 2011a, p. 210; 2:264)

According to Kant, sense, the synthesis of apprehension, and imagination should resolve the question of the relationship between perception and the sensation.

### IMAGINATION AS A MEDIATOR BETWEEN PERCEPTION AND SENSATION

Our knowledge is not merely a product of pure sense experience nor exclusively of intellectual concepts. Imagination acts as a mediator, allowing the creation of images and representations by linking general concepts of understanding with concrete sense experiences. Imagination is a necessary and integral part of "perception itself" (Kant, 2007d, p. 239; A120). Kant's concept of imagination is not just the faculty to mentally visualize. It is an active force that structures and organizes raw data from our senses to make them meaningful. Without imagination, our experience would be fragmented and disjointed, as general concepts and individual sensations would remain separate. Therefore, imagination ensures the coherence and continuity of our experience (Russell, 2024), enabling us to form a unified picture of actuality.

On a methodological level, Kant, in his *Transcendental Deduction*, explains how imagination functions as spontaneity, connecting various aspects of intuition "as the synthesis of apprehension". The counterpart (not in the literal sense, as it ultimately concerns "one and the same spontaneity") is the synthesis of apperception, which – already contained within the categories – intellectually connects the

manifold of intuitions in the understanding (Kant, 2007d, p. 262; B162). Both of these faculties, the synthesis of apprehension and the synthesis of apperception, must be linked in order to “bring combination into the manifold of intuition” (Kant, 2007d, p. 262; B162). The synergy that imagination creates between different intuitive elements allows us to recognize and understand complex objects and events in our experience. For example, the perception of a house in space or the change of water states over time requires imagination to connect various pieces of information to create a coherent representation of these objects and processes. This connection allows us to understand space and time as structured dimensions that organize our perception.

Understanding reproductive imagination is crucial for hypochondria. According to Kant’s classification, reproductive imagination refers to the faculty to remember and reproduce previous experiences by relying on already existing images. On the other hand, productive imagination can create new ideas or representations, but it still relies on material from already known experiences, as it cannot create something that has never existed in sense experience. A hypochondriac typically either has a specific image of an illness or is at least familiar with the experience of illness in general. Imagination, as the synthesis of apprehension, participates in the process of connecting different elements. However, neither productive nor reproductive imagination is creative. Reproductive imagination does not create real sensations or external objects (Horstmann, 2018) but merely repeats or modifies them based on previous experiences. Although a hypochondriacal patient may have a strong sense of being ill, this feeling does not necessarily reflect their actual health status, since “‘untamed’ imagination [...] is a dangerous and misleading power” (Kiblinger, 2105, p. 203).

From the fact that the existence of outer objects is required for the possibility of a determinate consciousness of our self, it does not follow that every intuitive representation of outer things includes at the same time their existence, for that may well be the mere effect of the imagination (in dreams as well as in delusions); but this is possible merely through the reproduction of previous outer perceptions, which, as has been shown, are possible only through the actuality of outer objects. (Kant, 2007d, p. 328; B278)

The experiences of illness in hypochondriacs may be deeply rooted in their reproductive imagination, which uses prior knowledge and fears and transforms them into a belief about their own illness. However, imagination itself cannot create real sensations or physical illnesses; it only reconstructs and potentially exaggerates what is already known (Holzhey-Kunz, 2017). The existence of external sensations, through the receptivity of sense organs and reproductive imagination,

influences our faculty to form a clear awareness of ourselves (Russell, 2024). If the power of imagination were actually counted among sensible faculties, it would cause problems for its reproductive function (e.g., in association), given its character as receptivity, which is opposed to any activity. In that case, productive imagination is no longer receptivity but spontaneity, as the understanding of sensibility occurs in its synthesis. In this way, space and time as intuition become only possible. Imagination and its effects, or products (space and time), must be placed between the higher cognitive faculty (reason) and the lower cognitive faculty (sensibility) as mediators.

### SUBJECTIVITY OF FEELING AND OBJECTIVITY OF THE MIND

In contrast to sensation, and in order to thoroughly examine a hypochondriac on a transcendental philosophical level, which is the goal here, Kant's claims about perception are of crucial importance. "Perception is empirical consciousness, i.e., one in which there is at the same time sensation" (Kant, 2007d, p. 290; B207). Sensation, the synthesis of apprehension and imagination, must be connected with transcendental apperception and occur in accordance with the categories. The discussion Kant began in the *Critique of Pure Reason* continues in *Anthropology from a Pragmatic Point of View*, stating that inner sense is not pure apperception, which is called original or transcendental and is distinguished from empirical apperception. If empirical apperception can be called inner sense (Kant, 2007d, p. 232; A107), it should not be overlooked that inner sense fully belongs to the receptive side of inner perception, allowing the human mind to be "affected by the play of his own thoughts" (Kant, 2006, p. 53; 7:161). On the other hand, pure apperception fully belongs to the spontaneity of the reason and is the ultimate reason why the material resulting from inner sense through affection serves as a component of empirical apperception.

