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"One hour a day: a study of health". Prolegomena to the hermeneutics of Nietzsche's philosophy of illness and health

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Abstract

"One hour a day: a study of health". Prolegomena to the hermeneutics of Nietzsche's philosophy of illness and health

This article proposes a hermeneutical interpretation of Friedrich Nietzsche's philosophy through the conceptual opposition of health and illness, arguing that this distinction constitutes a central and overarching key to understanding the development of his thought. Drawing on Nietzsche's published works, correspondence, notebooks, biographical evidence, and recent medical scholarship concerning his neurological condition, the study combines textual and biographical analysis in order to reconstruct the existential horizon from which his philosophy emerged. Rather than treating health as a peripheral metaphor, the paper demonstrates that Nietzsche progressively transformed it into a fundamental anthropological and metaphysical category. Three successive perspectives on the health–illness relation are distinguished: health and illness as opposite conditions; as dynamic processes of overcoming and self-transformation; and finally as universal forces structuring human history, culture, and the will to power itself. The analysis suggests that Nietzsche's lifelong experience of chronic suffering profoundly shaped his philosophical project, informing his concepts of self-overcoming, amor fati, great health, ressentiment, decadence, and nihilism. Particular attention is paid to the tension between Nietzsche's ideal of "great health" and the increasing signs of psychological destabilization preceding his collapse in 1889. The article concludes that the semantic evolution of the concept of health provides a fruitful framework for interpreting both the internal unity and the historical development of Nietzsche's philosophy.

Keywords: Friedrich Nietzsche, philosophy of health, illness, life, will to power

Abstrakt

„Jedna godzina dziennie. Studium zdrowia". Prolegomena do hermeneutyki Nietzscheańskiej filozofii choroby i zdrowia

Artykuł prezentuje hermeneutyczną interpretację filozofii Fryderyka Nietzschego, której perspektywa wychodzi od centralnej opozycji zdrowia i choroby, argumentując, że rozróżnienie to stanowi nadrzędny klucz do zrozumienia rozwoju jego myśli. Opierając się na pismach opublikowanych, korespondencji, notatkach, danych biograficznych oraz najnowszych ustaleniach dotyczących neurologicznego podłoża choroby Nietzschego, studium łączy analizę tekstualną i biograficzną w celu rekonstrukcji egzystencjalnego horyzontu jego filozofii. Autor dowodzi, że pojęcia zdrowia nie pełni u Nietzschego jedynie funkcji metaforycznej, lecz stopniowo przekształca się w fundamentalną kategorię antropologiczną i metafizyczną. Wyróżnione zostają trzy perspektywy ujmowania relacji zdrowia i choroby: jako przeciwstawnych stanów, jako dynamicznego procesu przezwyciężania oraz jako uniwersalnych sił kształtujących historię, kulturę i samą wolę mocy. Analiza wskazuje, że doświadczenie przewlekłego cierpienia odegrało zasadniczą rolę w formowaniu Nietzscheańskich koncepcji samoprzezwyciężenia, amor fati, „wielkiego zdrowia", resentymentu, dekadencji i nihilizmu. Szczególna uwaga poświęcona zostaje napięciu między ideałem „wielkiego zdrowia" a narastającymi oznakami destabilizacji psychicznej poprzedzającej załamanie filozofa w 1889 roku. Artykuł konkluduje, że ewolucja znaczeniowa pojęcia zdrowia dostarcza spójnych ram interpretacyjnych dla uchwycenia zarówno wewnętrznej jedności, jak i historycznego rozwoju filozofii Nietzschego.

Słowa kluczowe: Friedrich Nietzsche, filozofia zdrowia, choroba, życie, wola mocy

Introductory and methodological remarks

The purpose of this study is to demonstrate how the Nietzschean concept and understanding of the difference between health and illness can be taken as a major and overarching (holistic) interpretative key in an attempt at a general account of his philosophy; or, alternatively, how Nietzsche can be understood from the point of view of his own experience of illness as a philosopher whose main scope, end, and stake (theoretical and existential) is health — both his own and "universal", expressed in his "study of health", as he himself occasionally happened to call his thinking (W: Pref. § 2; NF:1879-41, 75)[1].

It will be, then, a hermeneutical examination combining Nietzsche' texts with his biography (including attention to medical aspects), with the intent of exploring the truth of the individual author rather than analysing the objective truth of his doctrine. In contrast to such a "positivist" approach to Nietzsche, it will take as its principle that any his statement expresses not so much "the world" as it is, or may be, but the world from his perspective, defined by his experience, circumstances and historic situation, and, ultimately, expressing himself individually in the first place. As I believe the "objective truth" of Nietzsche's philosophy is, in the last — if not in any — account, a mystery without any final solution, I would argue that a hermeneutical approach, aiming, in Dilthey's sense, at knowing "idiographically" the truth of a case, of an individual life, is a more efficient method of studying Nietzsche than an analytic one.

All the more so because such hermeneutics is well rooted in Nietzsche's own thinking, as he indeed was, to recall Ricoeur's and Foucault's words, a master of the "hermeneutics of suspicion", together with Marx and Freud; the inventor of an interpretative method that introduced a certain "medical" or "diagnostic" aspect of "health-theory" to it, whereby the study of "symptoms" leads to conclusions about how the interpreted phenomenon

1 References in the brackets to Nietzsche's works use intuitive abbreviations specified in the bibliography. References to letters and notes are marked BVN and NF, correspondingly, and refer to the collection of all Nietzsche's texts available on: http://www.nietzschesource.org/#eKGWB. Unless otherwise specified, they are quoted in my own translation.

(e.g., Socrates, Kant, Plato, Christianity, modernity) reveals its hidden "health condition", or its own state of the will-to-power (ranging between the super-healthy and the all-ill in the "will-to-nothingness" mode). His ultimate judgments about humanity's general illness — i.e., the widespread "pessimism", "depression", "nihilism", and "will-to-nothingness" of his contemporaries — expressed most radically in his later works, seem to constitute a certain philosophical "epidemiology", as he attempted to explain the causes of this widespread ill health of "man". He also considered himself a healer of humanity, basing this claim on being a self-healer (GM II:24; EH: Wise, 2, Destiny, 7–8).

