

Nietzsche on the Health of the Soul

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I. Introduction

One of Nietzsche's prime complaints about the ascetic ideal and its priestly propagators is that they have ruined "the health of the soul" [*seelische Gesundheit*] (GM, III:22). Yet what would a "healthy" Nietzschean soul be like? It is, after all, one of the foremost characteristics of the "higher types" or "great individuals" that Nietzsche celebrates.¹ Yet in the most philosophically-sophisticated anglophone secondary literature on Nietzsche, there has been fairly little sustained treatment of just what Nietzschean health consists in. In this paper, I aim to provide an account of some of the central marks of this health: resilience, discipline, vitality, a certain positive condition of the will to power, a certain tendency toward integration, and so on. This exposition and discussion will be the main task of the paper.

Then in the concluding section of the paper, I consider a line taken in some related secondary literature, which would suggest that health might ultimately be understood in formal or dynamic terms, relating to one's will to power and/or the unity of one's drives. I will present the beginnings of an argument against such an account of health. In focusing on the formal and dynamic side exclusively, it cannot get the full story. In particular, it seems to me to miss the normative dimension that is essential if we are to understand health properly. Now, all parties in this debate should admit that health is a notion freighted with normative weight. Along with life-affirmation, power, 'life', creativity, artistic achievement, cultural splendor, and so on, it forms one of the central elements in a Nietzschean conception of goods. It is a normative ideal to be healthy; that much is

¹ As rightly noted in Leiter (2002), p. 118-9.

clear.² But what I want to suggest is that health is a notion that is itself shot through with the normative: Not just does a judgment of health have normative implications. Rather, the core concept of Nietzschean health is not fully explicable except by reference to normative terms. In this respect, I take my lead from Maudemarie Clark and David Dudrick's conception of the Nietzschean soul and the necessity they see in employing a normative dimension in understanding it.³ Following the spirit of their view and extending it to a consideration of health, I will lay some preliminary groundwork for the case that the health of the soul, for Nietzsche, cannot be adequately understood without making recourse to substantively normative considerations.

The plan for my paper will be as follows. In Section II, I make some preliminary remarks and caveats to frame the investigation. In Section III, I enumerate some of the key marks of Nietzschean health that he mentions across a range of different texts. In Section IV, I will sketch a *prima facie* plausible way of thinking about health in formal and dynamic terms that might be extrapolated from extant work in the secondary literature. Yet I suspect this approach, on its own, is not going to do the trick. Unless we supplement the formal and dynamic account with normative notions, we won't capture the marks enumerated in Sect. III.

II. Preliminaries

To begin with, the very idea of giving a Nietzschean account of health might seem utterly misguided. In *The Gay Science* Nietzsche warns us that there is not *a* health of the soul (GS, 120). Indeed, he says that there is no "health in itself" [*an sich*] and there are "innumerable healths". How can we proceed, in the face of this warning? This might seem to scupper the entire enterprise of giving a Nietzschean account of health at all. But when we look more closely at the passage, we see that its anti-universalist tenor is not inconsistent with there being a core notion of health,

² Letteri (1990).

³ Clark and Dudrick (2012).

understood in a suitably general way. I don't think Nietzsche means to deny that there is such a general notion of health. His claim instead is that the valence of particular characteristics will be different in different cases. We need to interpret these characteristics in the context of one another in order to determine whether they redound to health or not. What may be a detriment to overall health in the case of one person may be a boon to overall health in the case of another. As such, we cannot infer from particular marks (or symptoms), regarded in isolation, that a person is healthy (or sick). Holistic interrelation of these characteristics is crucial. Ascetic behaviors are an example that Nietzsche himself gives. Suppose we meet a person who abstains from alcohol and sex. This ascetic abstemiousness alone will not, in and of itself, be decisive. If the person is doing this because these are distractions from his philosophical endeavors (Cf., GM, III:9), then the asceticism will potentially mean something very different from what it would mean in the case of someone who has decided on this course of action in an attempt to mortify his flesh, in sympathy with the suffering of Jesus Christ. This abstemiousness is potentially a condition of health in the one case, and a symptom of sickness in the other. So we can't equate abstemiousness (or a range of other characteristics, for that matter) one-for-one with sickness or with health. There is no "health in itself" (GS, 120) because there is no coarse-grained feature, specified in isolation, that is always a mark of health (or sign of sickness). And there are "innumerable healths" (GS, 120) because there are manifold different combinations of these features that can constitute health.⁴ That said, we can mark off some general features, albeit with the caveat that their application in particular cases may be a tricky matter.

Second, the sort of Nietzschean health at issue is not just bodily health, but a broader kind of spiritual health—a *seelische Gesundheit* (GM, III:22). The two can coincide. A person can be healthy in body and healthy in soul. But they can also come apart. A person can, in certain respects, be in poor bodily health, yet nonetheless be in excellent spiritual health. Nietzsche would himself be an example here. Although he suffered from chronic headaches, gastric problems, vision difficulties, and

⁴ Cp. Welshon (1992).

so on, he was, by his own account, “*healthy at core*” [im Grunde gesund] (EH, “Wise,” 2), as reflected in his outlook on life, his vitality, resilience, and the like—perhaps even in other bodily features his frequent ailments belied. While it is nonetheless true that various sicknesses of the soul may have physiological underpinnings (GM, III:15-17), physical debilities needn’t move in tandem with spiritual debilities. When we are talking about health in this context, we must bear in mind the sort of health at issue, because we might otherwise be prone to think we could understand this health as simply the bodily health of the human biological animal. Yet such health is neither necessary nor sufficient for the sort of spiritual health at issue.

