

Hypochondria and Its Discon- tents, or, the Geriatric Sublime

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ABSTRACT

In the third *Conflict of the Faculties*, virtually the last text published within his own lifetime, Immanuel Kant runs through a somewhat ridiculous catalogue of (his own) hypochondriac afflictions and offers a panoply of philosophical prescriptions for alleviating these — the “power of the mind to master its morbid (or sickly) feelings by sheer resolution.” Some readers seize on this scenario as an unwitting parody of Kant’s own transcendental project: the comedy seems to stage an empirical dress rehearsal of the systematic opposition between the empirical and the transcendental and suggests the structural contamination of the very ideal of purity by the pathology it wants to master. A well-trodden dialectical approach, from Hegel and Nietzsche through Freud and Adorno, discerns in this tizzy of stage-management the perfect case history of the dialectic of enlightenment, ascetic ideology, or the return of the repressed: the very success of the will would be the measure of its failure, the obsession with pathology the ultimate pathology — the return of mythic nature in the most strenuous efforts to control it. This dialectical approach is compelling but it underplays both the perversity of the scenario and its strange theatricality. It also overlooks the startling practical implications — at once biopolitical, ideological, economic, institutional, and aesthetic — of Kant’s peculiar experiment. A strange note on which to end a treatise dedicated to the pedagogical imperatives of the Prussian state.

Sickness, like many other kinds of suffering, is one area in which the usual vocabulary for discussing illusion and reality seems to falter, along with other dualisms often associated with this pair: mind and body, artificial and natural, fiction and fact, inside and outside, ideology and whatever the opposite might be. Suffering — not only the pain of others but even one’s own — is at once irrefragable and elusive, both infallible and unverifiable, both irrefutably immediate and yet, like most things, a historical artifact, burdened with its own specific set of protocols, susceptible to cultural variation, social negotiation, political contestation. For this reason it is where the boundaries of private and public, self and others, can become particularly confusing. Hume observed that the very experiences that most singularize us are the site of our greatest porosity to others. Suffering at once draws us inward, tears us away from the world, refuses community and communication, and at the same time demands an acknowledgement, a witnessing, that it systematically seems to repel. It forces a sociability that it simultaneously preempts.

All this can put pressure on any ethical or political project that stakes its claims on the normative authority and self-evidence of compassion, empathy, and identification. Suffering exacts a demand for recognition, a claim to validation or legitimation, even as the received terms of recognition are systematically put into question.

The exorbitance of this demand can provoke discomfiting reactions. We can be repelled, we can feel icily indifferent, we can feel triumphant, we can swell with newfound purpose. We can be mean-spirited and disbelieving, we can be infuriatingly calm, cloyingly engaged, secretly envious and competitive. And we can extract moral gratification from the excellence of our own compassion. But above all, we have an amazing ability to ignore suffering that happens to occur anywhere further away than, say, our own backyard, even while the proximity of suffering can get under our skin like a infectious disease.

Hypochondria, or what goes by this name, is an interesting case in all these regards and it's surprising to me that it has attracted so little philosophical attention. It's intriguing for several reasons. First: because of its peculiar epistemological situation. The incontrovertibility of the hypochondriac's distress clashes with its peculiar unverifiability: it is impossible to refute and equally impossible to account for. This antinomy finds expression in the invalid's ever-escalating demand for the impossible — simultaneous confirmation and refutation from the outside world. My ailment needs to be corroborated, my worst certainties disproved. Second, and relatedly: because it troubles the dualism of truth and illusion. Like ideology, hypochondria is impervious to rational argument (it even thrives on it) and tends to feed on preemptive countermeasures; fussing about illness can provoke the illness it fears and sometimes worse ones.

Third: because its constructedness is so palpable. Like almost everything, hypochondria, both the name and the thing, is a historical artifact, a product of the eighteenth century, coming into prominence as the humoral theory of black bile gives way to neurological theories of nerves and vapours, and medieval melancholia to the twin pathologies of hypochondria and hysteria. This historicity is typically corroborated by markers of nation, class, or gender — the “English malady,” a badge of gentlemanly refinement and privilege — but these markers are never stable, if only because the disease is from the outset on the verge of assuming epidemic proportions. No sooner is it identified than hypochondria will overflow national boundaries, along with distinctions of class, gender and culture, an expansion connected to the rise of capitalism. As the book trade swells, literacy soars, and luxury goods proliferate, illness, and even the very worrying about it, becomes another upscale commodity on the consumer market.

Fourth and almost finally: hypochondria is puzzling because it produces such a peculiar cocktail of emotions in both sufferer and observer — entitlement, grandiosity, resentment, on the one hand, irritation, suspicion, boredom, on the other — and guilt and shame all around for such endlessly unattractive demands and reactions.