More specifically, Nietzsche's own method of interpreting and understanding diverse objects of his study (ranging as mentioned above from individuals to entire cultures or great processes), and particularly individual philosophers, implies that they are basically not what they want to seem (truth-seekers) and that the real reasons of their thinking are hidden even from themselves: "I still expect that a philosophical *physician,* in the exceptional sense of the word — one who applies himself to the problem of the collective health of peoples, periods, races, and mankind generally — will someday have the courage to follow out my suspicion to its ultimate conclusions, and to venture on the judgment that in all philosophising it has not hitherto been a question of "truth" at all, but of something else, — namely, of health, futurity, growth, power, life" The hidden life issues behind any philosophy are ultimately those of health: "when states of distress occupy themselves with philosophy (as is the case with all sickly thinkers — and perhaps the sickly thinkers preponderate in the history of philosophy), what will happen to the thought itself which is brought under the *pressure* of sickness?" (GS: Preface, 2) This is why "a psychologist knows few questions so attractive as those concerning the relations of health to philosophy".

Taking as premise that "the greater part of conscious thinking must be counted among the instinctive functions, and it is so even in the case of philosophical thinking [...] the greater part of the conscious thinking of a philosopher is secretly influenced by his instincts" (BGE:3), and that what is crucial is not its truth value but "how far an opinion is life-furthering, life-preserving, species-preserving, perhaps species-rearing" (BGE:4) — in

other words, how "healthy" or „ll" it is in its deepest origins — Nietzsche ventured to re-evaluate the value of philosophical theories from that vantage point, thus creating his original, unprecedented hermeneutical tools of compromising all "saints" and "sanctities". To abash and compromise the authority of philosophers he remarks that they "all pose as though their real opinions had been discovered and attained through the self-evolving of a cold, pure, divinely indifferent dialectic [...] whereas, in fact, a prejudiced proposition, idea, or 'suggestion,' which is generally their heart's desire abstracted and refined, is defended by them with arguments sought out after the event. They are all advocates who do not wish to be regarded as such". This is why "every great philosophy up till now has consisted of, namely, the confession of its originator, and a species of involuntary and unconscious auto-biography" (BGE:6). This hermeneutical theory is applied practically and perhaps most radically in Nietzsche's account of Socrates who turns out to be a sick "life-denier" (BGE: Preface; TI: Socrates). It seems then that to properly understand a philosopher amounts to evaluating his true "health condition" expressed by his relation to life, and expressing his will of life, or power, as well as revealing its real value for life as such.

Did Nietzsche exempt himself from these apparent "laws" of all philosophising which he supposedly unearthed? The phrase "up till now" in the quoted passage might suggest so; however, there are also indications that he did not. In any case, the question remains how he himself might be understood in the light of this denouncements, and to what extent applying the same hermeneutics he used — or a similar one — to himself might reveal something essential about his thinking. What if we consider his thinking as an "autobiography" (though not unconscious, as explicitly autobiographical, personal mode of his thinking is almost ubiquitous in him) — and the more so as, in the opinion of many interpreters, his philosophising was to a great, if not greatest, extent an attempt at self-creation?[2] What were his "heart's desire", his "prejudice", his deepest "instinct"? I will attempt to argue — without aspiring to prove it in any strong sense of the word, the maximum ambition of this analysis being rather an experiment probing

2 Cf. A. Nehamas, *Nietzsche: Life as literature*, Harvard University Press, Cambridge (MA) 1985.

a tentative perspective on Nietzsche than the establishment of any "ultimate truth" about him — that, perhaps trivially, his deepest concern was, clearly, that of health — a concern, otherwise unprecedented as central to any philosophising, that made him study, "inflate", and romanticise health, while developing its concept from the commonsensical understanding of everyday language to one more „sublime", resulting ultimately in the idea of "great health" (that defines the "superman" or "future to come" — cf. GS:382; GM II:22, 24; EH: Books, Zarathustra 2), as much as the opposite one of illness affecting all humanity, and defining man as an "ill animal" (cf. GM III:1, 13–14).

Health and life

In fact, the issue and concept of health, unlike any other major Nietzschean theme, reappears explicitly throughout his thinking: while "will-to-power", the second most persistent of the Nietzsche's concepts, appears initially under the name of "will" or "willpower", or more symbolically under the umbrella-term "Dionisian"; and the "overman", "eternal recurrence", "amor fati" emerge as explicit ideas only in the later stage of his development, from the *Gay Science* ("will to power": GS:349; superman: GS:382; eternal recurrence: GS:109, 341; GM:I, 17; amor fati: GS:276, 277), "health" is unarguably present in his philosophy at any stage; from minor, but significant mentions in the *Birth of tragedy* (BT:1, 23, 24) and *Untimely meditations* (UM:I, 2; and also earlier writings)[3], to *Ecce Homo* (EH: Wise, 1–2), and also, importantly, throughout his private letters — as a great part of them mention his health condition, and also his thinking about illness as defining his life. With all the difference between the "private" Nietzsche (as he appears in the letters), and the public one (as he presented himself in his published works), and

3 Interestingly enough, in the first essay concerning David Strauss, Nietzsche remarks how the "philistine" abuses the term "healthy" when he calls his bad taste and habits so, the opposite being true — from the very beginning Nietzsche seems to attempt at reversing the meaning of health; the term is immediately connected in the context to "strength" and "will". The metaphoric use of medical terms is also present throughout: UM:II,1; III, 2.

between the ways he wrote letters vs. philosophy, "health" is the overarching theme, connecting these two kinds of his text, and casting light on his entire philosophical project.