The third point to note is that health and sickness, for Nietzsche, exist in a complex interplay. This is sometimes a matter of bodily sickness enabling a higher form of spiritual health. Nietzsche, for example, describes how his ailments have led him to a greater intellectual condition and vitality (EH, “Wise” 1-2).⁵ Moreover, Nietzsche sometimes talks of “the great health” (GS, 382; EH, “Zarathustra,” 2). This form of health is closely bound up with sickness in that it is possible only through a certain *overcoming* of sickness. It is won through long, arduous struggle. As Nietzsche will put it, one does not just “have” it, but “acquires it continually” (GS, 382). While it is important to bear this form of health in mind, I think it would be a mistake to extrapolate from this condition to something true of all spiritual health, let alone of all health.⁶ This close constitutive dependence between health and the overcoming of sickness (physical and spiritual) is a feature of a particularly exalted kind of health; indeed, the very fact that Nietzsche marks the form of health off in this way, with the special adjective “great,” would suggest that not *all* health is like this. Other kinds of health are instead largely a matter of one’s constitution and standing dispositions. They are, in the terms Nietzsche uses, something one simply *has*, and does not need to “gain continually.” Nonetheless,

⁵ “In the midst of torments that go with an uninterrupted three-day migraine, accompanied by the laborious vomiting of phlegm, I possessed a dialectician’s clarity *par excellence* and thought through with very cold blood matters for which under healthier circumstances I am not mountain-climber, not subtle, not *cold* enough” (EH, “Wise,” 1).

⁶ For a discussion of “the great health,” see Richardson (1996), p. 137-8.

there is an important truth in the related idea that spiritual health (of an advanced form) would not have been possible without spiritual sickness. The “internalization” of man, and the attendant “bad conscience,” arguably are key steps on the route to this higher and more modern form of spiritual health.⁷

Fourth, a discussion of Nietzschean health enmeshes us with a number of closely-related notions: the great individual, the higher type, flourishing [*das Gedeihen*], being one who has “turned out well” [*wohlgeraten*] (EH, “Wise,” 2), being whole (cf. TI, “Skirmishes,” 49), and so on. We might ask to what extent these categories are overlapping. Yet one suspects that with many of these notions, Nietzsche does not use his terms with the fineness of grain to render decisive answers to these sorts of questions. But we simply have to work with what we have.

Fifth, when it comes various characteristics, it is not always entirely clear whether the feature is a constituent of health, or a necessary, perhaps just frequent, concomitant of health. That is, a healthy person might have characteristic x, but this might not be what *makes* the person healthy and might not be something whose presence explains (at least in part) the fact that the person is healthy. (To use a mundane example relating to bodily health, using many kleenex is correlated with not being healthy, because it is correlated with having a cold or allergies. But it is not something whose presence explains the person’s being sick, as would the presence of rhinoviral particles or a histamine reaction.) When we press on these distinctions, we can get into rather murky territory. But it will be important to have the issue in view as we proceed, since much turns on how well various general accounts of health make sense of the key features of health.

Finally, we often get a richer characterization from Nietzsche of the negative side of things—of the “ill-constituted, dwarfed, atrophied, and poisoned” (GM, I:11) and their psychic failings. In such instances, we need to infer what the correlative positive characteristics would be that such a person lacks. That sort of reconstruction is something I will attempt in what follows. These

⁷ Neuhausser (2014) makes an analogous argument relating to the development of autonomy.

preliminary points and cautions aside, I would now like to turn to a discussion of some of the central characteristics of Nietzschean health.

III. Characteristics of Health

a. Will to Power

Given the centrality of the will to power in Nietzsche's philosophical psychology, it will need to play a central role in an account of the health of the soul.⁸ It would take us quite far afield to get into the details of how this doctrine should be interpreted. But it should be fairly uncontroversial to say that this is one of the central motivational impulses in human beings (maybe *the* central one, somehow structuring all others).⁹ How does it figure into the story about health? A good place to begin is with what Nietzsche says about the nobles in GM I. Their characteristic features include "a powerful physicality, a flourishing, abundant, even overflowing health, together with that which serves to preserve it: war, adventure, hunting, dancing, war games, and in general all that involves vigorous, free, joyful activity" (GM, I:7). Health is thus here connected with a powerful vigor and with a range of characteristic activities that draw on, express, and support that. Adventure—say the trek up the mountain peak—requires a healthy person to undertake it, if it is to be a success. The undertaking of the adventure thereby expresses that health. And it also supports or preserves it, in much the way regular jogging keeps up one's endurance. Although Nietzsche does not here mention

⁸ For a good discussion of the place of the will-to-power in Nietzsche's philosophical psychology, see Katsafanas (2013b).