The manifold that is given in a sensible intuition necessarily belongs under the original synthetic unity of apperception, since through this alone is the **unity** of the intuition possible (§ 17). That action of the understanding, however, through which the manifold of given representations (whether they be intuitions or concepts) is brought under an apperception in general, is the logical function of judgments (§ 19). Therefore, all manifold, insofar as it is given in **one** empirical intuition, is **determined** in regard to one of the logical functions for judgment, by means of which, namely, it is brought to a consciousness in general. But now the **categories** are nothing other than these very functions for judging, insofar as the manifold of a given intuition is determined with regard to them (§ 13). Thus, the man-

ifold in a given intuition also necessarily stands under categories. (Kant, 2007d, p. 252; B143)

To observe and assess the state of one's body, we need observations that arise from outer sense.

By means of outer sense (a property of our mind), we represent to ourselves objects as outside us, and all as in space. In space, their form, magnitude, and relation to one another are determined, or determinable. (Kant, 2007d, p. 157; B37)

The perception of certain concerning changes occurs according to the criteria of outer sense. For a hypochondriac, his sensations display a reality that, according to Kant's teaching, belongs to the category of quality, but actuality (as a modality) requires the category of relation. While the concept of actuality can initially be understood as all that is, this concept must further be divided into the corresponding modality of being, i.e., into possibility and necessity. Dreams and illusions are opposed to actuality. From an epistemological perspective and apart from transcendental philosophy, the state of the hypochondriac and the method of observation are both subject and object (Reinhart, 2022). In the case of the hypochondriac, his bodily sensations become unreliable for judging sickness or health. While objects and things in the external world can be evaluated from different perspectives, the patient's personal condition is unchangeable and cannot be viewed outside of his own experience. The hypochondriac is in a unique position. He is both the observer and the observed.

When it comes to cognition, the subject requires a criterion of truth outside of himself, otherwise, any claim to knowledge would be arbitrary. This criterion, in the theoretical field, is the reference of all judgments to the *a priori* form of sensibility, which Kant emphasizes in *Critique of Pure Reason*, not as an anthropological fact, but as a feature of the human knowing reason. Therefore, Kant will define sensibility in *The Metaphysics of Morals* generally "as the subjective aspect of our representations" (Kant, 1991, p. 40; 6:212). However, Kant faces a problem when trying to reconcile this subjectivity with the fact that cognition and desire also have an objective dimension of representation, as they are connected to how we represent the external world. On the other hand, feelings (such as pleasure and displeasure) are not related to external objects but only to the internal state of the subject. How, then, do different aspects of the human reason, such as cognition,

desire, and feelings (Frierson, 2014), interact with each other, and how do they differ in their connection to subjective and objective realities?<sup>3</sup>

Every feeling is sensible and represents “the receptivity of the subject” (Kant, 2006, p. 45; 7:153). However, as a feeling, this sensibility is more precisely directed towards pleasure or displeasure, which cannot be further clarified or explained as they are absolutely subjective and have no connection to the object (Kant, 1991, p. 40; 6:211). Therefore, feelings can only be understood and “only inadequately explained through the influence that a representation has on the activity of the powers of the mind by means of this feeling” (Kant, 2000, p. 33; 20:232). Feeling, therefore, is nothing other than pleasure and displeasure, and pleasure and displeasure must not only be logically distinguished but must also be opposed. To emphasize the distinctness of feeling, Kant often stresses that the feeling of pleasure does not belong to the cognitive faculty but “lies outside the cognitive power altogether” (Kant, 2007d, p. 675; A801/B829). In *Critique of the Power of Judgment*, especially in *Analytic of the Beautiful*, Kant establishes that every relation of representations can be objective

but not the relation to the feeling of pleasure and displeasure, by means of which nothing at all in the object is designated, but in which the subject feels itself as it is affected by the representation. (Kant, 2000, p. 89; 5:203)

Feeling is so exclusively subjective that even something as subjective as sensation, which represents the actual empirical representation of the object, is excluded; hence feeling is primarily distinguished from sense, which is defined as the receptivity of sensibility.

Kant’s goal is to distinguish feeling as a particular form of sensibility from that associated with the power of cognition. Under the concept of sensation often used in this context, Kant constantly implied a sensuous and thus subjective representation, which, however, can also relate to the object for its cognition, and thereby, he undoubtedly meant the objective sensation of perception. The subjectivity of sensation is important not only for external but also, and primarily, for inner sensations to differentiate the subjectivity of feeling. This connection is actually much closer than with external sensations. Inner sense is also responsible as the organ of perception for providing the necessary material for perceiving my inner well-being, including my emotional mood. Accordingly, my aesthetic state also represents “the way in which inner sense is affected” (Kant, 1991, p. 201; 6:399).

---

<sup>3</sup> “In *Anthropology* the correlation between mental disorder and Kant’s tripartite account of the soul is clear, in that he structures his *Anthropology* in terms of cognition, feeling, and desire, and he includes specific mental disorders for each faculty” (Frierson, 2014, p. 199).

However, there is a danger of neglecting the distinction between the perception of feeling and what is perceived as mere feeling, as well as between inner sense and feeling. This is precisely the case in *Critique of Practical Reason*, where the feeling of pleasure and displeasure is marked as “a receptivity belonging to inner sense” (Kant, 2015, p. 49; 5:58). The addition of mere subjective feeling relevant to objective connections (within its own jurisdiction) must seem strange for inner sense.

