

Nietzsche's illness diagnosis issues: a review of his clinical records and some recent hypotheses

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Abstract. A notorious episode took place in Turin in January, 1889: Nietzsche's mental breakdown. That very occurrence marks the start of the hospitalization of the philosopher in mental institutions: accompanied by his friend Franz Overbeck, he first went to Basel where he stayed only for a week (from the 10th to the 17th of January, 1889); he was then taken by his mother to Jena where he actually stayed for more than a year (from January 18th, 1889 to March 24th, 1890). The article will focus on the philosopher's diagnosis starting from his clinical records, passing through the hypotheses of his contemporaries, until some recent ones. The aim will be to overcome manichean and univocal positions both of madness and illness.

Key words: Nietzsche, clinical records, mental health hospital, psychiatry, diagnosis

The 1889 mental breakdown

Nietzsche life was not particularly relevant from a clinical psychiatry perspective because the philosopher was never a diligent patient of hospitals or institutions/communities specialized in mental health care. He was hospitalized only after the first true psychotic episode of his life which, as it is well-known, evolved into progressive paralysis lasting about ten years and ending with a series of strokes and ultimately death.

This notorious episode took place in Turin in January, 1889 and, even for those who do not deal with philosophy, it became the defining moment of the madness increasingly affecting the philosopher from Röcken. It was concurrent with the issuance of the so-called Madness Letters, written during the first half of January of the same year and sent to the philosopher's friends and acquaintances; in these letters, which he signed "Dionysus" or "The Crucified One", he bragged about the absolute preeminence of his position in determining world's future history (1).

When talking about of the above breakdown in Turin, what comes to mind is the often told tale in

which Nietzsche embraced a horse that a coachman was flogging. The episode has more the taste of an anecdote rather than a real event supported by a concrete set of evidence; in any case, what is clear is that, on that very day, Nietzsche collapsed (maybe because he fainted) on the steps of Carlo Alberto Square in the centre of Turin, not far from his landlords' newsstand, Mr. and Mrs. Fino (2, 3).

That very occurrence marks the start of the hospitalization of the philosopher in mental institutions: accompanied by his friend Franz Overbeck, he first went to Basel where he stayed only for a week (from the 10th to the 17th of January, 1889); he was then taken by his mother to Jena where he actually stayed for more than a year (from January 18th, 1889 to March 24th, 1890) (4).

These two stays (the second closely following the first) represent the sole contact of Nietzsche with mental health hospitals: in fact, he had no prior psychotic episodes and would not have any in the future. In psychiatric terms, it is possible to argue that the philosopher had a first psychotic episode when he was 44 years old, and then went into remission and was discharged one year and two months thereafter.

It was not exactly a remission since he subsequently became ill with an organic disease which affected mental faculties and motor functions putting him in a progressive vegetative state.

However, at the age of 44, Nietzsche had already written all his books; indeed, his last work, *Ecce Homo* written in Turin, may be considered his testament.

The period spent in mental health hospitals became the eloquent episode in the existence of the philosopher, especially for those who study his biography (and we know that, in his thinking, biography and work are closely related), paying attention to the resulting demarcation: before the recovery, there is a Nietzsche who writes; after the recovery, during the ten years between his discharge and his death, there is a Nietzsche who stops writing, progressively stops discussing and does not advance the themes he introduced in his works. Most significantly, looking at someone who was accustomed to write almost every day and who did so as early as he became able to do it (and the evidence lies in posthumous written pieces, letters and further, by all the body of work showing intellectual activity that didn't become part of his formally published works) it is almost as if, after 1889, there is no firsthand written record of Friedrich Nietzsche.

Vicissitudes of clinical records

The clinical records of the German philosopher were at the center of peculiar events: the ones concerning his short recovery in Basel were found buried inside the general clinical records (belonging to the hospital) of Jena thanks to a copy that was transcribed upon the arrival of the philosopher at the second hospital (4).

Then, in 1914, after Nietzsche death, the then-director of the mental health hospital in Jena, Otto Binswanger (Ludwing Binswagner's uncle) informed the philosopher's sister, Elisabeth Förster-Nietzsche, that her brother's records had been stolen; the director added that he would have prevented their publication himself. As a matter of fact, those records included the anamnesis and the diary of Nietzsche daily activities and behaviors while in the institution, with details that would not have benefited his person, both as a philosopher and a man.