⁹ It is sometimes claimed that the will to power involves wanting to encounter and to overcome obstacles and resistances, something that both Bernard Reginster (2006) and Paul Katsafanas (2013a) have stressed. This is an important point to make. But there is then a danger of a slide from this attractive and plausible position to another, which would claim that this is what will to power *fundamentally is* a will to. We must also remember that power may include the capabilities and reserves of energy that enable one to achieve this overcoming as well as the dominion achieved once one has successfully overcome them (even if these challenges, now bested, will soon be supplanted with others). Obstacles and resistances may be *part* of what one must will in willing power, but it would be dubious to think that they are the whole story. Furthermore, although Nietzsche sometimes stresses the feeling of power [*Machtgefühl*], and the value of such feelings, it is important not to conflate power with the feeling of power (Contra Soll (2015)). For one can have the feeling of power without having power, and have power without the feeling of power. The *will* to power is not a will *to a feeling only*.

the will to power explicitly, given what we know about that psychological doctrine, his description of the nobles in the *Genealogy* would seem to be one in which they have the will to power to a strong degree, are exercising that will to power regularly, and are healthy because they do so. (With these marauding and simple-minded nobles, the emphasis is on physical activities. In more modern forms, the will to power might also find healthy expression in artistic, political, and intellectual realms as well.)¹⁰

In order to bring into sharper focus what this healthy will to power involves, we might consider the unhealthy person and what goes wrong in his case. Is the problem that he lacks the will to power? Sometimes this would seem to be the right diagnosis. Consider the last man (TSZ, “Prologue”). He has no appetite for striving and prefers comfortable satisfaction. The will to power may take minor forms in his case (struggling to finish off the mignardises at the end of the three-star meal), but because he prefers pleasure and comfort, it will be a shadow of what it is in the strong, vigorous noble described in the *Genealogy*. The sickness here is that the will to power is *apathetically stunted*.¹¹

Yet sometimes the issue is not with the presence or strength of the will to power, but rather with its mode of expression. There are some weak, sick people who nonetheless have very strong wills-to-power. This is true of the priests in GM I.¹² Their power must take subterranean channels (e.g., revaluing their enemies values) because it cannot express itself in an act of outward revenge. In not coming at this power directly, the will to power, it might be thought, is somehow turning away

¹⁰ We might also contrast the marauding nobles of GM with the more artistically-refined nobles of BT. (Thanks to Ken Gemes for suggesting this point).

¹¹ It can sometimes seem as though the will to power is an unalterable feature of human psychology that retains its fundamental dynamic force. It never really dissipates. It is simply re-channelled in different ways. As with the will-to-power psychology in general, this hydraulic model can sometimes loom large as a totalizing explanation of human behavior. But I think we should be cautious about taking it too far.

¹² On the “unhealthy” condition of the priests, see GM, I:6; GM III:15.

from its essential end.¹³ On one way this deformation in the will to power has been couched, there are certain ways in which the will to power takes an *active* form, and other problematic ways, such as this with the priests, in which it takes a *reactive* form.¹⁴ This distinction is rather obscure at a first pass, but John Richardson has done admirable work in trying to explicate it in a clearer way. On Richardson's reconstruction, with the active forms of the will to power, the agent's power is dependent upon her for the direction it takes. By contrast, with the reactive forms of the will to power, the agent is taking her direction from foreign forces, whether simply obeying them, or reacting against them.¹⁵ However we ultimately understand the failing here, the important thing to bear in mind is that there are two basic problems when it comes to the will-to-power. One deformation of the will to power is a decline in its strength, at the limit its virtual disappearance. Another is for its strength to stay the same, or close to the same, but to be expressed in a problematically reactive or pathological way (GM, I:7).

b. *Ressentiment*

Closely paralleling the active-reactive divide just mentioned, there is also the issue of resentment and how it is dealt with. Although it might seem that resentment is not a characteristic of the healthy, this is not actually what Nietzsche claims. Instead, the important difference lies in whether the resentment is merely episodic or a standing feature of one's character, and relatedly in whether this resentment gets discharged. Let us take the latter first: A

¹³ Richardson (1996), p. 39

¹⁴ Deleuze (1962 [1983]); Richardson (1996).

¹⁵ Richardson (1996), p. 41. My own hunch, which I won't be able fully to substantiate here, is that this helpful gloss may not do all the philosophical work it needs to. Some "foreign" forces are fine, and others originating within the agent are problematic. Consider in the former case a galvanizing opponent who awakens one and sets one on a course of accomplishment, and in the latter case, a powerful but problematic drive (e.g., toward sterile cleanliness above all else) that is innate to the agent and sets one's course. Is one reactive in the former case, and active in the latter? If so, one would break the connection, which seems central to their technical meaning, that the "active" is positively valenced and the "reactive" negatively valenced.

sign of health is that resentment, when it appears, quickly dissipates. A mark of sickness is that rather than being discharged, it remains and festers. Nietzsche writes:

For the *ressentiment* of the noble human being, when it appears in him, runs its course and exhausts itself in an immediate reaction, therefore it does not *poison*...To be unable for any length of time to take his enemies, his accidents, his *misdeeds* themselves seriously—that is the sign of strong, full natures in which there is an excess of formative, reconstructive, healing power that makes one forget (a good example of this from the modern world is Mirabeau, who had no memory for insults and base deeds committed against him and who was able to forgive because he—forgot). Such a human is simply able to shake off with a single shrug a collection of worms that in others would dig itself in (GM I:10).¹⁶