However, in *Anthropology from a Pragmatic Point of View*, this connection is understood less ambiguously and far more precisely. In § 15, Kant explains that within the sensibility of the cognitive faculty, sense and imagination must be distinguished. Senses, before their individual processing, can still generally be divided into outer and inner sense:

Outer sense is where the human body is affected by physical things; inner sense, where it is affected by the mind. It should be noted that the latter, as a mere faculty of perception (of empirical intuition), is to be thought of differently than the feeling of pleasure and displeasure; that is, from the receptivity of the subject to be determined by certain ideas for the preservation or rejection of the condition of these ideas, which one could call *interior sense* (*sensus interior*). (Kant, 2006, p. 45; 7:153)

In contrast, the approach to the subjectivity of other people or their view, which is necessary when speaking of action and its evaluation, is not analogous to this objectifying cognition. For instance, a parallel can be drawn with Kant’s moral and practical philosophy. If the practical power of the reason is examined, the question arises as to what constitutes rational action. Since this must involve a self-imposed obligation by the subject to certain standards of practical rationality, as Kant’s moral philosophy maintains, the unconditional necessity of the moral law cannot become real in action. The influence of all objectified representations, behaviours, and other objects must be excluded to securely assess and justify one’s own actions.

However, in Kant, another approach can be found to address the problem of determining fundamental powers or faculties. Namely, if we observe the effects of our mind and their results, we notice, with the help of certain concepts, a significant difference among the representations present within it.

For there is always a great difference between representations belonging to cognition, insofar as they are related merely to the object and the unity of the consciousness of it, and their objective relation where, considered as at the same time the cause of the reality of this object, they are assigned to the faculty of desire, and, finally, their relation merely to the subject, where they are considered merely as grounds for preserving their own existence

in it and to this extent in relation to the feeling of pleasure. (Kant, 2000, p. 11; 20:206)

The representations that can be attributed to cognitive and volitional faculties are objective in both cases; some relate to the object in a way that merely determines it, while others relate in a way that also makes that object real. In contrast, representations belonging to the feeling of pleasure and displeasure relate only to the subject and are, therefore, subjective, as are the perceptions of the hypochondriac.

### INDISSOLUBLE CONNECTION BETWEEN SENSIBILITY AND REASON

As a transcendental philosophical prerequisite, it is essential to briefly describe the complex structure of sensibility and sensation in their interaction with the power of judgment and the understanding in order to examine the structure of hypochondria as a mental disorder. Every being that possesses the capacity for desire is subject to natural-sense conditions, including humans. From the reason's perspective, sensibility is often an "obstacle" (Kant, 1991, p. 186; 6:380) to the rational conduct of life. This perspective can also be reversed. From the perspective of nature, when it comes to self-preservation and the pursuit of well-being, humans do not appear to be particularly privileged by the fact that they possess reason and will. If the contemplation of one's own well-being (happiness) were the only and true purpose of their existence, humans would be better off, for that empirical, natural purpose, relying on pure natural guidance rather than being subjected to "that weak and deceptive guidance" (Kant, 2011b, p. 19; 4:395) of reason. Regarding the natural mastery of existence, Kant, in the *Groundwork of the Metaphysics of Morals*, believes that reason "meddle(s) with Nature's purpose" (Kant 2011b, p. 19; 4:395). Namely, "that the more a cultivated reason engages with the purpose of enjoying life and with happiness" (Kant, 2011b, p. 19; 4:395), the more humans distance themselves from satisfaction, as reason itself multiplies human needs.

In the *Critique of Practical Reason*, Kant not only significantly reduces the previous argument but corrects a key and obvious mistake from the *Groundwork of the Metaphysics of Morals*. If instrumentalized reason truly clumsily meddled in mastering human existence, it is unclear how humans managed to become the most powerful beings, a status they owe primarily to their technical-practical reason. In the new argument, reason "has a commission from the side of his sensibility which it cannot refuse" (Kant, 2015, p. 52; 5:61). Although instrumental reason is no longer considered deceitful, Kant still emphasizes that



reason [...] in that case would only be a particular model nature used to equip the human being for the same end to which it has destined animals. (Kant, 2015, p. 52; 5:61)

If humans used reason “merely as a tool for the satisfaction of their needs as a sensible being” (Kant, 2015, p. 52; 5:61), despite its undeniable effectiveness, they would still be only a luxury of nature and, as such, fundamentally unnecessary. If reason were meant to serve humans “for the sake of what instinct accomplishes for animals” it would remain essentially within the domain of nature and therefore “in worth above mere animality [...] without destining him to a higher end” (Kant, 2015, p. 52; 5:61).

The new argument in the *Critique of Practical Reason* avoids the obvious error in assessing the effectiveness of reason used merely as a tool but introduces a new weakness. Kant now emphasizes that humans are not completely animal to the point where they could be indifferent to everything reason itself dictates. Instead, humans actively participate and have an interest that cannot arise from the sensibility but must be articulated by reason itself. In this case, it is to be healthy and not to succumb to what sensibility suggests, as in the case of hypochondria.