But strangest of all: because it makes us laugh. Why is hypochondria the subject of so many comedies, skits, satires, droll memoirs and

wry confessions — what's so funny? Laughter itself is a complicated event, hard to suppress and almost impossible to feign, and, like illness in at least this one respect, it has a contagious and involuntary aspect which can take us to the edges of our comfort zone. We laugh at Molière's *malade imaginaire*; we smile indulgently at Proust's Aunt Léonie; we gossip, at least in Canada, about Glenn Gould's gloves and overcoat, but it's sometimes hard not to feel a flinch of shame. The unease isn't necessarily because of the wince of recognition we may be harboring but because the impulse to laugh forces us to face questions about the extent of our own *Schadenfreude* — a sour, “devilish” emotion, Kant called it. There's nothing funnier than unhappiness, says Beckett's Nell, and this too makes us laugh, but it's unclear just why we give ourselves permission *here* and not *there*, why we get to ridicule *this* particular kind of suffering, and not, say, the suffering of a dying person, a wounded or abused or tortured person. There is something profoundly important in maintaining these distinctions even if we may have a philosophical stake in blurring them. These boundary issues raise interesting questions about protocols of legitimation and normativity, and touch a neuralgic kernel at the heart of our ethical investments.

I said a moment ago that there were no philosophical treatments (in both senses) of hypochondria. But that's not exactly true. It was always floating around the edges of German idealism and romanticism. In what follows I want to turn to one of the more peculiar texts from this epoch. You may wonder whether it's philosophy at all. Its genre is also a little unclear — chapter, essay, letter, memoir, advice column, memorandum, notes to servant, notes to publisher, note to self...

Towards the end of his writing life, in the last of the three essays of the *Conflict of the Faculties*, Kant takes up a topic that has never ceased to preoccupy him. The title announces the “power of the mind to master its morbid (or sickly) feelings by sheer resolution, or mere intention” [*von der Macht des Gemüths durch den bloßem Vorsatz seiner krankhaften Gefühle Meister zu sein*].¹ The issue of power and mastery is a pressing one and speaks to both transcendental and worldly concerns. It pertains not only to the mind struggling with its own corporeality but also to philosophy as a discipline as it grapples with its own tenuous institutional embodiment.

Having set up a series of competitions between the “lower faculty” of philosophy and the various “higher faculties” of the university — law,

¹ Kant 1996a, p. 313. Citations to Kant will refer to existing English translations where available, occasionally modified, supplying the corresponding pagination of the Akademie edition of *Kants gesammelte Schriften* 1960 for easier reference. Here at 7:97.

theology, medicine — Kant sets out to reverse the prevailing academic hierarchy. He announces the conceptual privilege of philosophy over the vocational or professional disciplines. This advantage is grounded on the distinction between autonomous and instrumental rationality, between a self-authorizing mode of thinking and one tethered to the techno-bureaucratic constraints of church, state and market, and there's an immediate institutional agenda. Kant has been unsuccessfully campaigning for years to secure for philosophy an exemption from state censorship and from the exigencies of utility, expediency, or profit, even if the price of this freedom might be a concession to marginalization or trivialization— a retreat into irrelevance, unintelligibility and numbing tedium. As Kant himself is the first to point out, and the question cannot fail to resonate today, no one really reads or bothers with philosophy anyway, so what's the problem?²

The third chapter is at once the most marginal to the book and arguably the most central. It's evidently so peripheral to the main argument that Kant didn't even bother writing a proper chapter or anything remotely resembling one, awkwardly stitching in a previously published scrap sitting in his drawer in order to flesh out the book's announced tripartite structure. The argument is rambling and disjointed, the topics ranging from the most grandiose to the most inconsequential, from ponderings on the meaning of life to fussing about correct bath temperature and best choice of font size. Some readers have been tempted to consign this essay to that ever-swelling portion of the Kantian corpus known ominously as the *senilia* (by analogy with the *juvenilia*).

It's central because it speaks to the core problematic of the critical project. The disciplinary advantage of philosophy over medicine corresponds to the critical supremacy of mind over body, spirit over matter, freedom over nature — a victory all the more uncertain in that Kant will never cease reminding us that the connection between these two domains must remain inscrutable. As the third essay proceeds Kant's own determination to master hypochondria through an act of resolute decision is accompanied by a growing irresolution regarding etiology, diagnosis, prognosis, and cure. By the end of the essay, Kant will have put into question not only the efficacy but also the ultimate point of treatment.

You don't have to go sailing off into the waters of the noumenal to run aground on the shoals of paradox. It's enough to peer into the murky interior of your own body. You can't begin to think about it without ending up drowning in an ocean of confusion. There's a *geometrical* or *mereological* uncertainty between part and whole: I experience a localized irritation as a life-threatening assault on the haleness or wholesomeness, *Heilsamkeit*, of my entire body; or I take my generalized malaise to originate in a specific bodily malfunction. There's a *spatial* uncertainty between inside

2 Kant 1996a, p. 241; Kant 1960, 7:8.

and outside: I mistake an endogenous sensation for an injury coming from the external world; or I mistake an exogenous impression, something I merely read or hear about, or observe in other people, for something arising in my internal sensorium.

There's a *temporal* confusion between past and future: I register every impending disaster as always already accomplished; or I infer from past mishap the certainty of future calamity. There's an *aspectual* confusion between the temporary and the ongoing, between discrete event and chronic condition: I misconstrue a passing distress as the symptom of a permanent and incurable affliction; or I take a stable state of affairs to be the harbinger of imminent disaster. There's a *modal* confusion between the categories of possibility, actuality and necessity: I take the possibility of illness as proof of its inevitability; or I misconstrue the inevitability of my own senescence as a contingency that I can and ought somehow to parry.