Nietzsche without much doubt counts among the most tormented of philosophers,[4] with only Pascal and Bergson comparable in terms of how their condition was poor, and how Nietzsche was vulnerable, indeed, and physically impaired, with his mental health more affected by his overall physical state than in the case of the other two. He showed symptoms of manic depression, megalomania, and personality disorder, not just towards the end of his career, but early on, and more intensely throughout the 1880's, his most creative decade. These might have been just psychological effects of an enormous physical struggle he experienced on a regular basis from the age of thirteen, when he started complaining about migrainous headaches. There will be no exaggeration in remarking that Nietzsche knew much more about the experience of illness and ill-being than he did about standard human health; his relatively healthy moments could have rather been just those of a lighter sort of malaise than a veritable, sustainable wellbeing. Only as a young boy, as attested by his sister's memoirs, has he enjoyed a good, robust health.[5] In fact, to quote Pia de Volz's words, Nietzsche was a wanderer in the labyrinth of his health.[6]

Taking as departure point these assumptions, and partly inspired by the above-exposed elements of Nietzsche's own method of interpreting philosophers in applying them to his own thinking, I will engage in an interpretative reading of the philosopher's original texts, both published and "private" (letters and notes), within the broader context of his biography (revealed by his own words as well as by Nietzsche biographical studies), on the premise that the latter casts essential light on the former. "not to have good health, money, recognition, love, safety — and not to become a tragic

4 Cf. Ch. Huenemann, *Nietzsche's illness*, in: *The Oxford Handbook of Nietzsche*, eds. K. Gemes, J. Richardson, Oxford University Press, Oxford 2013, pp. 63–80.

5 Cf. E. Forster-Nietzsche, *Introduction to "Birth of tragedy"*, www.gutenberg.org/files/51356/

6 See P.D. Volz, *Nietzsche im Labyrinth seiner Krankheit: eine medizinisch-biographische Untersuchung*, Königshausen & Neumann, Würzburg 1990.

moaner — that is the paradox of our present condition, its problem".[7] My aim is to emphasise how the central concern of his life (health/illness) was also central to the overall structure of his thought, installing this vital difference as governing the whole theory from within its core — from its psychological and physiological dimensions to the — arguable, as it is — metaphysical one.

Such an approach is not new in Nietzsche studies, as it is arguably much harder to divorce his thought from his life than is usually the case with many other thinkers. Indeed, understanding Nietzsche's philosophy in detachment from the circumstances of his existence, and specifically from its prolonged and pertinent suffering, seems superficial, if not immediately liable to place his views outside their essential context (that of his individual purpose), which can also explain or justify those elements that otherwise seem hard to accept, let alone affirm. What is perhaps a rarer occurrence is the application of the "hermeneutics of suspicion" in this biographical context — an approach assuming that the philosopher does not have, nor want, to be always honest with us, especially in his published works, and that in dealing with individual issues of "health, futurity, growth, power, life" he might go as far as to self-mystification, whereas his "truths" might be mere rationalisations (in Freudian meaning of the term) of his actual condition. Given that I am going to approach hermeneutically what is itself in grand part a hermeneutical study, this essay is developing a certain "hermeneutics of hermeneutics".

It should also be noted that the idea that illness/health was a major and central object, as well as a premise, of Nietzsche's philosophising, is by no means new. To the contrary, one of the first books concerning him, written by Lou Salomé — a person who knew him closely, if not most closely — described the thinker mainly as both struggling with and taking advantage of his poor health; as a theorist of health and a self-healer best explained in light of his illness (with emphasis on the mental dimension), and as someone who above all sought to transform his suffering into a path toward his

7 Letter to Koeselitz, BVN-1888, 983; my translation. There are multiple letters describing in detail Nietzsche's health struggles; the reader might be generally referred to any collection of Nietzsche's letters which will demonstrate this claim. Later in this text more will be quoted.

highest end.[8] Julian Young, author of a remarkable recent Nietzche's philosophical biography, writes in a "virtue ethics" language: "The correlation between health and virtue is a central theme in Nietzsche's mature philosophy".[9] Of a similar opinion is Charlie Huenemann: "His philosophy as a whole — and his life, come to think of it — were aimed at regaining health after suffering debilitating sickness".[10] "Nietzsche claims to be a singer and a dancer, a philologist and a doctor", says the authoress of his late biography Lesley Chamberlain. His "launch theme was 'healing' — *Genesung* — in that twofold sense which makes all his work both deeply subjective and universally relevant".[11] Or as Sue Prideaux says: "His illness was his own Alexandrian journey to reach an India".[12] The issue dividing scholars is not whether health mattered to him, but to what extent it did, and to what extent it should be taken into account in an overall interpretation of his philosophy.

Thus, the "illness-minimisers", so to speak, such as, most notably, Walter Kaufman, relied for many years on the unresolved mystery of his malaise — of whose actual causes and essence both he and many later generations of his readers were ignorant, as medical knowledge at the time, and long thereafter, was insufficient. Seeking to "save" Nietzsche's philosophy from the possible critique of being "ill" or "mad", and, on the contrary, to retain its non-pathological rational core, these interpreters tended to assume that Nietzsche, even if often affected by illness, was generally a "sane" thinker whose ideas were no more madness-inflicted than those of, say, Descartes, and so can be viewed in no special way. His madness, on this account, should be treated as incidental and as appearing only very late in his thinking, at the very end of his career — a sudden breakdown. Some thinkers, like Rüdiger Safranski,[13] downplayed his madness to only an intellectual topic,

8 Cf. J. Young, *Friedrich Nietzsche. A philosophical biography*, Cambridge University Press, Cambridge 2010.

9 J. Young, *Friedrich Nietzsche*, p. 210.

10 Ch. Huenemann, *Nietzsche's illness*, p. 68.

11 L. Chamberlain, *Nietzsche in Turin*, Pushkin Press, London 2022 [1997], pp. 17, 66.

12 S. Prideaux, *I am dynamite! A life of Friedrich Nietzsche*, Faber & Faber, London 2019, p. 185.

13 R. Safranski, *Nietzsche: A philosophical biography*, trans. S. Frisch, W. W. Norton & Company, New York 2002.

neglecting its psychophysical aspect. On the other hand, some interpreters, most notably the French thinkers Pierre Klossowski, Michel Foucault, and Gilles Deleuze, have been more willing to acknowledge the relevance of Nietzsche's "madness" for his entire thought, seeing it as defining its logical end or final stage, yet still understanding it as a term of his final collapse rather than as a persistent, lifelong psychophysical condition.