On the other hand, we cannot delude ourselves into thinking that reason is given to us merely as a practical capacity that should influence our will. The true purpose of reason does not lie in its instrumental function aimed at natural goals but in its autonomous function and in good will, which is good in itself. From this perspective, humans carry within them a different world from the one in which they are placed. They are beings that stand between these two worlds or spheres and mediate between them. Therefore,

the will stands halfway between its a priori principle, which is formal, and its a posteriori incentive, which is material as it were at a crossroads. (Kant, 2011b, p. 29; 4:400)

Humans are not compelled by what directly affects their sense organs to necessarily become the determinant of their will. They can follow representations, based on reason, of what is useful or harmful, regardless of whether “representations—whether sensations, intuitions, or concepts—can be obscure to varying degrees, whether degrees of consciousness or degrees of comprehension” (Russell 2024, p. 7). We know this faculty as a negative trait within us, that is, as a faculty that does not compel us to act based on stimuli. In this acknowledgment of the role of reason, Kant also brings forth the positive concept of freedom of will and, thus, the faculty of pure rationality, which by itself is meant to be practical.

Reason and its incentives do not have absolute, unchanging power of decision-making, just as stimuli do not have the force that necessarily compels, but only motivating strength. Human will is not necessarily determined by incentives. This is a fact that we humans are well aware of, as we often, despite knowing better, do not follow good or useful principles of rational life practice. Therefore, actions that are objectively recognized as necessary are subjectively contingent. Thus,

the determination of the will of a rational being by grounds of reason, to which this will is not, however, according to its nature necessarily obedient. (Kant, 2011b, p. 45; 4:413)

Reason is capable of inventing many things because it is a power that “can extend itself beyond the limits within which all animals are held” (Kant, 2007a, p. 165; 8:112). With this capacity, humans are “on the brink of an abyss” (Kant, 2007a, p. 165; 8:112), as before them opens the infinity of objects toward which their desires can be directed, while the number of objects for satisfying their natural desires (within the limits of their instincts) is generally limited. It is appropriate to speak of the notion of an abyss because humans not only develop an entire range of ethical inclinations but also unnatural tendencies: they drink alcohol instead of water, eat processed food and sweets, inhale smoke, deceive themselves, and “find in themselves symptoms of every disease they read about in books” (Kant, 1979, p. 187; 7:103). Therefore, an individual himself determines what and how he will act, and in quite diverse ways,

and indeed, thanks to the involvement of his understanding with his imagination and his senses, in so many ways and with such frequent changes that even if nature were to be completely subjected to his will it could still assume no determinate universal and fixed law at all by means of which to correspond with this unstable concept and thus with the end that each arbitrarily sets for himself. (Kant, 2000, p. 297; 5:430)

### KANT'S DIETARY ADVICE IN OVERCOMING HYPOCHONDRIA

Kant, in his reflections on hypochondria, particularly in his *Essay on the Maladies of the Head*, states that it can be treated “through some medication” (Kant, 2011a, p. 212; 2:266). In this regard, he almost mockingly claims that a few “pills containing bread crumbs” (Kant, 2006, p. 107; 7:213) are sufficient to cure the

crickets<sup>4</sup> illness. The crucial importance here does not lie in the pharmacological effectiveness of the medicine.<sup>5</sup> Kant was clearly familiar with the psychosocial functioning of the placebo effect. In this sense, two dimensions are essential for understanding and treating hypochondria: the outer and inner actuality of the senses. The hypochondriac's experience and perception of illness are not merely the result of physical symptoms but also of their mental and emotional interpretations. Our perception of our own body must also be understood as a phenomenon occurring within the framework of our cognition. Therefore, treating hypochondria also involves working on changing the way one experiences and interprets one's symptoms, as "The hypochondriac has lost trust in their natural bodily processes and now attempts to reassure themselves of their body's functionality through medical monitoring" (Fuchs, 2011, p. 147). Since the hypochondriac is influenced by faulty reasoning, an independent expert— a physician— is needed. Medications alone may not be sufficient. What matters is how the hypochondriac perceives and reacts to the treatment. However, the question remains to what extent the hypochondriac will trust the physician, as the hypochondriac's world, his inner world, is torn by doubts and imbued with constant identification with what has been read. The hypochondriac

is incorrigible; he cannot stop his actions because every new discovery of a supposed symptom of illness exposes him to fear, which he cannot bear and thus tries to get rid of by acting. (Holzhey-Kunz, 2017, p. 138)

Thus, Kant points to the importance of a holistic approach to treating hypochondria, where medicine and philosophy must be combined to achieve a successful outcome.

---

<sup>4</sup> For hypochondria, Kant uses the mocking expression "cricket disease". In *Anthropology from the Pragmatic Point of View*, Kant explains this metaphor, comparing it to the experience of hearing a cricket in the middle of the night. That sound may be barely noticeable, but once we focus on it, it becomes impossible to ignore without disturbing our inner peace and sleep. Similarly, hypochondria refers to a situation where a person becomes obsessed with their own bodily sensations or health. When a hypochondriac directs their attention to a specific part of their body or what their senses suggest to them, thoughts and feelings begin to diverge. This divergence does not mean that thoughts or feelings overpower one another, but rather it "confuses the line between the 'sign' and the 'signified,' turning his delusion into a distortion of both language and meaning" (Kohns, 2007, p. 78). This excessive attention to one's own body leads to a state of inner unrest, where feelings and experiences become dominant, disrupting the hypochondriac's inner balance.

<sup>5</sup> "Kant refers to this kind of dietetics or 'psychological medicine' as an experiment and states that it deserves to become part of the 'teaching of medicine'" (Unna, 2012, p. 274).