There's an *etiological* slippage between cause and effect, between pathogen and symptom, between the occasion of illness and its consequence. This circularity was well-rehearsed in the eighteenth century imaginary: hypochondria is both caused by luxurious life-style and produces unhealthy cravings for rich food; indolence makes you tired and lazy; boredom makes you bored and boring. All this contributes to hypochondria's reputation as an endlessly recursive or self-reproducing disease but also to its peculiar infallibility: hypochondria has a performative ability to ratify its own testimony, to convert anxious foreboding into self-fulfilling prophecy. Illusion of this sort has the uncanny ability to prove itself true: anxiety generates what it dreads, the fear of falling makes you fall. (Among Kant's many compelling thought experiments: walk along a board lying on the ground. Now stretch that board across a yawning precipice and try doing it again.³)

The preoccupation with health also induces some elementary category confusions. Above all it blurs the line between *quality* and *quantity*: it confounds the difference between longevity and vitality, between living long and living well. The condition at once exaggerates suffering and inexplicably seeks to prolong this misery by turning life itself into an endlessly mortifying ritual of self-management. Kant's hypochondriac presents the conundrum posed by Voltaire in *Candide*: the worse the life, the more we cling to it — “we caress the serpent that devours us.” Or, as Woody Allen puts it in *Annie Hall*: “the food is terrible at this restaurant — and such small portions!” And we keep going back for more.

Is hypochondria a mental phantasm or a physical malaise? Is it a propensity to imaginary illness, which produces delusory bodily sensa-

3 Kant 2007, p. 62n; Kant 1960, 7:169n. The *Anthropology* lectures were published roughly at the same time as the *Conflict*, and are useful for filling in the picture.

tions, or is it an abdominal compression, which stimulates ideational distortions? The affliction has the curious character of being at once localized and diffuse — both digestive constriction and vaporous expansion — both somewhere very specific and nowhere in particular. The unstable locus of the illness strangely parallels the uncertain location of philosophy as a discipline, its slightly eccentric or ectopic position within the university, and recalls Schelling's challenge to the very idea of disciplinary containment: how can something like philosophy, which (like God or the soul) is everything and everywhere, be anything or anywhere in particular, for example, confined to a department or relegated to a faculty where it could either serve or assume jurisdiction over the other faculties or disciplines?⁴

Are my pathological feelings, *krankhafte Gefühle*, illusory feelings of sickness or genuinely sick feelings, a cognitive disorder or an affective distemper, an imaginary illness or an actual illness of the imagination? Hypochondria wrecks the usual protocols of falsifiability and verifiability on which scientific rationality depends. Morbid feelings about the body both reflect and generate somatic morbidities that systematically blur the line between health and sickness even as they typically misconstrue the significance of this distinction by producing the tormenting and in every way pathogenic phantasm of an unattainable bodily perfection.

Because health, like existence, is not a possible object of cognition, we can never decisively determine if we are healthy (the very need to pose the question already suggests that something's not quite working), and every attempt to answer it not only inevitably begs the question but opens up a raft of new pathologies that extend from the individual to the collective body, and can even toxically blur the distinction between these. Not only does every investigation invariably distort its object — under the glare of observation, says Kant, every subject becomes both impresario and actor⁵ — but it introduces its own specific pathologies and perversities that threaten both to undermine the integrity of the individual and to erode the sinews of the body politic.

An overdose of introspection can in itself lead to gloominess, religious fanaticism and madness. And at a biopolitical register, adds Kant, this can lead to dangerous fantasies of a hyperbolic self-reliance that is always on the verge of veering into “illuminism and terrorism.”⁶ By instilling in the invalid the illusion of self-diagnosis and the ever spiraling

4 Schelling 1966, p. 79.

5 Kant 2007, p. 21; Kant 1960, 7:132.

6 Kant 2007, p.22; Kant 1960, 7: 133.

temptations of self-mastery, hypochondria challenges the professional authority not only of medicine, still in its infancy as a secular vocation, but of the institutional and political framework that sustains this, both within the university and beyond. It brings into focus the crisis of investiture that threatens to undermine the charismatic authority of the master on every possible front.⁷

Hypochondria both illuminates and complicates the fraught set of social relations between patient and doctor in the modern age. It casts light on the tangled web of patronage and prestige in which everyone seems to find themselves suddenly playing all the roles at once — every doctor simultaneously priest, traveling salesman, and servant; every patient simultaneously supplicant, client, and patron. By “everyone” I don't really mean *everyone*, of course — just the educated middle class who have presumptively assumed this role as they stake out the path of universal human *Bildung*.

On the one hand the doctor confronts the nightmare of the all-knowing patient: an explosion of newspapers, self-help manuals, sentimental novels, patent medicine, wellness regimes, holiday spas, gymnastic regimens, and home remedies has produced the torments of the educated imagination — the invalid who's read all about every possible disease, who already knows everything anyway, and yet who nonetheless needs you, if only to confirm their own infallible diagnosis, to ratify their suffering, but at the same time to alleviate their terror. While the patient, in turn, confronts the nightmare of a doctor *who's supposed to know*, whose very job is to know, but who obviously doesn't get it, can't possibly appreciate the gravity of the condition, and is destined eventually to disappoint, betray, and abandon. This paradox marks a crisis of legitimation at the very origin of the modern university.⁸

7 To speak Lacanian: hypochondria stages the quarter turn in one direction, from the “discourse of the master” to the “discourse of the university” – from the performative force of sovereign power to the prestige of disinterested expertise. This is precisely the phantasm of pure theory that sustains the modern university project. But hypochondria simultaneously stages a quarter turn in exactly the opposite direction, from the “discourse of the master” to the “discourse of the hysteric.” The latter unsettles theoretical conviction regarding not only the specific authority of the master but of every master discourse, including, therefore, that of the university itself. See Lacan 1999.