Why is resentment less of a problem for the strong? First, they presumably are capable of taking revenge, if need be. Second, and this is the point Nietzsche really stresses in the passage, they don't dwell on misdeeds or slights. Because of an "excess of formative, reconstructive, healing power" they can get over such things very quickly and forget about them. Matters are different with those less well-constituted. They are "impotent" (GM, I:7). They do not have this "healing power" to be able to get past the slights that have been done them. Nor do they have the power to take direct revenge. About the priests, of whom this is very much the case, Nietzsche writes: "It is because of their impotence that in them hatred grows to monstrous and uncanny proportions, to the most spiritual and poisonous kind of hatred" (GM, I:7). The focused hatred characteristic of resentment, because it cannot get discharged through action or dissipated through forgetting, grows in strength and boils into something "poisonous." A similar sort of resentment afflicts the slaves as well (GM I: 13).

¹⁶ Compared with digestion, GM III:16.

This brings us now to the second point. Whereas with the nobles, resentment is more episodic, appearing only on certain occasions, with the priests and the slaves, it is a recurring feature of their psyches.¹⁷ Given that it can't be discharged, it thus needs to be channeled. We get a story later in the genealogy about the mechanisms through which this channeling happens. The priests are the "direction-changer[s]" of resentment (GM, III:15). Rather than the resentment dissipating, it gets re-directed in two main ways: in effigy against those who can't really be the target of one's direct revenge (GM, I:10), and it gets re-directed against the self, in the form of guilt and the ascetic ideal (GM, II-III). Although the resentment *in a way* gets exercised against the effigy (the demonized strong) and exercised against the self, the resentment doesn't actually get effectively discharged. Since it doesn't get discharged, the resentment instead persists and becomes the cornerstone of one's whole evaluative outlook. Though masquerading under various more positive aliases (e.g., a instinct for "justice" (GM, III:14), it becomes the centerpiece of a certain way of conceiving oneself.¹⁸ One sees oneself as the perpetual victim, badly done by the world and by others. One dwells on the idea of the wrongdoers and the well-off needing to pay dearly, as well as on the thought that they will (GM, I:15). And in its most insidious form, transmuted into guilt, one sees oneself as the perpetual perpetrator of certain wrongs, for simply existing as an embodied creature with certain drives—sexual, aggressive and otherwise.

Ressentiment is, for many people, a basic fact of life and a standing vice of character. We might try to explain what is wrong with resentment in other terms. For example, we might say that it involves a form of self-deception or that it makes one ugly.¹⁹ But, though each of these things are

¹⁷ On this issue and the discussion that follows, I am indebted to conversation with Ken Gemes.

¹⁸ Wallace (2007).

¹⁹ On the former, see Reginster (1997). For the latter, see GS, 290: "Whoever is dissatisfied with himself is continually ready for revenge, and we others will be his victims, if only by having to endure his ugly sight." On this connection between resentment and ugliness, see Gemes (Forthcoming).

also true of it, I think we do well to see it as simply bad on its own terms too, a poisonously unhealthy condition for the human soul to be in.

c. Instinctive desire for what is good for one.

It is a mark, Nietzsche tells us, of the “well-turned out human being” [*wohlgeratener Mensch*] that he has “a taste only for what is good for him; his pleasure, his delight cease where the measure of what is good for him is transgressed. He guesses what remedies avail against what is harmful; he exploits bad accidents to his advantage...” (EH, *Wise*, 2; Cf., TI, “Maxims,” 8, “Errors,” 2). By contrast, a mark of the decadent is that he wants what is worst for him (CW, 5; A, 6).²⁰ The healthy thus have a particular desiderative structure (alignment between desire and their good) that reinforces their healthy condition and that is also partly constitutive of that healthy condition.

The example that Nietzsche gives to illustrate this characteristic is one of “choos[ing] the *right* means against wretched states” (EH, “Wise,” 2). The healthy person will be drawn toward what is advantageous for him, the sick person drawn toward what is not advantageous. In describing how he responded to his own ailments, Nietzsche says he had the “energy to choose absolute solitude and leave the life to which [he] had become accustomed; the insistence on not allowing [himself] any longer to be cared for, waited on, and *doctored*—that betrayed an absolute instinctive certainty about *what* was needed above all at the time” (EH, “Wise,” 2). The constitutionally sick person would have preferred being pampered, nursed, and pitied. Nietzsche’s point is that, however good it may have felt at the time, it was better that he had the instinctive desire to press on, in service to a higher form of self-overcoming. Many lack this instinctive desire for what is good for them. They are like the person who gets out of the hospital after heart surgery and can’t resist lighting up that next cigarette.

²⁰ Leiter (2002), p. 158.