The physician would also not refuse his assistance to the philosopher, if the latter attempted now and then the great, but always futile cure of foolishness. (Kant, 2011a, p. 217; 2:271)

In *The Conflict of the Faculties*, Kant will further explore the connection between philosophy and medicine, focusing on how philosophy can contribute not so much to curing diseases but to preventing them, that is, dietetics.

Kant thus changes the traditional view of dietetics as part of medicine by assigning it to philosophy. According to him, that part of medicine devoted to prevention is not the business of the physician, but of everyone, particularly the philosopher. (Unna, 2012, p. 280)

For Kant, dietetics is not merely the practice of preserving physical health but also a philosophical inquiry through which anyone can become their own “physician”. He describes medicine as the art of treating diseases (Wiesing, 2007), in contrast to commercial medical practice, and as a “negative pharmaceutics” (Unna, 2012, p. 276) that mandates only the avoidance of harmful practices. As part of hygiene, alongside gymnastics, dietetics focuses on disease prevention, unlike therapy, which involves surgical and pharmacological interventions (Unna, 2012). According to Kant, doctors and philosophers have different but complementary roles in caring for human beings.

In this, the doctors’ business is to help the ailing mind by caring for the body; the philosophers’, to assist the afflicted body by a mental regimen. (Kant, 2007b, p.184; 15:940)

This distinction in roles points to a deeply Kantian belief: caring for human beings requires a holistic approach in which doctors and philosophers collaborate, each operating according to their unique abilities and perspectives. The body and mind, although distinct, together shape the entirety of human experience, and their harmony is the key to human well-being. Only through the coordinated efforts of doctors and philosophers can true psychophysical balance be achieved, enabling long-term health and stability. In extreme cases, such as mental disorders, Kant suggests that physical interventions—like bloodletting or the use of strong herbal remedies—are sometimes more effective than relying on the power of reason. The reason lies in the fact that, in such situations, the mind can be “de-throned” (Kant, 2007b, p. 185; 15:943), and imagination runs wild, creating illusory fears and terrors that logic cannot resolve.

Kant’s philosophical contribution to preventing hypochondria stems from the basic Stoic principle “*sustine et abstine*”, which can also be taken as a general principle of dietetics. By applying this principle, treatment becomes philosoph-

ical, “when the sheer power of man’s reason to master his sensuous feelings by a self-imposed principle determines his manner of living” (Kant, 1979, p. 181; 7:101). This self-imposed principle refers to a maxim, a truly philosophical one, as it is a moral maxim: to be the master of one’s feelings. In an ethical sense, to be the master of oneself. To clarify what is meant by this maxim, Kant introduces the reader to a series of his own (private) experiences in the form of self-observation, for which he asks forgiveness (Kant, 1979, p. 56; 7:98).

From these personal testimonies emerges the truth about the subject addressed in the third dispute: *On the Power of the Human Mind to Master Its Morbid Feelings Merely by a Firm Resolution*. Kant connects the idea of resolution with dietetics, where resolution is not just a fleeting thought but a firmly established maxim, that is, a moral principle guiding a person in life. In the third essay, *The Conflict of the Faculties*, Kant highlights, as previously mentioned, the importance of controlling one’s emotions and feelings through self-imposed rules that help a person avoid illness. Among the firm resolutions through which one can conquer their morbid feelings (Kant having become their master) are the resolution “to breathe only through [...] nose” (Kant, 1979, p. 201; 7:111) or “by going to sleep early” (Kant, 2006, p. 74; 7:181). Although he calls these firm resolutions dietary maxims, they are not maxims. They would only be maxims if they contained several practical rules beneath them. This is not the case here, unlike a general dietary principle, which is undoubtedly such and must be regarded as a case of resolution. These resolutions are certainly life rules, but just ordinary rules for whose adherence in certain situations greater willpower is certainly required. That is why Kant had to adopt “the proper dietary rules that enabled him to avoid the potentially negative effects of continuous hard mental work” (Unna, 2012, p. 273).

#### KANT'S CONTRIBUTION TO THE CONTEMPORARY UNDERSTANDING OF HYPOCHONDRIA AND HIS SOLUTION

Kant’s discussion of resolution and maxim in the context of dietetics can be linked to the modern understanding of hypochondria. Hypochondria, as a condition in which a person excessively worries about their health, can be seen as the opposite of Kant’s idea of balanced dietetics. “In particular, they (hypochondriacs, author’s note) have a despondent maxim of attempting to avoid hardship or disappointment at all costs, and this puts self-love ahead of the moral law” (Moran, 2023, p. 138). Instead of developing rational maxims that guide them towards health preservation, hypochondriacs willingly indulge in irrational worries and unnecessary self-examinations by reading medical literature. Unlike in Kant’s time, today’s hypochondriacs have far more accessible media (Internet),

whose source reliability is much more questionable compared to medical books that are factual and scientific. Online pseudodiagnoses lead to problematic situations that hinder communication between doctors and patients and epistemically undermine the doctor's knowledge and expertise. In this context, hypochondria, dissatisfaction with one's appearance, narcissistic personality disorder, and other bodily-mental self-examinations belong to the same group of psychological abnormalities or disorders of corporeality. For instance, people dissatisfied with their appearance do not view their body from the perspective of possible illness, like hypochondriacs, but are primarily concerned with a distorted perception of their own physical appearance. Such feelings can be very detrimental. Kant's analyses are strongly aligned with contemporary psychiatric knowledge, particularly regarding fantasy and imagination (Frierson, 2014).