8 The contradictory position of the doctor also crystallizes the antinomy of the modern university as such. At the very moment that the university is becoming most indispensable as a state institution, it begins to appear most superfluous. (This paradox is not unconnected to the rise of literacy and the explosion of the publication industry in the late eighteenth century). In this culture of self-reliance and accessibility all the “businessmen” are at risk of becoming redundant, which means that the university as a whole — the “factory” producing them — is at risk. The educated invalid can't stop diagnosing himself, rendering the doctor superfluous; the soul-searching congregant discovers the grounds of religious practice within himself, rendering the clergyman superfluous; while over in France, the revolutionary citizen has just taken the law into his own hands, rendering the sovereign authority of the king himself, and the lawyers who represent him, null and void. See also note 16 below.

We are already drowning in an ocean of liar's paradoxes: either the hypochondriac is right, in which case he can at least take hypochondria off the list of things to worry about, or he's wrong, in which case he really does have something to worry about. Anxiety is an affliction about which one has every reason to be anxious. Like insomnia, hypochondria is burdened by a recursive, performative circularity, a tendency to metastasize into ever-expanding circuits of uncertainty, and to collapse under the tautological pressure of its own conviction. It stages the intractable antinomy between skepticism and dogmatism that fuels the entire critical project. It demonstrates (as Hegel will never tire of pointing out) how doubt itself can be in one and the same respect both excessive and insufficient.

Hypochondria thus unfailingly reproduces what it dreads. And it can be aggravated by every effort to manage it insofar as treatment requires precisely the kind of vigilance, the obsessive self-monitoring, which is one of the essential hallmarks of the disease. Treatment thus proves to be either ineffective or redundant if not even counterproductive. "Sheer resolution" will have no purchase for the hypochondriac, who by definition either lacks all power of resolution or whose very determination to fix things is just the shadow syndrome of the disease itself. The "panacea" (that's Kant's own word: *Universalmittel*)⁹ will be available only to either those who abuse it or those who have no need of it anyway — an illustration of the supplementary logic of the *pharmakon* at its most obtuse. Indeed the effort to discharge the symptom might even irreversibly exacerbate it, as Kant himself discovers the hard way, when an overly strenuous effort to divert his attention from a debilitating head cold caused a "brain cramp" which ended up, he complains, permanently impairing his ability to maintain the sequence and coherence of conversation, narrative, and argument — in short the consistency and intelligibility of thinking itself. Directed against the compression that is both occasion and analogue of hypochondriacal affliction, the pressure of the will had inflicted a permanent derangement of Kant's own inner sense — the temporal *Zeitfolge*, the irreversible succession of before and after — on which the very unity of consciousness, and perhaps not only consciousness, depends. "[T]he result of this pathological condition is that when the time comes for me to connect [my thoughts] I must suddenly ask...now where was I? where did I start from?... It is a most disagreeable feeling,"¹⁰ I'll come back to this.

Whatever else he is doing in these peculiar pages, virtually the last ones published in his lifetime, Kant is also unmistakably scripting the mise-en-scène of his own final act, an elaborate theatrical production

9 Kant 1996a, p. 313; Kant 1960, 7: 98.

10 Kant 1996a, p. 325; Kant 1960, 7:113.

with a large supporting cast and crew in which Kant will play all the main roles himself — playwright, director, stage manager, star, spectator, and eventually even stage prop. After a stroke leaves him speechless he will become a waxwork effigy, wheeled out at meal times so he can preside mutely at the dinner table; in the end Kant will live on if only to witness his own absence from the life he's crafted.

The scenario is well-known through De Quincey's exuberant description, freely lifted from the memoirs of Kant's disciples, but with many helpful details supplied by Kant himself (the question of authorship is getting blurry by this point) — the servants all lined up at their stations, the coffee-urn always at the ready, the dinner guests at their places, the topics of conversation selected as carefully as the three-course menu. The schedule is organized from dawn to midnight and observed with military precision: the wake up call at 4:55, the mid-day lunch party, the post-prandial stroll through town (that's the walk made legendary through Heine's witticism about all the housewives of Königsberg setting their clocks every afternoon to the exact timing of the professor's beat). A session of "thinking" is scheduled for 6:00 p.m. sharp. There's an impressive gymnastic maneuver at midnight, when Kant tucks himself into bed (there's a strict sequence to be followed: right arm, left arm, left leg, right leg, you might not want to try this), swaddled in his blankets as tightly as a mummy in its wrappings, or like a silkworm in its cocoon, quips De Quincey.¹¹