Only recently has new scholarship, based on state-of-the-art medical knowledge, proposed some plausible hypotheses concerning the actual physical causes and possible diagnosis of Nietzsche's illness[14], which, with considerable evidence, appears to have been neurological (a judgment "ruled out" explicitly by one of his doctors, Otto Eiser, in 1877)[15] — namely, brain-tumour-related — in nature. In addition to being the direct cause of his final collapse, this condition seems to have been present from early adolescence and to have developed continuously throughout his lifetime, thus making his illness — both mental and physical — not incidental but an ever-present and increasingly impairing factor affecting his cognitive

14 These are: the manic depression hypothesis (or manic psychosis); the retrobulbar meningioma of the right optic nerve (or else sort of brain tumor) hypothesis, and finally the cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) hypothesis, meaning that frontal part of his brain underwent blood deficits. Of the three the latest seems best supported by evidence (letters, medical reports, photographs), and also covering all the symptoms shown or self-described by Nietzsche, while the other two leave some important and regular complaints unexplained and possibly due to other mals he suffered from. The first of the proposed diagnoses, purely psychiatric, seems less supported and least probable, although the definite answer will most likely never be found. Nonetheless, the two more probable, with the last very well evidenced by detailed research, leave very little doubt that Nietzsche's condition had physical neurological base and accompanied the philosopher throughout his intellectual development with increasing impact on his life, mental and bodily, also after his collapse, up until his death in 1900. Cf. M. Cybulska, *The madness of Nietzsche: a misdiagnosis of the millenium?*, "Hospital Medicine" 61 (2000) no. 8, p. 571–575; L. Sax, *What was the cause of Nietzsche's dementia?*, "Journal of Medical Biography" 11 (Feb. 2003) issue 1, pp. 47–54; D. Hemelsoet, K. Hemelsoet, D. Devreese, *The neurological illness of Friedrich Nietzsche*, "Acta Neurologica Belgica" 108 (2008) issue 1, pp. 9–16; R. Schain, *The legend of Nietzsche's syphilis*, Greenwood Press, Westport 2001. It is remarkable, though, how the myth of syphils persists, even in a recently published, and well received, biography of Nietzsche by Sue Prideaux, *I am dynamite!*, pp. 332–339.

15 Cf. J. Young, *Friedrich Nietzsche*, p. 239; L. G. Sander, *Otto Eiser and Nietzsche's illness: A hitherto unpublished text*, "Nietzsche Studien" 38 (2009) issue 1, pp. 396–409.

functions at every stage, though to varying degrees, of his intellectual development.

Although these newer diagnoses are not, and perhaps can never be, definitively proven, they appear to be documented and supported to the greatest extent possible and offer a strong rebuttal to the long-accepted "neuro-syphilis" hypothesis, which, having been proposed immediately after Nietzsche's admission to the Basel clinic by his doctors — and allegedly confirmed by him in their presence — persisted for many years, contributing to confusion among readers and possibly distorting or misguiding their interpretations (for example, by encouraging them to downplay the significance of his condition). Applying these newer discoveries to a (re)interpretation of his philosophy may result in a fresher and less prejudiced understanding of its development, and a more fact-based account thereof.

As I understand, in the general view of his thinking, the concept of health is most deeply rooted in, and best explained by, his philosophy and understanding of life — a concept, without much doubt, central to his discourse and defining the essence of the "will-to-power", of which it is the closest synonym ("will-to-power" = "will of life", cf. A:6). Nietzsche's vitalism, of which his whole philosophy is rather unarguably representative — being otherwise a "philosophy of life" — appears to be based, necessarily, on a certain understanding or interpretation of the essence of life. As in any case of vitalistic metaphysics, defining what life essentially is constitutes the foundation of the entire theoretical edifice.

Thus, life may be understood diversely: e.g., as essentially an evolutionary process; as a cycle of growth and decay, spiralling, as in Hegel, toward higher stages; as hopeless and worthless suffering driven by the "will", as in Schopenhauer (from whom, as we know, Nietzsche strongly wished to distance himself after having fallen in love with him at the age of twenty-two); or as an eternal struggle of opposing forces, including that of good and evil, or that of health and illness (later, in Freud's psychoanalysis, which also takes life as its main topic, these will be named Eros and Thanatos).

Although all of the above ideas are present in Nietzsche's philosophy of life, his ultimate view seems increasingly to become that of a struggle between two basic elements: health and illness (though early on the essential

struggle within life was that between the Dionysian and the Apollinian elements — later in his development he abandoned the term "Apollinian" altogether, while retaining the "Dionysian" as synonymous with his idea of the "healthy"). This difference, in its most extended development — perhaps even inflated in its meaning — comes in the end to define the very becomings of the will-to-power, its inner distinction. It also introduces an immediate and immanent within life "order of rank", or "hierarchy", defined by health, and relating to a similar evolutionary approach (where the "fittest" might be understood without much argument as "healthiest"). This vertical dimension, establishing, by parallel, the essential difference between the strong and the weak, masters and slaves (who in the last account turn out to be sick of *ressentiment*), is without doubt crucial to Nietzsche's view on "all events".

And insofar as the will-to-power is the ultimate concept of Nietzsche's metaphysics, occupying the structural place of the former "absolute", or replacing the dead God while explaining "all events", the difference between health and illness amounts to a cosmic dichotomy that is omnipresently at work in many of the major Nietzschean oppositions: weak and strong (as said), low and high, slave and master, base and noble, altruistic and egoistic, feminine and masculine, Jews and Romans, modern and anti-modern, Christian and Greek, and even, more marginally, Germans and Poles, Wagner and Bizet, etc.

The three perspectives on health/illness difference

The above development occurred, as I endeavour to show, as a consequence of three stages in the unfolding of Nietzsche's understanding of the health/illness difference: first, the simplest, health and illness as negatives; second, health and illness as positives; and third, health and illness as universal cosmic elements. These stages are each premised upon a different perspective — correspondingly, that of condition (state of being), that of transition (passage or becoming), and the cosmic one, of an eternal struggle of opposites (related to "eternal recurrence"). These perspectives or else three

distinguishable interpretations of health/illness difference (and by using this term we obviously refer to Nietzsche's own thinking of perspectivism as constituting any philosophising as interpretation)[16] do not replace one another but build upon each other, without ever being abandoned as points of view assumed by the philosopher, who switches between them — thus forming, too, a kind of dialectical development. They are also connected, in biographical terms, with stages, or phases, of Nietzsche's personal relationship with his own suffering: the first rooted in the most "human" experience of seeking simple relief from malaise; the second rooted in the somehow "superhuman" psychology of coping with chronic and enduring ill-being; and the third in his "mad", terminal perspective of being the leader in an eternal-historical war of cosmic opposites — a healer of himself and of humanity, a "philosopher-physician", and a "New Age" initiator.