Instead, in 1929, just after Otto Binswanger death, Erich Podach, an ethnologist and literary man who had studied Nietzsche, published the clinical records of Jena in a Berlin newspaper which was nationally distributed with the title "The last battle of Friedrich Nietzsche" (4): the die was cast, everyone became aware of which battles the philosopher had fought with his mental disorder while in the asylum in Jena; to make matters worse, since Podach had omitted, without saying it, parts of the clinical records (the more intimate ones), a psychiatrist (Wilhelm Lange-Eichbaum) protested, declaring the publication unscientific and asked for a re-publication, this time including the missing parts.

This record was a copy of the original, which was still in Jena under close watch. The copy was found inside the records of another patient and then, the successor of Binswanger, Hand Berger, with no noble purposes, provided the records to the editor of the Berlin newspaper who, in turn, gave them to Podach so that he could publish an article. Finally, the original records were delivered sealed to the Thuringia State archives, in Weimar, on November 22, 1929. Today, the records, as well as the Basel medical records, are safely kept in Nietzsche's archive in Weimar (4).

The relevance of studies on Nietzsche's clinical records

At this point, it is necessary to wonder about the value of studying such clinical records from an historical perspective (for the history of psychiatry), from a biographical viewpoint (as they concern Nietzsche's biography) and also from a clinical perspective as they pertain to the definition of a diagnosis, to the extent that outlining a diagnosis might be a useful operation in the specific case of Friedrich Nietzsche.

Starting with the historical point of view, we may see that the records did not have any exceptional relevance since they tell about the day to day routine in mental health hospitals with no extraordinary findings: according to what was written, the operating procedures for patient treatment are limited to the administration of sleeping pills, tranquillizers and mercury-based rubs; in his case, the therapy was therefore exclusively phar-

macological (or proto-pharmacological) and did not include forceful physical restriction nor any kind of electroshock therapy. There is also no indication that Nietzsche was a particularly violent or uncontrollable patient. After all, as Mario Augusto Maieron recently wrote: “too often patients got better *in spite of the treatment* and that, if this were not so, medicine would be long dead and could in no way have survived” (5).

When it comes to the biographical perspective, the records do fill, even if partially, the historical period during which the philosopher did not leave us any written evidence; or better, such records worked as a point of conjunction, as underlined above, between, on the one hand, the Nietzsche who was actively writing, the Nietzsche of the aphorisms and of the works in which such aphorisms may be found, but also the Nietzsche of the so called posthumous fragments which remained unpublished and did not appear in any of his publications; and finally the Nietzsche of some letters - another significant source - rich of clues as to the development of the philosopher thoughts over time; on the other hand, such records were a point of conjunction with the voiceless Nietzsche of whom we do not have any firsthand evidence and who lived the last ten years of his life in a tragic state of regression, becoming progressively paralyzed and silent.

The problems with the diagnosis

The diagnosis proposed in the clinical records at the moment of the philosopher discharge from both hospitals is one of progressive paralysis caused either by a genetic factor or by third-stage syphilis condition. In the case of an effective infection, the immediate question to elucidate would be the reason for such a long latency (more than twenty years) between the moment he contracted the disease and the onset of the physical symptoms of paralysis. That is, if we subscribe to the idea that the disease was contracted in a brothel in Colonia in 1865; a fact however, that Paul Deussen, a friend of the philosopher, would refute.

Furthermore, we should emphasize that Nietzsche had been suffering for a long time, that is, since his late teens, from a range of ailments, some debilitating such as migraine, eye pain, tiredness, which were never for-

mally diagnosed: he himself did not know what was the cause of his sufferings which predated the alleged syphilis infection; in any case, he remained troubled by his certainty to have inherited a predisposition for degenerative diseases of the nervous system from his father.

However, if his paralysis was associated with his father's genetic heritage - Nietzsche's father died of encephalomalacia following a fall - we wonder whether it would be even conceivable to inherit a pathology that began after an accidental event; presumably, the dynamics of the event was reported incorrectly, or perhaps, these speculations were only his sister's. It appears more likely that his father's fall was the consequence of a neurodegenerative ongoing process, akin to what happened to Nietzsche, forty years later.