Even the so-called autonomic nervous system is brought under control as Kant learns to regulate his digestion, body temperature, sleeping, breathing. The tips and tricks proliferate, a panoply of prescriptions administered to regulate the metabolic transactions of daily life. Don't breathe through your mouth: you'll waste saliva (which also means, in theory, that you shouldn't talk while breathing either, or breathe while talking, which could be a problem in practice, but at least you can take a cue from Rousseau and take your walks solitary). But don't eat alone: you might end up thinking, which will interfere with your digestion. Have guests around, but always the right number, and always be sure to calibrate the intellectual level of the conversation so that it's not too boring but not too arousing; a certain amount of laughter is a good idea, it stimulates the digestion, so assign it to the third course (news of the day is

11 All details in this paragraph and the following two are drawn from De Quincey 1880. (Many of these details correspond to specific recommendations offered by Kant himself in the *Anthropology* and the *Conflict*.) As noted, De Quincey's text is a wickedly free translation of the at least superficially more reverential memoirs by Borowski, Jachmann, and Wasianski 1974. See particularly Wasianski's account at pp. 213–295. For excellent readings of De Quincey's use of these memoirs, as well as of Kant's own essay, see Clark 2003, pp. 261–287 and O'Quinn 1997, pp. 261–286. See also the illuminating discussion by Susan Meld Shell, *The Embodiment of Reason: Kant on Spirit, Generation, and Community* (Chicago: University of Chicago Press, 1996) and Andrew Cutrofello, *Discipline and Critique: Kant, Poststructuralism, and the Problem of Resistance* (Albany, NY: SUNY Press, 1994)."

assigned to the first course; (moderately) lively debate to the second); no dinner music, no party games, not too many women, it goes without saying; and definitely leave philosophy off the list of dinner party topics. And another thing: don't try not to think at the same time as walking; so much multitasking might cause the system to short-circuit. Oh, and one more thing: don't forget the gadget. There's an intriguing device, apparently designed by Kant himself, a kind of portable thermostat involving pulleys, ratchets, secret pockets with hidden cables for adjusting the height of your stockings so they don't cling or bunch and mess up the homeostasis of your body temperature.

The domestic regime expands until both culture and nature are brought in line, the garden becoming scenery, the birds providing the sound effects, even the planetary rhythms adjusted to fit Kant's schedule. A letter is dispatched to the warden of the local prison complaining about the noisy hymn singing; the music is distracting the man from his writing. Another neighbor's tree is chopped down because it obstructs the view from Kant's study. The songbirds cooperate by moving their nest closer to his window so he can work to the accompaniment of their chirping. His friends figure out a way to speed up the seasons: Kant wants to celebrate his birthday, and he wants to do it *now*, and everyone is getting worried anyway that he won't make it to his 80th, so they fudge the date, just a bit, so that in the last year of Kant's life April arrives in February. That's one way of cheating death: if you can't forestall the event, at least manipulate the calendar so you get to enjoy the after-party.

These are just a few of the fun facts that you too can read all about when you need a break from slogging through the first *Critique*. Some readers seize on this scenario as a kind of involuntary parody of the transcendental project itself, the wild proliferation of details confirming Hegel's point about the ineluctable complicity between formalism and empiricism — a flood of trivia rushing in to fill the vacuum of the critical-transcendental apparatus. The comedy seems to stage at the level of appearances the critical distinction between the phenomenal and the noumenal: it presents an empirical dress rehearsal of the systematic opposition between the empirical and the transcendental and suggests the structural contamination of the very ideal of purity by the pathology it wants to master. A well-trodden dialectical approach, from Hegel and Nietzsche through Freud and Adorno, discerns in such a tizzy of stage-management the perfect case history of the dialectic of enlightenment, ascetic ideology, or the return of the repressed: the very success of the will would be the measure of its failure, the obsession with pathology the ultimate pathology — the return of mythic nature in the most strenuous efforts to control, discharge, or mortify it. (Needless to say, there are also some notable privileges of class and gender.)

This dialectical approach is compelling, I guess, but it's not the tack I want to pursue here, if only because it underplays both the perversity

of the scenario and its strange theatricality. The rub is not just that the body poses a recalcitrant limit to the will's power, or that freedom draws its energy precisely from this resistance. (Which was of course more or less Kant's own point when he spoke of duty's need for a permanent whetstone — the inextirpable or "radical" human tendency towards evil — on which to hone its edge.) It's not just about the standard contradiction of mind-body dualism — the mind pitted against the stupidity of the body and becoming thuggish in this pitting, to vulgarize the argument of the *Dialectic of Enlightenment*. What's unnerving for the hypochondriac is not so much the obtuseness of the body but rather its uncanny intelligence. Oracular in its pronouncements, brimming with secrets that it won't divulge but can't stop hinting of, constantly emitting messages that both demand and elude interpretation, its tattered surface a field of illegible inscriptions, the body seems to have a preternatural agency and intelligence, in the face of which it's the mind itself that starts to become increasingly stupid and reactive. Perpetually circling around itself, the mind starts to resemble the Cartesian body — a machine running on empty, its initiative stripped down to repetitive, automatic insistence, all agency reduced to the "empty freedom of a turnspit."¹²