Kant systematically connects fantasy with imagination, where imagination is not exhausted in fantasy but generally refers to the ability to create representations even without the direct presence of an object. Imagination in Kant's theory of knowledge has immeasurable significance. Images arise because imagination acts as an intermediary between the general concepts of reason and sensibility. During sleep, imagination stimulates the body's activity, but when awake and preoccupied with a problem, it can drain physical energy. Therefore, "the imagination must be disciplined and educated" (Kiblinger, 2015, p. 203). This phenomenon demonstrates how interconnected the mind and body are. Kant's approach could, therefore, help develop a healthy relationship with one's body, focused on prevention through rational and "moral dietetics" (Unna, 2012, p. 286), rather than unfounded fear of illness.

Another important element in Kant's overall transcendental philosophy, especially in the context of thought directing, provides insight into how hypochondria can be understood and controlled. Kant claims that every person can reach a point in life when they feel *wearied of life*. However, "he himself, by disciplining the play of his thoughts, can put an end to these harassing notions that arise involuntarily" (Kant, 1979, p. 187; 7:103). A hypochondriac must battle their inclinations, allowing the reason to take the lead until they achieve control over inner sense that prevents liberation from morbid emotions. Through self-control (Vujošević, 2020), an individual is capable of acting according to moral principles despite internal and external temptations. "Self-control is therefore not simply about ensuring that our rational faculties control our sensible ones but also about reason's controlling itself" (Vujošević, 2020, p. 117). However, this is also the most challenging task, as the hypochondriac's behaviour is determined by a disorder in their sensation and strongly shifted towards imagined illness. Distracting from negative feelings

and *recollecting oneself* “promotes mental health by restoring the balance between one’s powers of soul” (Kant, 2006, p. 101; 7:207). In this way, Kant’s dietetics forms a bridge between medicine, philosophy, and morality, promoting the idea that health rests on rationality, moderation, and ethical self-discipline.

Kant points out that

Doctors usually advise a patient to drive all *thoughts* from his head; but they return, or others come in their place, and keep him awake. The only disciplinary advice [for the insomniac] is to turn away his attention as soon as he perceives or becomes conscious of any thought stirring (just as if, with his eyes closed, he turned them to a different place). This interruption of any thought that he is aware of gradually produces a confusion of ideas by which his awareness of his physical (external) situation is suspended. (Kant, 1979, p. 191; 7:105)

For hypochondriacs, this Kantian advice can represent a way out of the vicious cycle of self-observation and a return to a state of bodily and mental unity. It is undeniable that we must follow Kant in recognizing that body and mind are interconnected. This is a crucial indicator that a person must distance themselves from their deceptive feelings and choose the approach imposed by reason: distracting from distractions and *recollecting oneself*. Although hypochondria can bring great suffering, it is not invincible. However, Kant warns of the high likelihood of recurrence of such episodes, implying that it is difficult to restore the previous order (Thomason, 2021). Therefore, daily work on disciplining thoughts is necessary to prevent the recurrence of hypochondriac states.

## CONCLUSION

The analysis of Kant’s understanding of hypochondria from the system of transcendental philosophy shows that it is possible to overcome hypochondria, but only in terms of the absolutely necessary distraction of thoughts from *pathological feelings*. In his personal struggle against hypochondria, Kant mobilized all the forces of his reason, reconciling the doubts of feelings with the knowledge of reason. In his *Lectures on Logic*, Kant defines practical attitudes as attitudes “that state the action whereby, as its necessary condition, an object becomes possible” (Kant, 1992, p. 605; 9:110), which means that they encompass all kinds of instructions and rules for behaviour in all areas of human activity. A particular subtype of practical attitudes, in terms of the degree of generality, are principles or maxims of action: “Practical principles are propositions that contain a general determination of the will, having under it several practical rules” (Kant, 2015, p. 17; 5:19). Kant

thus implies that our actions are not only determined by the objects we strive for but also by practical attitudes and principles, through which our reason introduces regularity, constancy, and organization into the processes of satisfying needs, desires, and inclinations. Without such an intervention of reason, human behaviour would be mostly an automatic reaction to stimuli, i.e., it would essentially be determined by instinctual structure and, in this sense, would not qualitatively differ from animal behaviour. This human faculty to distance oneself from immediate needs and stimuli and to introduce generality and regularity into behaviour is a consequence of human rationality.

In its practical use, reason establishes the object in the sense that it determines willing and action through its concepts. Therefore, reason requires, above all, a guide that it can provide for itself, i.e., a subjective basis for differentiation in orientation towards its principles.