In describing this as instinctive [*instinctiv*], Nietzsche does not need to claim that conscious thought cannot enter the picture in any way whatsoever. His point instead is about our predilections, convictions and motivations and their alignment with what is good for us. If we reach a decision about what to do after a tortuous course of to-ing and fro-ing deliberation, and lists weighing pros and cons, that does not seem at all “instinctive”. Nor is it instinctive, if we must force ourselves, like Kantian moral saints, to perform some action we really don’t desire to do. Healthy people have motivation to do what needs doing, a predilection toward that course of action, and a conviction in its rightness as the thing to be done.

d. Resilience

One of Nietzsche’s most famous lines is that what doesn’t kill [*umbringt*] one, makes one stronger (EH, “Wise” 2; TI, “Maxims,” 8). In one sense, it is obviously false that, by Nietzsche’s lights, what doesn’t kill one makes one stronger. To give one of Nietzsche’s own examples: Pity enervates one (A, 7), but presumably doesn’t kill those it enervates.²¹ But the ‘what doesn’t kill one’ aphorism might be read, more plausibly, as a characterization of health instead. Its context in *Ecce Homo* suggests that this is what is meant by it, coming, as it does, just after the characterization of the well-turned out person, as described above, who instinctively has a taste for what is good for him. The claim would thus be: A mark of this healthy person is that things, even quite challenging ones, will continue to make him stronger. In the healthy person, the apparent setback will be something he is able to turn to his advantage. When this has ceased to be true, or if this was never true in the first place, then the person is not healthy. The healthy person is characterized by this sort of resilience, and the sick person by its lack.²²

²¹ Nietzsche himself might be thought a counterexample as well. His descent into insanity didn’t kill him (at least not for a decade) and did not make him stronger. Though, as John Richardson pointed out to me in correspondence, this is a controversial example, since Nietzsche’s collapse might be thought to have “killed” him in the relevant sense.

²² Cf. HH, 224.

e. Incorporation instead of extirpation.

Describing the characteristic attitude of “the church” toward sexual, aggressive, and other sorts of drives, Nietzsche writes that it “fights passion with excision in every sense: its practice, its ‘cure’ is castratism. It never asks: ‘How can one spiritualize, beautify, deify a craving?’ It has at all times laid the stress of discipline on extirpation (of sensuality, of pride, of the lust to rule, of avarice, of vengefulness)” (TI, “Morality,” 1). Nietzsche continues: “The same means in the fight against a craving—castration, extirpation—is instinctively chosen by those who are too weak-willed, too degenerate, to be able to impose moderation on themselves...” (TI, “Morality,” 2). A mark of the sick is that they need to resort to this extreme. They demonize parts of themselves and want to tear them out root and branch. The healthier response, often, is to be able to incorporate or integrate these elements into the whole that one potentially is. One way in which this incorporation is carried out is through something that Nietzsche calls “spiritualization” (TI, “Morality,” 3), where a drive takes a new and more refined form. What Nietzsche is describing here is basically a process of sublimation.²³ The underlying drive is allowed expression, but in a new form, consonant with the agenda of a master drive. To use an example later made famous by Freud, Leonardo da Vinci could be said to have sublimated his homoerotic drive into artistic activity.²⁴ Rather than engaging in actual sexual activity with males, he focused on capturing in his art idealized depictions of the beautiful male body. Here we have a sexual drive getting channeled to a new purpose that is in keeping with Leonardo’s project of being a great artist. By contrast, consider where this sort of integration fails: Another person (maybe a conservative and devoted Evangelical Christian) feels these impulses to be deeply sinful, but can’t avoid occasionally succumbing to what he perceives to be evil temptation.

²³ Gemes (2009a) describes this process well.

²⁴ Nietzsche doesn’t describe the details of the sublimation, but mentions Leonardo in this connection in BGE 200. See the discussion in Gemes (2009a). Whether this is an accurate assessment of the psychology of the historical person Leonardo da Vinci is not really relevant for our purposes.

Here the impulses are not an integrated part of him; he perceives them to be alien elements to be subdued or eliminated, and he may undertake a combination of chemical treatments and conversion therapy to have them eradicated.

f. Positive self and world-relation.

One of the marks of the sick, closely connected with the impulse toward radical excision, is that they have turned against or set upon themselves, branding parts of themselves as evil or as morally suspect. Describing the (nascent) form that this takes in bad conscience, Nietzsche writes: “But thus began the gravest and uncanniest illness, from which humanity has not yet recovered, man’s suffering *of man*, of himself..” (GM II: 16). This suffering of themselves is something acutely characteristic of the “whole herd of the ill-constituted, disgruntled, underprivileged, [and] unfortunate” (GM, III:13). As Nietzsche so eloquently describes this psychology:

Where might one escape it, that veiled look from which one carries away a deep sadness, that backward-turned look of one deformed from the beginning, a look that betrays how such a human speaks to himself—that look that is a sigh. “If only I might be someone else!” thus sighs this look: but there is no hope. “I am who I am: how could I get free of myself. And yet—I am fed up with myself.” (GM, III: 14)

The unhealthy person will be unable to bear certain parts of himself, in part because he has not (and cannot) sublimate them adequately into the whole that he potentially is.²⁵ Because he is so distasteful to himself, he will need to resort to certain forms of self-deception. “His soul *squints*, his spirit loves

²⁵ On some level, given the internalization of man, a certain degree of internal division and perhaps alienation will be inescapable in modern human beings. Another way of thinking about this would be to say that a certain degree of sickness is inescapable. But, as Nietzsche reminds us, “bad conscience” is an illness as pregnancy is an illness (GM, II:18). He means by this that it is capable of giving birth to something new and significant.

hiding places, secret paths and back doors...” (GM, I:10). The healthy person will, by contrast, have a positive relation to herself, a kind of happiness in who she is and what she does (GM, I:10). She will go on her way contentedly and “in good spirits” [*guten Muths*] (GM, III:14). In particular, she will not view aspects of herself in moralized terms as evil.