1. (Denial.) The first perspective is that of the everyday experience of the ill person: the experience of a lack of health, that is, of weakness, pain, and the search for immediate relief, return to normal capacities, which is equated with the absence of symptoms. Both health and illness are defined negatively — they are basically, and without much debate, opposites of each other and absences of each other. Missing health, or lacking it, the ill person seeks, in the most direct way, to negate the conditions that inflict this lack — all the sufferings of ill-being. They search for ways to diminish or entirely eliminate them. This is the commonsensical, prima facie approach to coping with malaise. It assumes that illness is a pure evil and has no value in itself. "A sick man is always a scoundrel" — as Nietzsche wrote to Wagner — "egoism lurks within illness, whereby that illness is forced to think always of itself: while genius, in the fullness of its health, always thinks only of the other, involuntarily blessing and healing by merely laying on his hand".[17]

16 "To look upon healthier concepts and values from the standpoint of the sick, and conversely to look down upon the secret work of the instincts of decadence from the standpoint of him who is laden and self-reliant with the richness of life — this has been my longest exercise, my principal experience. If in anything at all, it was in this that I became a master. Today my hand knows the trick, I now have the knack of reversing perspectives", EH: Wise, 1.

17 Quoted by J. Young, *Friedrich Nietzsche*, p. 210, as: KGB-II-5-449.

Expressions of such an approach in Nietzsche can be found both in his writings — mainly in his letters, where he most openly and directly discussed his everyday struggles and multiple attempts to recover normal health — as well as in his many practices (described either by himself or by his biographers). These are omnipresent from the earliest period of his adult life. Among these practices one should note Nietzsche's quite remarkable devotion to a hygienic way of life, which included open-air activities and elements of gymnastics and sport (paddling, swimming), together with a tendency toward somewhat ascetic exercises of endurance against cold (cf. BVN-1886, 780) and prolonged physical effort, like forceful walks. One should also note his sick-leaves to recuperate health, and multiple stays in sanatoriums, including those based on experimental diets, "baths", mineral waters, air, and other therapies;[18] his increasing interest in diet ("I am occupied with a question on which the 'saving of humanity' relies more than on some theological curiosity, the question of nutrition. For practical purposes, one can formulate it thus: "How exactly should you nourish yourself in order to reach your maximum strength, of virtù in the Renaissance style", EH: Clever, 1) and dietetics (which in his time was only beginning to emerge as a scientific discipline and was often based on poorly substantiated theories, like his own one concerning the relationship between diet and German culture); and his interest in the influence of climate and weather on health (cf. EH: Clever, 2; BVN-1888, 983), accompanied by beliefs in the particularly harmful effect of electricity (cf. BVN-1881, 142).

Most of all, however, this perspective shaped his way of life during the most creative stage of his career (1879–1889), which took the form of a nomadic movement between places he considered most favourable to his health — that is, places that diminished his suffering as much as possible and allowed him the greatest creative power. "Here in Engadine" — he wrote in July 1881 to his sister right after he discovered what was to become his summer refuge for the remaining critical years — "I feel by far the most comfortable on earth: the attacks do come here, as they do everywhere else, but they are much milder and more humane. I experience a constant calm

18 Cf. J. Young, *Friedrich Nietzsche*, pp. 208–209.

and none of the pressure I feel elsewhere; the agitation simply ceases for me here. I would like to ask everyone, please preserve for me these three or four months of Engadine summer, otherwise I truly cannot bear life any longer" (BVN-1881, 122). Notably, Nietzsche mentioned suicidal thoughts multiple times and death both as being permanent on his horizons and as a way of ultimate relief (cf. BVN-1877, 615; BVN-1881, 153; BVN-1880, 1; BVN-1880, 2; BVN-1881, 149; BVN-1882, 360; BVN-1882, 361; BVN-1883, 373; Z I: "Self-willed death").

One might also add his unusual drug use. He relied on many medicines available at the time, mainly to relieve pain and induce sleep, such as chloral hydrate and opium, and less often silver nitrate and quinine for his stomach, sometimes, and not rarely, in excessive doses.[19] He also used to self-prescribe them on fake prescriptions signed "Dr Nietzsche",[20] which he presented at pharmacies, as his training before joining the sanitary service in the Franco-Prussian War made him confident in his pharmaceutical knowledge. These drugs, as well as some of his dietary habits and endurance practices, may have contributed to the long-term worsening of his health. Yet they were all undertaken in the "good faith" of avoiding the debilitating symptoms of his illness, expressing a standard underlying aim — that of the simple absence of suffering, which he always desired.[21] As probably many chronically ill, he developed a practical knowledge of his sickness on his own, in a self-learning mode.

This perspective is perhaps less present in his theory, though, as it does not inspire any particularly original idea, being rather a down-to-earth approach to one's suffering, not really "creative" or affirmative, and to some extent — though not entirely, as it probably cannot be wholly abandoned by any human being — denied in the next stage, that of the "positive", "transitive" point of view on illness. This understanding of illness does not appear in *Zarathustra*, who is an outstandingly physically fine figure, and who advocates, from the next, affirmative stage, for the "delight deeper than

19 P. D. Volz, *Nietzsche im Labyrinth*, pp. 158–173.
20 S. Prideaux, *I am dynamite!*, p. 233.
21 Cf. J. Young, *Friedrich Nietzsche*, pp. 138, 207.

pain" (Z IV: "Song of night wanderer") It is hardly imaginable, though, that Nietzsche might have not wished to recover from the "ridiculous diversity of [his] pathetic ailments" (BVN-1880, 66) — which included developing and painful blindness, recurrent acute headaches, gastric symptoms with regular vomiting and diarrhoea, and other complaints, none of which ever improved. In many letters he complained about these sufferings as unbearable and as preventing him, to his great discomfort, from reading and writing. In fact, he limited reading in the later stage of his career (cf. EH: Clever, 3) and often wrote in an over-effortful way, which was discouraged by doctors (one of whom, interestingly, suggested that his mental over-activity was the ultimate cause of his illness and recommended that he avoid intellectual burdens too heavy for his delicate mind). His search for mere relief from sickness disappeared only in the final two or three months of his conscious life, during the "mad" period, in which he felt physically well[22] ("I am in good mood, I work from morning till evening [...] I digest like a semi-God, I sleep in spite of carriages behind the windows — this is all a mark of Nietzsche's exquisite adaptation to Turin. The cause is the air — dry, exciting, joyful" BVN-1888, 1022), to the point of believing that he had finally managed to cure his illness himself (cf. EH: Wise, 2).