To make use of one's own reason means no more than to ask oneself, whenever one is supposed to assume something, whether one could find it feasible to make the ground or the rule on which one assumes it into a universal principle for the use of reason. This test is one that everyone can apply to himself; and with this examination he will see superstition and enthusiasm disappear, even if he falls far short of having the information to refute them on objective grounds. For he is using merely the maxim of reason's *self-preservation*. (Kant, 1998, p. 14; 8:146)

Without this subjective guideline, reason becomes incapable of defending itself from its own irrational impulses, which is the fundamental problem with hypochondriac thinking. Ultimately, concepts such as virtue or common sense cannot be properly integrated into a reason that has lost its faculty for autonomous guidance and differentiation of thought. Autonomy, in this sense, implies self-control, control over one's feelings, control over all mental faculties that can provoke *hypochondriacal exhalations*. Autonomy is also material and spiritual independence with regard to "fainthearted brooding about the ills that could befall one, and that one would not be able to withstand if they should come" (Kant, 1979, p. 187; 7:103). The autonomous being should behave in accordance with medical recommendations and dietary principles. In such circumstances, when "self-devised illness" (Kant, 1979, p. 189; 7:104) is defined by such autonomy (self-control, independence with regard to "harassing notions" (Kant, 1979, p. 187; 7:103), and the faculty to orient oneself in thinking as the only rule of behaviour and action), the question arises: how necessary is it to be a hypochondriac? Admittedly, *hypochondriac exhalations* cannot be avoided, but at least we can prevent them from swarming in our heads, as Immanuel Kant once did.



## REFERENCES

1. David-Ménard, M. (2000). Kant's "An Essay on the Maladies of the Mind" and "Observations on the Feeling of the Beautiful and the Sublime", *Hypatia* 15(4), 82–98.
2. Flucher, E. (2023). Sterben Sie weise! – Dramatisierungen der Hypochondrie in Fallenzählungen des 18. Jahrhunderts. In: K. A. Ehrenberger & A. X. George (Eds.): *Medical(ized) Bodies in the German-Speaking World. Seminar. A Journal of Germanic Studies* 59/1 pp. 44–68. <https://doi.org/10.3138/seminar.59.1.4>
3. Frierson, P. (2014). *Kant's Empirical Psychology*. Cambridge: Cambridge University Press.
4. Fuchs, T. (2011). Körper haben oder Leib sein. *Scheidewege. Jahresschrift für skeptisches Denken*, 41, 122–137.
5. Grinnell, G. (2010). *The Age of Hypochondria: Interpreting Romantic Health and Illness*. Basingstoke: Palgrave Macmillan.
6. Holzhey-Kunz, A. (2017). Angst als philosophische Erfahrung und als pathologisches Symptom. In: S. Micali & T. Fuchs (Eds.): *Angst. Philosophische, psychopathologische und psychoanalytische Zugänge. 2., erweiterte Auflage*. Freiburg/München: Verlag Karl Alber (Schriftenreihe der Deutschen Gesellschaft für Phänomenologische Anthropologie, Psychiatrie und Psychotherapie (DGAP), Vol. 6. pp. 119–145.
7. Horstmann, R. P. (2018). *Kant's Power of Imagination*. Cambridge: Cambridge University Press.
8. Kant, I. (1979). *The Conflict of the Faculties*. Translation and introduction by Mary J. Gregor. New York: Abaris Books.
9. Kant, I. (1991). *The Metaphysics of Morals*. Introduction, translation and notes by Mary J. Gregor. Cambridge: Cambridge University Press.
10. Kant, I. (1992). Dreams of a Spirit-Seer Elucidated by Dreams of Metaphysics. In I. Kant, *Theoretical Philosophy, 1755–1770*. Translated and edited by David Walford (pp. 301–359). New York: Cambridge University Press,
11. Kant, I. (1998). What is Orientation in Thinking? In I. Kant, *Religion Within the Boundaries of Mere Reason. And Other Writings*. Translated and edited by Allen Wood and George di Giovanni (pp. 1–15). Cambridge: Cambridge University Press.
12. Kant, I. (2000). *Critique of the Power of Judgment*. Translated by Paul Guyer and Eric Matthews. Cambridge: Cambridge University Press.
13. Kant, I. (2004). The Jäsche Logic. In *Lectures on Logic. The Cambridge Edition of the Works of Immanuel Kant*. Translated and edited by J. Michael Young (pp. 521–640). New York: Cambridge University Press.
14. Kant, I. (2006). *Anthropology from a Pragmatic Point of View*. Translated and edited by Allen Wood and George di Giovanni. Cambridge: Cambridge University Press.
15. Kant, I. (2007a). Conjectural Beginning of Human History. In I. Kant, *Anthropology, History, and Education*. Translated by Allen Wood (pp. 163–175). Cambridge: Cambridge University Press.
16. Kant, I. (2007b). On the Philosophers' Medicine of the Body, In I. Kant, *Anthropology, History, and Education*. Translated by Mary Gregor (pp. 184–191). Cambridge: Cambridge University Press.