In fact the body seems to be able to understand the mind far more effortlessly than the mind understands the body and certainly than the mind understands itself. Whereas reason finds itself everywhere bashing against its own limits, forced at every pass into paroxysms of contradiction — it is unable either to avoid or to tolerate its own dialectical illusions — the hypochondriac body seems to effortlessly give voice not only to the dissonant panoply of its own sensations but to the aporia of its own porous and ever-shifting boundaries. The membrane between inside and outside is effortlessly breached, every internal organ a conduit to every other and to the outside world, the entire surface of the body a gigantic orifice for receiving and transmitting. This boundary crossing continues even after death. The corpse, notes De Quincey, manages to feed upon its own internal organs, the insides turning into their own outsides as the frontier between life and death is continually blurred.¹³

But all this stage-management makes inscrutable the distinction between the regime of the will and the regimen of technical reason; between the disciplining of the mind through sheer resolve or *Vorsatz* and the manipulation of the body through drugs or surgery; between freedom and mechanism; between "critical" and "dogmatic living." This last dichotomy had been introduced in Kant's earlier "Enlightenment" essay, where one of the symptoms of self-inflicted infancy or tutelage (*Unmün-*

12 Cf Kant 1996b, p. 217; Kant 1960, 5:97.

13 De Quincey is describing Kant in his essay on Coleridge, cited by Clark 2003.

digkeit) was said to be an excessive attachment to the paternal authority of the preacher, the lawyer, the doctor, the lawyer¹⁴ — the “businessmen” turned out in the “factory” of the modern university.¹⁵ Who needs businessmen when self-care has itself become a full-time business? But all this busyness challenges the notion of a strictly philosophical regime; it disarms the conflict between philosophy and medicine that was the supposed topic of Kant’s entire essay.¹⁶

But this is because the real battle surely lies elsewhere. If Kant is staging a non-existent conflict between philosophy and medicine, this is in order to prolong the far more intractable battle, left still unfinished in the first *Conflict of the Faculties*, and creeping back in again at the edges of the second, between philosophy and theology. The tripartite organization of the book is in this respect misleading: it might tempt us to assume that the three “higher faculties” are more or less equivalent in respect to their institutional heteronomy, as if philosophy is fighting a three-headed Cerberus, but this would underestimate the deconstructive force of Kant’s intervention. It is a question not only of reversing the hierarchy between higher and lower faculties but also of destabilizing the integrity of the original terms. The “higher” triumvirate itself is internally riven, its own internal boundaries fuzzy, each profession infringing on and solicited by every other — doctors facing malpractice suits, doctors providing less-than-expert witness in law courts, clerics leaning into medics — all scrambling for resources, prestige and power.

In the end religion will have been philosophy’s only real adversary. Kant’s ultimate target is not the medical doctors but rather the practitioners of “moral medicine” — the Pietists, the Moravians — who in their eagerness to extract theological meaning from physical suffering make the fatal inference from bodily affliction to moral evil — the semantic

14 Kant 1996b, p. 17; Kant 1960 8:35; c.f., Kant 1996b, p. 21; Kant 1960 8:41.

15 The industrial metaphor is Kant’s own. See Kant 1996a, p. 247 (“like a factory, so to speak”); Kant 1960 7: 17 (“*gleichsam fabrikmäßig*”). On the professional classes as businessmen see Kant 1996a, p. 248; Kant 1960 7:19 (and *passim*). As Kant will point out, the “businessmen” churned out by the higher faculties in the *Conflict* have a vested interest in prolonging such attachment: the professionals *need* to maintain a steady supply of sinners, criminals, and invalids on which to ply their trade. Things must be as bad as possible so that the professionals can come along to fix them — a politically ambiguous situation, as Kant is the first to point out. The businessmen need to be needed — up to a point. The threat of imminent crisis simultaneously reinforces the paternal authority of government and, by inducing instability, sows the seeds of economic insecurity and civil unrest. See Kant, “On the common saying: That may be correct in theory, but it is of no use in practice” (1793), in Kant 1996a, p. 291; Kant 1960, 8:290f. See also note 9 above. I address this issue of disinvestment in a forthcoming essay.

16 This also complicates Kant’s already complicated negotiations with the state authorities. In taking over the role of the doctors, the philosopher substitutes for the vigilance of external censors the self-imposed activity of internal surveillance.

slide from *malum* (as pain) to *malum* (as evil), an ambiguity coded in the Latin which continues to clog Kant’s text as an undigested medieval remnant.¹⁷ Illness, in a pre-modern universe, is both symptom of and punishment for a spiritual degradation that requires ever-increasing doses of supernatural ministrations. The suffering of the body is scant preparation for the spiritual agonies awaiting the beleaguered penitent — the torments of self-scrutiny, forced confession, and a repentance that keeps energizing itself by feeding on its own insufficiency. My penitence provokes the anguishing second-degree reflection that I am not adequate to the grief I suffer or that this grief itself is somehow inauthentic or insufficient. I suffer over the fact that I’m not suffering enough, or in the right way, or at the right time, or with the right words or gestures, and this reflexive torment in turn provokes the suspicion that I’m secretly mollifying myself with all this anguish. This circle of self-punishment eventually drives me to the point that I need to call in an outsider, a big Other who will be able to guide my spiritual practice, to intercede on my behalf, and eventually to do my suffering for me — a delegation of responsibility that only compounds my guilt and further tightens the addictive spiral.¹⁸ Kant’s objection to Pietism anticipates Hegel’s objection to Kant himself (and of course Nietzsche’s objection to all of Christianity). In other words: the Reformation remains an unfinished project.¹⁹