Such an approach towards illness and health as essential issues in one's life, based on a prima facie uncontroversial assumption that pleasure starts when pain ends, and that happiness, the highest purpose of man, equals no suffering of body or mind, can be found in the ancient thinking of Epicurus, a philosopher which indeed became Nietzsche's interest and even his tutor for some time from 1879. In Epicurus, "one of the greatest men that ever lived" (W:295), as he called him with usual exaggeration, Nietzsche must have seen a thinker who, like him, also suffered from gastric ailments, and focused his entire ethics on caring of oneself, avoiding painful experiences and moderating one's desires — all this was very much like Nietzsche's own

22 Cf. J. Young, *Friedrich Nietzsche*, p. 523; L. Chamberlain, *Nietzsche in Turin*, p. 58; S. Prideaux, *I am dynamite!*, p. 307.

way of life. The German philosopher even contemplated for a while the idea of becoming a gardener in his family town Naumburg.[23]

2. (Affirmation.) "My spirit had not been cowed by prolonged and painful suffering, indeed, I seem more cheerful and benevolent than ever before" — Nietzsche wrote in a letter in 1879 — "this is a sign of the hidden powers, not weakness and exhaustion" (BVN-1879, 880). While the previous perspective on illness and health could be seen as Epicurean, and thus to some extent eudaemonic (in the Epicurean self-therapeutic mode of hedonism, which states as its principle "bodily health" and "calmness of mind"), the other perspective entirely contradicts the "pain-relief" approach by reversing it into a "pain-welcoming" mode. Psychologically, this development appears as the realisation that there would essentially be no relief from pain; that the condition is persistent, chronic, and medically incurable (cf. BVN-1877, 670; BVN-1881, 125). Nietzsche appears to have become increasingly aware of this circumstance, and though never wholly losing hope for recovery, he ventured to pursue another way of coping with his illness: that of affirmation and "thankfulness", or turning one's weakness into one's strength. In this he also abandoned the Schopenhauerian complaint that suffering is "an argument against life". As is typical of the chronically ill and impaired, he had to accept his condition as part of his identity and as part of becoming "what one is" (EH: Clever, 9). This is why this perspective is one of transition rather than condition; of becoming rather than simply being healthy.

Pain and suffering are not to be avoided or treated merely as evils; they are to be overcome — as will-to-power does not seek satisfaction or peace, but a resistance to overcome (cf. A:2). The greater they happen to be, the greater the overcoming they impose upon the individual, who through this process alone proves his health and reaches a "greater health". "What will not kill you will strengthen you" — this famous aphorism, although risky in its truth-value (as in the best case it seems only a half-truth, sometimes true and sometimes false, even in reference to Nietzsche himself — for example, his early experience of dysentery and diphtheria contracted during his sanitary service very plausibly left his gastric system permanently

23 Cf. J. Young, *Friedrich Nietzsche*, p. 278.

vulnerable) — is not marginal to Nietzsche's philosophy and appears repeatedly in his texts (cf. TI: Sentences, 8; NW: Epilogue, 1; EH: Wise, 2; NF-1887, 10–87; NF-1888-15-118). In his final stage he believed, or perhaps wanted to believe, that suffering made him think with the greatest subtlety, elevating him to his highest achievement: "The perfect lucidity and cheerfulness, the intellectual exuberance even, that this work [The Dawn] reflects, coincides, in my case, not only with the most profound physiological weakness, but also with an excess of suffering. In the midst of the agony of a headache which lasted three days, accompanied by violent nausea, I was possessed of most singular dialectical clearness, and in absolutely cold blood I then thought out things, for which, in my more healthy moments, I am not enough of a climber, not sufficiently subtle, not sufficiently cold" (EH: Wise, 1; cf. BVN-1888, 1014).

This change introduces an anti-hedonistic attitude to values (cf. GS:12; BGE:225; A:2), since it is not the simple absence of pain that should ultimately define well-being and a truly healthy person, as a typically healthy individual might assume. Rather, it is the ability to affirm one's suffering: to adopt it fully and wrap it in a form of delight — not a delight rooted in lack, but one springing from the very intensity of pain. Happiness is not a sum of pleasures minus pains (as "Epicureans" would believe), but a transformation of pains through the will into the delight of being what one is; turning even the worst martyrdom into the necessary and vital condition of having become fully — if not excessively — oneself (cf. EH: Wise, 1–4). The heroic approach to illness thus replaces the hedonic one.

This shift may also be related to Nietzsche's increasing inclination to affirm cruelty and violence as a "first-rank miracle, a bait of life" (GM II:7) — both indispensable and original aspects of life in his view, as well as sources of inevitable suffering for the many "innocent lambs". He contemplated, if not openly endorsed, the notion that inflicting pain on others, or even witnessing torture, is one of the deepest pleasures of the human being. More generally, he sought to reveal the hidden, ancient origins of many of the "noble" or "respectable" values we cherish — such as conscience, guilt, or pity — as rooted in cruel, blood-thirsty, violent, or self-violent impulses (cf. GM I:11, 13; II:5–7). The inversion of this instinctive need for violence, and its turning

inward into self-violence under the auspices of priests — how the human beast became the "sick animal" (cf. GM II:20–24; TI: Improvers, 2) — the false healers of the resentful, the ill, and the weak — ultimately becomes, in Nietzsche's eyes, the mechanism through which illness deepens and spreads epidemically across humanity, which in its majority is a "physiological failure" (GM III:1, 13–17).