17. Kant, I. (2007c). On the Use of Teleological Principles in Philosophy. In I. Kant, *Anthropology, History, and Education*. Translated by Günter Zöllner (pp. 195–218). Cambridge: Cambridge University Press.
18. Kant, I. (2007d). *Critique of Pure Reason*. Translated and edited by Paul Guyer and Allen W. Wood. Cambridge: Cambridge University Press.
19. Kant, I. (2011a). Essay on the Maladies of the Head. In I. Kant, *Observations on the Feeling of the Beautiful and Sublime and Other Writings*. Edited by P. Frierson and Paul Guyer (pp. 205–218). Cambridge: Cambridge University Press.
20. Kant, I. (2011b). *Groundwork of the Metaphysics of Morals*. Edited and translated by Mary Gregor and Jens Timmermann. Cambridge: Cambridge University Press.
21. Kant, I. (2015). *Critique of Practical Reason*. Translated and edited by Mary Gregor. Cambridge: Cambridge University Press.
22. Kiblinger, William P. (2015). Brooding and healthy reason: Kant's regimen for the religious imagination, *International Journal of Philosophy and Theology*, 76:3, 200–217. DOI: 10.1080/21692327.2015.1099463
23. Klemme, F. (2014). Erkennen, Fühlen, Begehren – Selbstbesitz. Reflexionen über die Verbindung der Vermögen in Kants Lehre vom Kategorischen Imperativ. In: I. Römer, (Ed.) *Affektivität und Ethik bei Kant und in der Phänomenologie* (pp. 79-99). Berlin/Boston, Walter de Gruyter.
24. Kohns, O. (2007). *Die Verrücktheit des Sinns. Wahnsinn und Zeichen bei Kant, E.T.A. Hoffmann und Thomas Carlyle*. Bielefeld, Transcript Verlag.
25. Moran, K. (2023). Kant on Despondent Moral Failure. *Kantian Review* 28, 125–141. <https://doi.org/10.1017/S1369415422000498>
26. Rauer, C. (2007). *Wahn und Wahrheit, Kants Auseinandersetzung mit dem Irrationalen*. Berlin: Akademie Verlag GmbH.
27. Reinhart, E. (2022). *Aesthetics for Hypochondriacs: Kantian Illusions, Sex Phobia, and Self-Soothing Philosophy*. Retrieved from: [https://problemi.si/issues/p2022-5/04\\_problemi\\_international\\_2022\\_5\\_reinhart.pdf](https://problemi.si/issues/p2022-5/04_problemi_international_2022_5_reinhart.pdf)
28. Russell, F. (2024). Kant's Fantasy. *Mind* 133 (531): 714-741. <https://doi.org/10.1093/mind/fzae003>
29. Schreiner, J. (2003). *Jenseits vom Glück. Suizid, Melancholie und Hypochondrie in deutschsprachigen Texten des späten 18. Jahrhunderts (Ancien Régime, Aufklärung und Revolution 34)*. München: Oldenbourg Verlag.
30. Thomason, K. (2017). A Good Enough Heart: Kant and the Cultivation of Emotions. *Kantian Review*, 22(3), 441–462. <https://doi.org/10.1017/S1369415417000164>
31. Thomason, K. (2021). The Philosopher's Medicine of the Mind: Kant's Account of Mental Illness and the Normativity of Thinking. In Yeomans C. & Lyssy A. (Eds.), *Kant on Morality, Humanity, and Legality: Practical Dimensions of Normativity* (pp. 189–206). London: Palgrave-Macmillan.
32. Vujošević, M. (2020). The Kantian Capacity for Moral Self-Control: Abstraction at Two Levels. *Archiv für Geschichte der Philosophie*, 102(1), 102–130. <https://doi.org/10.1515/agph-2020-1004>
33. Unna, Y. (2012). A Draft of Kant's Reply to Hufeland: Key Questions of Kant's Dietetics and the Problem of Its Systematic Place in His Philosophy. *Kant-Studien* 103(1), 271–291. <https://doi.org/10.1515/kant-2012-0019>

34. Wiesing, U. (2008). Immanuel Kant, his philosophy and medicine. *Medicine, Health Care and Philosophy*, 11, 221–236. <https://doi.org/10.1007/s11019-007-9085-z>.

## SAŽETAK

Osnovni cilj ovoga rada bit će razumijevanje hipohondrije kao filozofijskog problema, a ne medicinsko-psihološkog, s obzirom na to da postoji bitna razlika između modernog (medicinsko-psihološkog u pravom smislu riječi) razumijevanja hipohondrije i svih ranijih antropološko-filozofsko-fizioloških razumijevanja, pa tako i onoga Kantova. Kantova interpretacija hipohondrije, kao duševne bolesti, ističe zanimljivu dihotomiju između stvarnih tjelesnih osjeta i iskrivljene percepcije. Hipohondar doživljava stvarne fizičke osjete, ali ih interpretira na način koji nije utemeljen u realnosti. Kant tvrdi da su ti osjeti rezultat (ne)paznje koju hipohondar pridaje određenim fizičkim signalima. S druge strane, ako bi svoju pažnju usmjerio na nešto drugo ili se zaokupio nečim što mu odvlači misli od boležljivih osjećaja, osjećaji bi mogli oslabjeti, a uz dovoljno sabranosti, čak i potpuno nestati. Jedan od ključnih problema s hipohondrijom jest taj što umni argumenti često ne mogu promijeniti uvjerenja osobe koja osjeća simptome u svome tijelu i svome duhu. Da bi ljudsko biće ponovno zadobilo kontrolu nad samim sobom, Kant se okreće načelima moralne i filozofijske dijetetike. Stoga će se u ovom radu posebno pratiti dva aspekta: Kantova raštrkana analiza hipohondrije i njezine transcendentno-filozofske pretpostavke. Zaključci iz transcendentne filozofije trebali bi pomoći u svladavanju hipohondrijske mušičavosti.

**Ključne riječi:** Kant, hipohondrija, osjetilo, osjet, zamjedba, uobrazilja, um