Besides this dual hypothesis found in the clinical records, many other hypotheses were spread in those days, especially from a non-specialist side: his sister, for example, believed that Nietzsche's decline was determined by the use of chloral hydrate, a sedative that her brother used in order to sleep better and to wake up with a clear mind for his writing activities. Elisabeth also states that the philosopher preferred this substance to opioids because the latter induced a state of confusion when he woke up in the morning. It is also important to clarify that chloral too, especially when taken in doses higher than customary, caused some level of deficiency to cognitive abilities; indeed, when Nietzsche woke up and felt abnormal, he always went through his morning notes again during the afternoon in order to ascertain that he hadn't written any disconnected or delirious sentences (2). Furthermore, it should be noted that, when he was hospitalized in Jena, he was treated with chloral in massive doses. If this substance had negatively influenced the state of his nervous system, his recovery in Jena would have not improved his condition but worsen it.

Finally, during one of his conversations with Nietzsche's mother (it is not clear whether he did so in order to give rise to the mother's opinion on the matter) Otto Binswanger himself, director of the mental health hospital, despite having confirmed the diagnosis of progressive paralysis, expressed the idea that an over-excitement of cerebral nerves was the cause of the psychophysical state of the philosopher; in his opinion,

it was a process that had been in evolution for a long time (6). According to this hypothesis, which was certainly not reported in any clinical paper, it is possible to infer the origin of all the theories, flourishing even today, which considered Nietzsche's philosophy and the intellectual effort spent proclaiming it, as the cause of his mental decline.

Instead, among the hypothesis that have emerged more recently, based exclusively on data contained in the written evidence, *in primis* in the clinical records mentioned earlier, it is possible to find a meningioma (7); a premature frontotemporal dementia (probably inherited) (8); a genetic cerebral arteriopathy (CADASIL), which was inherited from the father and which may then justify Nietzsche clinical case and the disease that had affected his father (9); a mitochondrial encephalomyopathy (MELAS), typically hereditary on the mother's side and which may not be appropriate in this instance because the philosopher's mother had never suffered from any kind of illness until her death in 1897 (10); but, in our case, given the lack of instrumental analysis confirming one of the above hypotheses, a metabolic illness could be a possibility too.

Perhaps there may not be an exhaustive clinical diagnosis for the case of Nietzsche because no organic pathology may explain such a complex clinical case: there is no doubt that Nietzsche suffered from one or more organic pathological conditions but they should be seen as concurrent causes of the insanity that he is so routinely credited with.

The importance of lifelong illness

As reported in his own works, Nietzsche's illness had an extreme importance in his life but not only because of the ailments that affected and tortured him, preventing him from continuing his intellectual activity; indeed, more appropriately, it was important because he felt that being ill made him more acutely aware of his own existence and also in his perception of the themes he explored throughout his works, themes that both skeptics and epigones of the philosopher from Röcken keep on questioning, but also respectable scholars and philosophers, among them, the French philosopher Gilles Deleuze.

In this respect, in 1886, in the Preface of the second edition of the *Gay Science* Nietzsche argues: "And as for sickness: are we not almost tempted to ask whether we could get along without it? Only great pain is the ultimate liberator of the spirit (...). Only great pain, the long, slow pain that takes its time—on which we are burned, as it were, with green wood—compels us philosophers to descend into our ultimate depths and to put aside all trust (...), things in which formerly we may have found our humanity. I doubt that such pain makes us "better"; but I know that it makes us more *profound*" (11).

This shows how he did not believe that he would have become the person he was without the occurrence of illness both as a sting and as a vision challenge. Being ill, living throughout the illness, one's vision becomes acute, the self becomes less naïve in understanding existence, and, at the same time turns more docile, less reactive. In the above Preface, the philosopher showed how a certain kind of limitation of physical performance, a certain state of denial of illness, gave life to all those philosophies which considered the Other world, that is, "a world behind the world", "a world beyond" as the real essence of what existed and, as such, the only place for human happiness; metaphysics itself would be a philosophy born from a misunderstanding of the body (12); such an explanation does not seem erroneous to us, even though today, paradoxically, scholars consider concepts such as the eternal return as a "misinterpretation of insanity", that is, nothing more than the subjective perception of an hallucination (13).

Nietzsche himself did not believe that he might reach the pinnacle of his thinking without the help of illness, without an illness seen at same time as riverbank and as a force capable of breaking the riverbank; whereas experts, on the other hand, consider illness as a pathological state which, through acute episodes or chronic ones, invalidate normal daily activities, and doing so, test their resistance.