In addition to having a negative attitude to themselves, the sick tend to have a negative attitude toward the world as a whole. “Read from a distant star,” Nietzsche says, the earth can seem to be a “nook of disgruntled, arrogant, and repugnant [*widrig*] creatures filled with a profound displeasure [*Verdruss*]” not just with themselves but with “the earth, [with] all life” (GM, III:11). The healthy, on the other hand, would seem to have a life and world-affirming attitude that bespeaks a positive relationship to the world.²⁶ Although even for them, nausea [*Ekel*] at existence (particularly with “the rabble”) is a perpetual danger (GM III:14, EH, “Wise,” 8, TSZ, “The Convalescent”). If they are to remain healthy, they must keep this nausea at bay.²⁷

g. Discipline

A sign of decadents, according to Nietzsche, is that they are unable to resist a stimulus. (TI, “Morality”; EH, “Wise,” 2). “[T]he weakness of the will—or, to speak more definitely, the inability not to respond to a stimulus—is itself merely another form of degeneration” (TI, “Morality,” 2). When that rich smell of warmly baked bread wafts in his direction, the weak person can’t resist the impulse and stick to his no-carb diet. Nietzsche extends the same sort of analysis to consider a person’s instinctive attraction to pity. “My experiences entitle me to be quite generally suspicious of the so-called ‘selfless’ drives, of all ‘neighbor love’ that is ready to give advice and go into action. It always seems a weakness to me, a particular case of being incapable of resisting stimuli: *pity* is

²⁶ Note, for example, the sort of ideal given in BGE 56.

²⁷ For further discussion of this threat of nausea, see Tevenar (Forthcoming).

considered a virtue only among decadents” (EH, “Wise,” 4). The healthy person will have a kind of self-control.²⁸

b. Vitality.

In certain places, Nietzsche connects health with overall vitality [*Vitalität* or *Lebendigkeit*] (EH, “Wise” 1; CW, 7). What does this notion amount to? We might, at a first pass, consider vitality in terms of a feeling of energy. But I think it would be a mistake to think that vitality is to be equated simply with a *feeling* of vitality. Consider the consumptive with the delirious feeling of vitality—Violetta Valéry in *La Traviata* as she stirs from her deathbed. She feels great vitality, but actually her powers are utterly sapped and she is about to die. So the feeling of energy is not necessarily a reflection on whether one’s characteristics warrant that feeling.²⁹ Those characteristics would seem to be closely related to the will to power, in its strong and active form. But vitality doesn’t seem simply to be equivalent to that. One way of thinking about the difference with vitality is that it is one key aspect of the underlying power that the *will* to power is a will to. To have vitality is to have the reserves of psychic and physical vital strength one needs in order to do things challenging and significant and to do so in a way that is not grudging, but fundamentally cheerful. Nietzsche describes pity as something potentially threatening to this vitality:

Pity stands opposed to the tonic emotions which heighten our vitality: it has a depressing effect. We are deprived of strength when we feel pity. That loss of strength which suffering as

²⁸ A related idea is an old one, stretching back to Plato. Namely, it is the thought that there is a form of sickness of the soul that consists in being ruled by one’s appetitive impulses. It is usually thought that Plato denies that there is weakness of will in the standard philosophical sense, of acting against what one perceives to be the good course of action. But there is another notion of weakness of will, more in keeping with Nietzsche’s philosophical psychology, whereby we are of weak-will, if we are unable to impose any order on ourselves. That is, we are weak of will, if we are ruled by our impulses (appetitive and otherwise), rather than through a (proper) master drive, imposing an order on these.

²⁹ As Nietzsche notes in GM III:16, that someone feels healthy is plainly not sufficient for his actually being healthy.

such inflicts on life is still further increased and multiplied by pity. Pity makes suffering contagious. Under certain circumstances, it may engender a total loss of life and vitality out of all proportion to the magnitude of the cause (as in the case of the death of the Nazarene) (A, 7).

Healthy people have these reserves of energy; the sick typically do not. In the case of many of them, their vitality has been sapped through a combination of pity and self-pity. One characteristic of this decline in life is a kind of weariness of life, not wanting to live more. This might then take the form of certain pessimistic judgments to the effect that life is not worth living. This is a symptom (TI, Socrates, 2), particularly of “declining, weakened, weary, [and] condemned life” (TI, “Morality, 5). In keeping with their positive relation to themselves and the world, the healthy do not share this attitude.