Kant describes the continuous prayer practice of the Moravians as a kind of artificial life support without which faith would atrophy and die.²⁰ He’s referring to the practice of continuous worship, the popular devotional practice institutionalized by Nikolaus von Zinzendorf as the Protestant successor to the *laus perennis* of earlier monastic orders. A collective prayer vigil was started in 1727, in the aptly named town of Herrnhut (“on watch for the Lord”) in Saxony, with hourly intersessions that would continue uninterrupted for 100 years. (You can still encounter remnants of this practice in evangelical churches scattered across the world — all-night prayer houses in Kansas City,²¹ a plethora of online congregations manned continuously around the clock,²² One of these virtual communi-

17 cf Kant 1996b, p. 187; Kant 1960, 5:59f.

18 Kant 1996a, pp. 277-279; Kant 1960, 7:55f.

19 For further reflections on this performative circularity in relation to the recursive structure of lament see Comay 2014.

20 Kant 1996a, p. 278 ; Kant 1960, 7: 56 ; see also Kant 1996c, p. 209; Kant 1960, 6:195

21 <http://www.ihopkc.org/>

22 <http://www.ihopkc.org/prayerroom/about-the-prayer-room/>

ties is called “24-7 Ibiza.”²³) Like a flickering flame, like life itself, any interruption to the flow of prayer would sever the spiritual bond between human and divine and extinguish the fragile spiritual lifeline from which alone redemption issues.

And behind the unending struggle with religion lurks philosophy’s own battle with itself — morality’s unending struggle with its own lingering scrupulosity. To fight that battle, to purge suffering of the last, most stubborn vestige of theological investment, might require not only borrowing the arsenal of medical science but administering to philosophy a dose of unapologetic banality: a drop of utilitarianism, a spoonful of behaviorism, a tincture of positivism, or something even stupider. Kant speaks of a “diet with respect to thinking.”²⁴

At one point in his essay Kant recommends as part of the regimen the practice of “philosophizing without being a philosopher.”²⁵ The formula recalls the celebrated invocation, in the first *Critique*, of “philosophizing without philosophy.” You cannot learn *philosophy as such* but only *how to philosophize*. More precisely, you can learn only *to philosophize* — that you must philosophize. (Phrased even more precisely, and Derrida has explored the multiple scansions of this sentence: you can only *learn to philosophize*.)²⁶ This performative surplus of act over object had supplied modernist pedagogy with its founding principle. Philosophy is neither a set of thematic doctrines nor a technical gadget to be mastered; it consists rather in the incessant inaugural gesture — the act of pure initiative — that defines the “discipline” of critique as such.²⁷ Philosophizing without either philosophy or philosophers turns out to be both a way of prolonging life so you reach old age and something to do when and if you

23 <https://www.24-7prayer.com/247ibiza>

24 Kant 1996a, p. 322; Kant 1960, 7:109.

25 “*das Philosophieren, ohne darum eine Philosoph zu sein,*” in Kant 1996a, p. 317; Kant 1960, 7:102.

26 “*Man kann... niemals aber Philosophie... sondern... nur philosophieren Lernen.*” Kant 1998, p. 694 (A837/B866); Kant 1960, 3: 541f. The phrase is repeated nearly exactly in the following paragraph: “*Man kann nur philosophieren lernen...*” (loc. cit.) On the different possible scansions of the phrase, see Derrida 2004.

27 See Farshid Baghai’s splendid PhD dissertation, “The Epigenesis of Pure Reason: Systematicity in Kant’s Critical Philosophy,” University of Toronto. 2013.

eventually get there — a suspension of conceptual labour and agency in which thinking evacuates itself of its last shred of metaphysical substantiality. The philosophizing of the elderly manages to suspend the positivity of both the object and equally the subject of philosophy. Senility brings the critical purge to its completion.

The “without” also of course echoes the “sickliness without sickness” [*immer kränkeln, nie krank werden*] that Kant had introduced a little earlier in the essay when describing the self-prolonging logic of hypochondria.²⁸ The repetition once again underscores the circularity of disease and cure. But the formula is also too reminiscent of all those other Kantian “withouts” not to make us jump. Most notably, it recalls the purposiveness without purpose, *Zweckmäßigkeit ohne Zweck*, that had defined the experience of aesthetic judgment in the third *Critique*.²⁹ In the *Critique of Judgment* the spectacle of the well-proportioned human body had posed a challenge to Kant’s aesthetic regime: the seemingly incontrovertible appeal of the body beautiful threatened to present an exception to the experience of pure disinterested pleasure. Given that the reflective judgment of beauty is by definition independent of every concept — the beauty of the object is vagabond or “vague”: like *hypochondria vaga*, beauty wanders, it is untethered from every normative concept — it had seemed to follow by Kant’s own standards that the human body, no matter how perfect, even especially the more perfect, would be disqualified as an object of pure reflective judgment. Unwilling to go through with this, Kant had admitted the human body by way of a subterfuge linked to man’s exceptional creaturely status. Moral purpose is “stuck” or adheres to the human body — or rather, the body adheres to its ideal: it inherently adheres — by virtue of the idea of humanity that organizes and exhibits its moral destination to the rational viewing public. In other words: we get to keep enjoying all those Greek statues while claiming a respectable modicum of aesthetic disinterest.³⁰