In 1888, one year before Nietzsche physical and cognitive collapse and before the "insanity letters" he also wrote "This young boy is becoming pale and withered prematurely. His friends say: the reason for that condition is this or that disease. I say: the fact that he got sick, that he did not fight his illness was already the consequence of an impoverished life" (14); it is a sen-

tence dictated by an extreme mindfulness, which might become useful today too, by granting a subjective component to every illness: illness itself was already there waiting for him, either because of an hereditary disposition, a subjective conformation, accidental events in his life, or because of all these aspects; and as long as he managed to resist it, illness triggered some attacks, but then stopped; when the philosopher became not longer capable of shielding himself from it, illness overwhelmed him: consciously or unconsciously, Nietzsche surrendered; surrendering was not necessarily a *cupio dissolvi*; on the contrary, it represented more the signal of an abandonment to life and to what life may have planned for the individual. The so called impoverished life mentioned by Nietzsche might restore the lost prosperity thanks to the very illness. All this may sound devious and bizarre to the extent that one embraces the rationale of “health at all cost”, and it may be difficult to conceive a similar twist in today’s society of “wellbeing”.

Still, in the *Gay Science*, aphorism 120, Nietzsche affirms that we should walk away from the idea that there is health and illness which are the same for everyone; the concept of illness might depend on aims, needs and purposes that every individual intends to fulfill; therefore, what becomes illness for someone may be functional or favorable for another (15): it is surprising that similar words are not only extremely actual today but also vastly unheard by the medical community as a whole, obstinately fighting for an abstract and impersonal concept of “health”, which must be achieved independently from subjective needs; moreover, health must be also preserved in a preventive way, through invasive approaches or with the help of devices, instruments, tests and other forms of investigation potentially harmful and having the sole purpose of diagnosing at the earliest or for preventing the patient from getting worse, or to avoid recurrence, inevitably weakening the body itself.

The problem with distinguishing insanity and organic illness

Nietzsche’s death marked the beginning of a major debate aimed at defining whether he was insane or

not. The purpose of such a “diagnosis” was to discredit or validate his philosophy, considered inconvenient on many fronts.

It was inconvenient because of the Nazi tendencies - introduced by his sister Elisabeth Förster-Nietzsche and Peter Gast - appearing in some of his fragments; independently from that, it was inconvenient for the revolutionary ideas (not so much in regards to politics, but more so due to his ethical, theoretical and scientific vision of the world) that his philosophy supported; in the final analysis, the same effect is constantly observable even today since we are a long way from assimilating them.

Was this a philosophy originating from an individual affected by a degenerative illness of the right orbitofrontal cortex (8), or by an hereditary cerebral arteriopathy (9) or an hallucinatory philosophy born from a manic-depressive psychosis (13)?

Early on, Nietzsche’s sister became a supporter of the opposite faction, which considered Nietzsche philosophy the product of a totally sane mind (so much so that Nietzsche’s mental breakdown as well as his recovery and his successive paralysis were determined by just the abuse of chloral hydrate).

Was it a healthy mind with an “organic accident” or an organically sick mind since childhood? Or even, was it a mind experiencing psychotic delirium with pathological accidents added successively and not necessarily related to each other?

These are manichean and univocal positions which turn out to be extremely reductive, or worse, approximate; it is in fact impossible to reduce a thought system, especially one as wide and complex as Nietzsche’s, to a pathology or a psychotic episode.

Was Nietzsche’s case in the middle, a position resulting from different causes, where the claims of the body are not opposed to the claims of the mind and where a psychosis, be it caused by brain malfunction or by innate positioning towards the world-environment, does not reduce the validity of a thinking full of intuitions but also of lucid considerations on the development of society, science and ethics?

And, in the same way, might Nietzsche’s insanity, or to use the notion of the psychoanalyst Jacques Lacan, him belonging to the “psychotic order”, has always characterized him, not as a handicap but, on the

contrary, as an additional *quid*, a peculiarity allowing him the use of special glasses capable of seeing and predicting the dynamics of human nature in his time and in the future?

An individual structured that way, to whom access to the symbolic order was precluded during childhood (16) or, to say it differently, at the point of transition from babbling to proper articulation of words having a concrete meaning, could not have found a link in the confusion of words, setting himself up as a central pivot around which he made everyone rotate as if by virtue of a gravitational pull so that he would be thrown into the world of language without any fixed reference points (arbitrary or conventional) helping to distinguish significant and signification. Would a person structured in such a way have any *extra moenia* faculty of vision of the world of phantasmatic constructions?

Indeed, in Lacan clinical approach, an individual structured in such fashion could experience psychotic episodes only under certain conditions, but not necessarily and in Nietzsche case, we know that process was accelerated by concurrent physiological causes.