The highest expression of this attitude, however — elevated into a general life-attitude — is found in the idea of "amor fati" (cf. GS:276, 277; NF-1881-15[20], 1881-16[22]; NF-1884-25[7]; NW: Epilogue, 1; EH: Clever, 10) which seems to be a corollary, or perhaps a consequence, of the doctrine of "the eternal recurrence". Illness is clearly among the most regrettable aspects of one's life, an expenditure without profit; yet "amor fati" means that one should regret nothing and look back upon everything that has happened as good — if not as the best. "How could I not be thankful to the whole of my life?" — he asks rhetorically at the peak of his self-creative mode, continuing: "That is why I am now going to tell myself the story of my life" (EH: Preface) — as the story of a self-healing, of overcoming weakness and thoroughly exploring it in its many forms, thereby acquiring the position of a healer of humankind. He has cured himself; he feels perfect. "I am decisively my own best physician" (BVN-1885, 587; cf. BVN-1881, 125; BVN-1882, 267; EH: Wise, 2). To a great extent, though, this final assertion was rooted in his false belief that his illness was not of neuropathological nature (as earlier it had also been ruled out by one physician who examined him): "lack of any neuropathological basis. I have never had any symptoms of mental disorders […] There are gossips that I was transferred to a mental hospital (or even died there). Nothing could be less true" — he wrote to Georg Brandes, in a letter with his short "curriculum vitae" attached, six months before his final collapse and entering the clinic in Basel (BVN-1888, 1014).

It was indeed as early as in 1881 when Nietzsche confessed first possible marks of alienation, as his "revelation" of the "eternal recurrence" on an August day high in the Alps ("6000 feet above man and time", as he noted in EH, Books, Zarathustra 1) made him so exulted that he wept and laughed, "sang and talked nonsense" shivering alone in the wood paths (BVN-1881, 149) In 1884 his friend remarked that when talking about this

"most lofty idea" Nietzsche turned alien to her, "terrifying" her as if "another Nietzsche"[24] — the apparent deepest "secret doctrine" or, perhaps, the most substantial truth, as it appeared to him, of the idea seemingly altering his mind, strangely exciting him, and in a way that made his friends wonder about his mental condition. He would also, thereafter, increasingly compare himself, and enter in competition with, Jesus Christ (cf. BVN-1885, 604, this was an unsent letter). Later he would report, too, that for one whole year he was depressed (BVN-1887, 870) There was a bipolar oscillation in him between exultation and depression, of which the poles, as it might be guessed, diverged ever away — this is why, as much as it excited his mind, this "ultimate" idea also troubled him and made him doubt, without ever having been precisely defined.[25]

3. (Cosmic projection.) The use of the health/illness distinction beyond the everyday meaning of an individual condition — as a metaphor for cultural, political, or anthropological processes — is by no means difficult to understand. Illness and health function as metaphors even in everyday language. As metaphors for cultural processes they were famously used by Johann Wolfgang von Goethe, who described classicism as a mark of aesthetic or intellectual health, while romanticism represented, by contrast, a kind of illness. The Romantics themselves did not entirely reject this evaluation; rather, they argued that modernity and the transformations it brings are themselves unhealthy and unnatural for human beings — an argument in the Rousseauian vein that stood at the centre of the Romantic critique of the Enlightenment.

This perspective on culture — especially modern culture — as fundamentally unhealthy and in need of radical cure was familiar to Nietzsche from the earliest stage of his education, as it was a commonplace in German classical studies of the time, strongly shaped by Romanticism. At first Nietzsche regarded the music of Richard Wagner, together with the philosophy of Arthur Schopenhauer, as precisely such a cure for modern sickness. Later he abandoned them both in search of his own remedy — the real one, as

24 J. Young, *Friedrich Nietzsche*, p. 389.

25 Cf. P. S. Loeb, *Eternal recurrence*, in: *The Oxford Handbook of Nietzsche*, pp. 645–673.

opposed to what he came to regard as false therapies recommended by the ill themselves (as Wagner and Schopenhauer eventually came to be judged by him). At the final stage he even concluded that what he had earlier written in praise of them in fact referred more properly to himself (cf. BVN-1888, 1181).

Before reaching this point, however, he undertook a „medical" examination of the essence, causes, and genesis of what he regarded as the universal or historical illness of humankind — otherwise referred to as "ressentiment", "nihilism", "decadence", "will-to-nothingness", or "selflessness" (altruism, pity). In this way he offered an unprecedented diagnosis of the entire Western civilisation, identifying its principal diseases as „Christianity" ("the ascetic priest corrupted the mental health", GM III:22) "equality", and modern emancipation (GM I:4; A: 1, 3, 6, and next), with the conclusion: "all earth as a madhouse" (GM II:22; A:51) As the only remedy for two thousand years of Western ill-being — which had corrupted even the Germanic "blond beasts" (GM I:11, II:17; TI: Improvers, 2) leading the Germans ultimately to oppose the only modern phenomenon he respected, the Renaissance — Nietzsche came to perceive his own philosophy; and his own suffering, as essential to his thinking. In this role, it might be argued, he appeared, perhaps, to himself as a new Christ, the Crucified (as he signed several of his final letters), or as the Anti-Christ, offering to humanity his own life of torment, his own version of "passion", for its final "salvation".

This attitude toward the health/illness distinction was the final and ultimate stage of his perspective, even though it had earlier seminal expressions. It may also be related to his increasing mental disintegration, which showed ever stronger signs of a "bipolar affective disorder" — an oscillation, as said, between euphoria and depression (very clearly reflected, one might note, in *Zarathustra*, whose overall sentiment appears ambiguous, internally contradictory, indeed "bipolar"). This condition was accompanied by delusional and megalomaniacal self-narratives, ranging from relatively mild claims about the historical impact of his writings to extreme self-identifications with great historical figures such as said Christ, or Dionysus (cf. the letters of January 1889: BVN-1889, 1232–1256).