IV. Health in Formal and Dynamic Terms?

Now that we have outlined some of the main characteristics of Nietzschean health, I want to turn to the question of whether we can get to a core notion of Nietzschean health that explains these diverse characteristics. To that end, I would like to consider a tempting way of thinking about these issues. The ambition would be to try to understand health in fundamentally descriptive (as opposed to normative) terms. Of course, the judgment *that* someone is healthy would have normative implications, insofar as being healthy is a good thing. Various characteristics redounding to health would have normative implications too. But the idea would be that one needn't make value judgments on the way to determining whether someone is healthy. One can simply consider various of the person's descriptive properties and arrive at one's answer. Such a strategy is particularly appealing to those who want to have a naturalistically-respectable account of health, since the properties it appeals to are ones seemingly that could be revealed though value-free empirical

psychological investigation and description of the case. I will consider one promising strategy in this vein, which would appeal to the will to power and the drives, and their formal and dynamic qualities, descriptively-specified. My suspicion is that this strategy will not work. To be clear, I'm not denying the relevance of formal or dynamic characteristics at all. Indeed, they are implicated in the story I've given in the previous section. My point instead is that they cannot be the whole story. Unless we bring in normative notions, we won't have an adequate account of health.

The formal and dynamic approach I have in mind is suggested (if not very explicitly discussed) in the work of John Richardson and Ken Gemes.³⁰ It focuses both on a certain condition of the will to power and on a certain condition of the drives. In addition to having a strong and active will to power, one would need to have one's drives in a certain integrated unity. Indeed, the two elements are thought to be importantly interconnected: there is a dominant master drive—a strong manifestation of the will to power—that reins the other drives in and turns them toward its purpose in order to achieve and maintain this integration. This view would try to account for health

³⁰ Richardson (1996), p. 39-49; Gemes (2009a). (Cp., Gemes (2009b); Richardson (2009)). In the case of both interpreters, neither seems to have as his primary aim to come up with an account of what fundamental health consists in. There are slight differences in emphasis between them. Although Richardson (1996) puts a premium on integration, he appears to derive the value of this integration (i.e., unity) from the value of activeness (49), a positive condition of the will to power, which he takes to be the explanatory centerpiece of Nietzsche's philosophical system (p. 39). In this way, his view makes the will to power normatively fundamental. Gemes (2009a), by contrast, puts greater emphasis on integration as the heart of the story, though it is an important part of his account (following Richardson (1996) in this respect) that this integration is achieved through the imposition of order by a dominant will to power in the form of a "master drive."

without making recourse to substantively normative notions.³¹ It focuses just on formal and dynamic features of the will to power and of the drives. I think these views have an important grain of truth to them, in that they get *much* of the story of what health involves. Yet in shying away from normativity, they make it difficult to separate cases of health from cases of sickness.

One central problem is that of distinguishing the healthy creative geniuses from certain kinds of putatively sick, obsessed monomaniacs. At the level of formal and dynamic description, they can seem very similar. They both subsume all of their energy to a particular enterprise, pursuing it with a strong will-to-power in the form of a master drive. Suppose that the master drive manages to co-opt the other drives in the service of this guiding life enterprise. That enterprise may well be one of writing great poetry with single-minded devotion. But it could also be one of collecting aluminum cans or counting blades of grass with equally single-minded devotion. Gemes is aware of this problem and brings up, in a similar vein, the case of the reclusive stamp collector.³² This person, it is supposed, has a stamp collecting master-drive that seeks to be the organizing impulse of his life's activities. Gemes argues, in reply to this potential case, that given the rich panoply of drives that humans actually have, it is doubtful that such a person will be giving expression to the full range of his drives (to sex, aggression). He is thus not actually integrated, despite having this dominant impulse.

³¹ Gemes (2009a) has considered how we might separate pathological forms of repression from beneficial forms of sublimation. Gemes has argued that for Nietzsche, repression is marked by a pathological disintegration of the self, whereas sublimation involves the integration of the self. In repression a drive is pushed aside and denied expression, whereas in sublimation it is integrated into the rest of the agent's projects by being channeled toward that aim. To use Freud's example, which Gemes also uses, Leonardo sublimated his homoerotic drive by channeling it toward artistic ends. Instead of having sex with beautiful young men, he produced idealized artistic depictions of their bodies. Gemes introduces this Nietzschean account of sublimation-as-integration in order to try to avoid another way of thinking about what marks off sublimation, namely being a *socially-valued achievement*. Such an account would have an "iredeemably normative" element (41), whereas the ambition (of the Freudian account certainly) was to provide a purely scientific or descriptive account, making no reference to these sorts of normative considerations. On Gemes's account of Nietzsche, these normative considerations do not enter the story either. One corollary of the view of health I am presenting here is that we cannot distinguish repression from sublimation without appeal to normative/evaluative considerations.

³² Gemes (2009a).

Now, we could perhaps come up with a more fanciful version of the stamp collector case, one where there is some story about how the person has managed to channel his range of drives in a way consonant with his master drive. But that would be far-fetched, and I don't think that we need to look to anything so remote. We can instead look to another monomaniac that Nietzsche himself discusses—namely Socrates, as described in *Twilight of the Idols*. (The focus here for our purposes is on Nietzsche's characterization of Socrates, however tendentious that may be, rather than on whether this is accurate to Socrates the historical individual or to Plato's eponymous character.) Although Nietzsche surely finds things to admire in Socrates's example, Socrates is among Nietzsche's paradigm cases of a sick, decadent person (TI, "Socrates").³³ By Nietzsche's reckoning, Socrates would fail by several of the characteristics of health enumerated in Section III above. Most notably, he has a negative self-world relation (TI, "Socrates," 1-2, 12; GS, 340), regarding life and the world as a sickness from which one must be freed. Yet there is another characteristic I would like to explore. It is the way in which reason has become dominant in Socrates and sought to co-opt the drives and turn them toward its own purpose (TI, "Socrates," 10-11). If we view this process in formal and dynamic terms alone, it would seem to redound to Socrates's health. After all, he is seemingly doing what the formal and dynamic account would prize as characteristic of health. Socrates has a strong master drive (viz., reason) which rules over his other drives.³⁴ Moreover, as I discuss below, this master drive is apparently successful at turning other drives to its purpose by giving them new