In the *Conflict of the Faculties* Kant drops this subterfuge. The aged body — the body that has outlived its moral purpose, that has been unpeeled or unstuck from its own concept — can be appreciated with a pleasure previously restricted, in the *Critique of Judgment*, to arabesques and wallpaper. This is precisely what Kant himself is beginning to think about when he gets to the end of the essay and brings himself to raise the obvious question: And what’s the point of all this extra living? “So the art of prolonging human life consists of this: that in the end one is tolerated among the living only because of the animal functions one performs —

28 Kant 1996a, p. 315; Kant 1960, 7:100.

29 Kant 2000, pp. 21f; Kant 1960 Ak 5:219f (and passim). Cf *Gesetzmäßigkeit ohne Gesetz at Kant* 2000, p. 125; Kant 1960 5:241

30 Kant 2000, pp. 116-120; Kant 1960, 5:231-236.

not a particularly amusing situation..." "But in this respect I myself am guilty," continues Kant, with a perverse glee:

For why am I not willing to make way for younger people who are struggling upward, and why do I curtail the enjoyment of life I am used to just to stay alive? Why do I prolong a feeble life to an extraordinary age by self-denial, and by my example confuse the obituary list, which is based on the average of those who are more frail by nature and calculated on their life expectancy? Why submit to my own firm resolution what we used to call fate (to which we submitted humbly and piously) — a resolution which in any case will hardly be adopted as a universal rule or regimen by which reason exercises direct healing power, and which will never replace the prescriptions the pharmacist dispenses?³¹

Kant here contemplates the spectacle of the superannuated citizen: unfit for procreation, for civil service, for edification of the young, and incapable equally of moral self-improvement or cognitive enhancement. There's an ambiguous value attached to the very old. Despite what everyone says, the elderly are appreciated not out of compassion, not because their frailty evinces solicitude, not out of veneration for their wisdom or authority, not out of respect for the sanctity of life or for the dignity of humanity, but rather... just because they're old. The numbers simply add up — which is to say that they actually don't add up at all.

The duty of honoring old age, in other words, is not really based on the consideration that age, because of its frailty, can rightly claim from youth; for weakness is no reason for being entitled to respect. Old age, therefore, claims to be considered something meritorious besides, since reverence is due it. And the reason for this is not that in attaining the age of Nestor one has acquired, by varied and long experience, wisdom for guiding the young; it is only that a man who has *survived so long* — that is, has *succeeded so long* in eluding mortality, the most humiliating sentence that can be passed on a rational being ("you are dust and will return to dust") — has to this extent won immortality, so to speak. This is the reason why old people should be honored... — simply because they have *preserved their lives so long...*³²

The sheer lifespan of the aged presents an affront to instrumental reason: their survival thwarts the rationality of the cameral state, chal-

31 Kant 1996a, p. 326; Kant 1960, 7:114.

32 Kant 1996a, p. 315; Kant 1960, 7: 99. Emphases mine.

lenges the economy, messes up the actuarial calculations based on statistics (the invention of life insurance dates approximately from this epoch), and interferes with the efficiencies of the governmental regime. Their useless longevity thwarts moral rationality as well. The very existence of the elderly resists the teleology of moral and ethical *Bildung*, interrupts the providential course of history, and clutters the institutional space of the university in which these various entelechies are supposed to unfold. Unproductive, incorrigible, the elderly have somehow outwitted history; they've defied the divine verdict passed on man with the expulsion from Eden; they have purged time itself of consistency and moral consequence. Their vegetative persistence, an empty, aimless conatus, puts out of play both the biopolitical requirements of the modern state and the moral purpose once glued to the human body like a price tag. A strange image with which to end a treatise dedicated to the pedagogical imperatives of the Prussian state.

There's a strange disenchanting sublimity — counter-purposiveness all the way down. This is no longer about the conversion of frailty into strength according to the slave logic of the loser wins. There is no question of extracting moral triumph from the encounter with mortality. Precisely the opposite is the case: in its useless decrepitude the body has become the site of a peculiar indestructibility. Pried away from every aim or purpose, living on beyond its allotted lifespan, the geriatric body testifies to an insistent, unapologetic undeadness at the heart of life itself.

And what is the old person to do with all this extra time? It's not exactly that he squanders it or simply whiles it away in boredom. He meticulously *marks* time, but in such a way as to sabotage the whole temporal regime. In the closing pages of the essay Kant introduces the striking figure of the "very old man" who occupies himself by setting all the clocks in the room to strike "one after the other, never at the same time" (*immer nach einander, keine mit der andern zugleich*).³³ In this repetitive pulsation of the moment the progressive continuum of inner sense, of universal history, of moral destiny, and of the scene of pedagogy is simultaneously acknowledged, parodied, and disrupted.³⁴

33 Kant 1996a, p. 317; Kant 1960, 7:102.

34 Thanks to Cary Fagan, Bob Gibbs and Frank Ruda for comments.

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