Beyond the overt madness of his late pronouncements, however, there exists a deeper form of affective intensity that permeates his rhetorical

ethos and pathos and distorts the logos of philosophical discourse from the very beginning, already in *The Birth of Tragedy*. His writing carries an extraordinary emotional charge — an extreme affective tension that makes his discourse composed "of lightnings rather than words" (EH: Books, Untimely, 3), intense and explosive in a way arguably unlike any other philosophical writing. It is therefore highly idiosyncratic and even "idiotic" in the ancient sense of being born in one's private garden of healing (Epicurus himself being one of the ancient "idiots" in this sense). Though Nietzsche professed devotion to coldness, both metaphorically and literally [„At the very least, I mustn't go to those warmer countries to which I am now so strongly tempted [...] But in vain! — I know too well that the cold has spoiled me (for my trick to get through the last ten years consisted of lying on ice; a short, mild January, carried out for almost the whole year, north-facing room, blue hands, no stove, ice-cold thoughts — ah, I don't need to write to you about that?! My tablemate said recently, in this regard, that my proximity was causing her cold") — BVN-1886, 780; cf. GS: Preface, 1; EH: Preface, 3, Wise, 1], his texts are by principle extremely "hot", if not burning (cf. BGE:91) — and this inner "temperature amplitude" seems to affect, to an arguable extent, their faculty of judgment. This deeper aspect of his mental condition underlying his philosophy may perhaps best be described as its "irrationality", linking madness as psychophysical process with the philosophical discourse, or thinking process, and relating genealogically to Nietzsche's Romantic roots and education — which, in their turn, provide a kind of "literary framework" to his biography and madness as a "typically romantic" life (comparable to his early poetic interest — Hoelderlin).

The broader anthropological or cultural perspective on the health/illness distinction can be traced back to *Human, All Too Human* (cf. HA:47, 282, 472), and even earlier to the *Untimely Meditations* (cf. UM: Schopenhauer, 3–6), and it appears most significantly in *On the Genealogy of Morals*. Remarkably, Nietzsche himself identified the problem of health as his major issue in philosophical anthropology and as a primary source of inspiration, especially in connection with his own return to health (of which his books were direct expressions; cf. EH: Books, All-to-Human, 4; Dawn, 2; Zarathustra, 2; Destiny, 8), emphasising this point in the prefaces he added in

1886 to the second editions of his earlier works (BT: Self-Critique, 1; HA: Preface, 3–5; GS: Preface, 2–3).

The ultimate account of the health and illness as cosmic, or at least essentially anthropological forces of an eternal struggle, appears as a sort of projection, as I would argue, of his inner struggle with ill-being onto an universal framework of the external being in its whole (life), framing it, too, as an analogous eternal dichotomy and a conflict of two basic elements of life, or else, differentiating from within the will-to-power, and explaining, too, the process through which the initially strong became, with the mediation by the priests, finally weakened and "sick of themselves", or the turning of the will-to-power into its exact, though still "powerful", opposite: the will-of-nothingness (GM III:1). The ill are not only in constant struggle with the healthy, but they form a kind of conspiracy against those fine (GM III:14: "everywhere, war of the sick against the healthy, a silent one"), propelled by the priestly will of making the sick even sicker, as a way of solidifying their power over them (GM III:15) The more precise name of this illness is "depression", an effect of the aggressive instincts turned in "domesticated human animal" upon themselves, i.e. ill-redefined by morality (GM II:16). This is the deepest, life-denying meaning of Christianity, and its post-Christian developments defining modernity — as modern man seems to Nietzsche a case of widespread depression (GM III:17, 21–22). As a measure to defy them, Nietzsche would contemplate, in his final period, a counter-conspiracy of his international disciples, focused on eradicating Christian ideas (cf. BVN-1888, 1170; NF-1888-25). In the Antichrist, where this project is most clearly laid down, Nietzsche would pronounce a new calendar of time, initiating a new era — clearly this was indispensable to detach from the illness of Christianity, given that we count years since the birth of Christ; with Nietzsche's news, however, we shall start a new era from the year 1 — as he seems to have come to believe: "I swear I am strong enough to alter the calendar of time. Everything that today stands will fall, I am rather dynamite than man" (BVN-1888, 1159; cf. A:62; EH: Destiny; BVN-1888, 1158, 1159, 1181). The explosive metaphor, which he repeatedly used during this stage (BVN-1888, 1170, 1181, 1197; EH: Destiny, 1), is the expression of what he considered a "greater health" (GS:382; HA: Preface, 4; GM II:24;

EH: Books, Zarathustra, 2), one not interested in pleasure and survival, as is health, but rather oriented towards discharge and conquest, even at the price of life. The paradox of the "greater health", however, seems to be that in the case of Nietzsche it cannot be discerned from his ultimate breakdown.

Exit remarks

Instead of offering any conclusive remarks to the above introductory insights, I would prefer to exit this text by indicating several questions that might guide further inquiry. First, to what extent might a deeper semantic analysis of the polysemous terms "health" and "illness" serve as a guiding thread within the labyrinth of Nietzsche's thinking? And more specifically, how is his "great health" conflating into madness? The preceding analysis appears to suggest a preliminary hypothesis: namely, that the progressive development of the meanings associated with the concept of "health" may indeed provide a framework for mapping the broader evolution of Nietzsche's philosophical thought, up until his terminal mental breakdown.

Secondly, to what extent did Nietzsche's approach to this issue anticipate the work of later thinkers such as Freud, and to what degree might his anthropological diagnoses concerning "depression" be considered prophetic with regard to developments characteristic of twentieth-century humanity?

Abbreviations of Nitsche's works

Cited or referred with number of parts in Roman, and of chapters or paragraphs in Arabic; in TI and EH — chapter names are quoted and their sections; in Z — chapter names.

A	*The antichrist*
BGE	*Beyond good and evil*
BT	*The birth of tragedy*
BVN	Letters [Briefe von Nietzsche]
EH	*Ecce homo*
GM	*On the genealogy of morals*
GS	*The gay science*
HA	*Human all too human*
NF	Posthumous Fragments [Nachgelassene Fragmente]
TI	*Twilight of the idols*
UM	*Untimely meditations*
WP	*The will to power*
Z	*Thus spoke Zarathustra*

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