Why should anyone portray Nietzsche's philosophy as purely hallucinatory or purely healthy, and consider organic factors as the major causes of his breakdown in Turin, as well as the last ten years of his life when he endured a progressive paralysis?

Nietzsche was not a "normal" person. He was not normal like those who opposed him and would then feel free to brand him and his philosophy as extravagant, nor with respect of those who emulated him and who wanted his madness to be the incarnation of his philosophy or as the consequence of the philosophy itself, so acute and futuristic.

Once again, these positions appear simplistic. If we believe that Nietzsche was leaning toward insanity, even when it was still hidden, it is because we see the ripples caused by early manifestations, and we read about these in his works which is where he expressed his vision and control of life the most.

In fact, either he had always been insane, or he had never been and it was only a cognitive/metabolic misunderstanding.

Indeed, as Lacan wrote: "Nobody goes crazy by choice" (17), that is, a certain inscription/placement already existed to start with.

If here we want to support the psychotic inscription of the Röcken philosopher, we should do so very differently than Eva Cybulska: the bolder ideas in his works (God's death, the over-man and the eternal return) do not call into question an hallucinated position made of his intimate feelings and sufferings (13), which are extremely subjective and self-referential; on the contrary, according to our view, his position has broken the protective screens of the artificial and phantasmatic superstructure which allow people to stand on their feet, despite the fundamental insanity of such occurrence: as a matter of fact the occurrence is certainly not structured as a religion, science or morals get defined and, sometimes, imposed in Nietzsche's time; the existence of a fundamental chaos at the base of the matter is proved for example by the advances in quantum mechanics and the study of subatomic particles.

On the other hand, alignment with this position becomes proper when we want to argue against Nietzsche mental breakdown described as a mere organic accident, syphilis, a simple metabolic syndrome, a neoplasia or arteriopathy, or a mere genetic disease. All these accidents, taken as a single cause, would minimize and destroy the efforts spent throughout a life devoted to outline a philosophy that today is still considered in absolute terms as one of the most acute and unsurpassed, thanks also to its opponents.

As a whole, Nietzsche's work is characterized by a great lucidity and acuity towards the society and culture of his time; however, differently from Eva Cybulska, we do not accept that his most figurative ideas (God death, the Over Man and the Eternal Return) are hallucinatory phenomena, even if they seem to be more intuitions than full blown concepts developed and built over time; in the same way, we do not subscribe to the idea that the works where those concepts are introduced belong to poetry and not philosophy. The history of literature is full of philosophical poetry, and the same is true for the history of science which has a wealth of intuitions, which later evolved into important scientific theories.

There is little doubt today that the concepts mentioned above are not assimilated by our contemporaries, but it is also evident how the seeds of such concepts have grown in the direction of groundbreaking

scientific and philosophical research; moreover they appear to be in perfect harmony with thought models which are very distant from the Occidental one and this occurrence doesn't make them less authentic.

Moreover, even strictly looking at the philosophical field, it is obvious how "God Death" does not merely concern the religious field; instead, it revolves around beliefs that are at the foundation of classical science (the pre-quantum science) and that are becoming dimmer even if they have not reached common sense level; we consider obvious that the "Over Man" is not the founder of a purged race, devoted to violence (8), but a subjective approach which has paid its dues to a past dominated by guilt and shame, but has to be careful not to fall on the opposite side (the cancellation of ethics and modesty); finally, we retain obvious how the "Eternal Return" is not a simple temporal or cosmological conception, but rather firstly an ethical one. Misinterpreting all these instances, we might consider them as poetic-psychotic visions which would be irrelevant for the history of philosophy; on the other hand it might be possible to confront all these instances with Nietzsche's inability to interact with women or to face practical tasks in everyday life (18), as if the fact of having planned a future direction for humanity might go hand in hand with the behavior of a clever charmer.

In conclusion, we quote the description written by Franz Overbeck when, on January 8th, 1889 he came to visit his friend Friedrich after having himself gotten an "insanity letter", our last piece of evidence stating once more the extreme consistency between existence, life, philosophy and illness, so deeply weaved into the works of the German philosopher: "He finds him in a state (with bouts of ecstasy and euphoria) similar to the one that Nietzsche himself described in the first chapter of *The Birth of Tragedy*: «Singing and dancing, man expresses himself as a member of a higher community: he has forgotten how to walk and talk and is on the verge of flying up into the air as he dances» (19).

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