³³ As Kaufmann (1974) has sought to argue, Nietzsche has considerable admiration for Socrates. Kaufmann claims that Nietzsche's objection is not to Socrates himself, but to his doctrines and his followers. Kaufmann's case, it seems to me, is not persuasive. While Socrates and Plato are indeed "tools of the Greek dissolution" in the pernicious influence they have, they are also themselves "symptoms of degeneration" (TI, "Socrates," 2), particularly in the negative attitudes to life that their "physiological" condition disposes them toward (TI, "Socrates," 2). Kaufmann's reading also soft-pedals the disdainful, *ad hominem* tenor of the attack that we get in *Twilight* in particular: Socrates, Nietzsche says, is among other things, "ugly," "plebs," a "*monstrum in fronte, monstrum in animo*" ("Socrates," 3). Whatever admiration Nietzsche had for Socrates, the critical, and especially pathologizing tone in these passages is impossible to ignore. Socrates is decadent and sick.

³⁴ The form of 'reason' that (by Nietzsche's lights) is ruling in Socrates's psyche is far from the valorized conception of reason that Plato has in mind. It is not as if Nietzsche accepts Plato's characterization of 'reason' and basic moral psychology, but simply disagrees about whether reason should be ruling. Their disagreements are more fundamental, and their characterizations of 'reason' are somewhat divergent.

outlets. Yet given the highly negative and pathologizing terms that Nietzsche uses to describe this process in Socrates, it would not seem to be a mark of health. I will suggest that we can see why this is pathological only if we consider what is happening not just in formal and dynamic terms, but in normative terms as well.

Let us review the details of the case. Socrates's aggressive, agonal impulses get channeled into philosophical dialectic (TI, "Socrates," 7-8). Instead of actually fighting physically with a person, he takes out his aggression by undermining his opponents' arguments and making them thereby look foolish. And Socrates' erotic impulses—Socrates, as Nietzsche tells us, was "a great *erotic*" (TI, "Socrates," 8)—get channeled into philosophy as well. While Nietzsche does not address this in detail, surely, in noting this about Socrates, he must have in mind some of what is explicitly thematized in the *Symposium* and in the "Great Speech" from the *Phaedrus*. In seeing the beautiful boy, one's soul is led from the beauty of this particular boy in an upward chain to the contemplation of beauty, and onwards to the forms and most of all the form of the good—these being the objects of philosophical contemplation. Socrates's master drive, oriented toward a zealously rationalistic philosophy, integrates these apparently baser drives (aggressive and sexual) into his main philosophical life project. The objection I am making is this: Described in formal and dynamic terms alone, Socrates would seem to be undertaking a healthy form of sublimation. Yet this is at odds with the very negative terms in which Nietzsche couches what transpires: Socrates is a monster who has made reason a "tyrant" (TI, "Socrates," 10). The dominance of this master drive over the other drives, and co-option of them, is not a deliverance from disease, or a return to "virtue," but merely another expression of the underlying disease (TI, "Socrates," 11).

The lesson here, to my mind, is that it is not enough to count as a mark of health that one has a strong and effective master drive that manages to turn one's other drives to its purpose. It matters which master drive is doing the ruling and whether that's the sort of drive that *should* be

ruling.³⁵ When Nietzsche claims that reason is made “a tyrant” in the case of Socrates, the problem is not that reason is an *ineffective* ruler. It is that reason is an *inappropriate* ruler. The wrong drive is in a position of authority. Tyrants may get their way, but the important point is that they *shouldn't* get their way. Now, that said, Nietzsche is never very clear about what drive should be ruling in place of Socratic reason. Indeed, the picture of unity on offer (one strong drive ruling the others) may well be misconceived. On an alternative Schillerian model of integration (i.e., “unity”) that Paul Katsafanas (2011) has attributed to Nietzsche, it does not consist in one drive ruling over the other drives, though such a power structure is frequently conducive to integration. Rather, integration consists in a harmonious relation between the reflective and unreflective parts of the self. I don't adjudicate between these two models here. Even if one of these is the correct model of integration (and, relatedly, of successful agency or freedom³⁶), they are not, I believe, the correct models of *health*. For one can live up to these standards, and still be pathological, in virtue of the quality of the drive that is dominant. This sort of normative evaluation, I want to suggest, is crucial. Formal and dynamic notions will not carry us all the way, because they will deprive us of the ability to make key evaluative judgments about the kind of master drive in power.

Second, and putting Socrates to the side for the time being, consider one of the central characteristics of health: instinctively desiring and doing what is good for one. This characteristic wears its normativity on its sleeve. What makes this characteristic obtain is partly a normative property: the fact that the course of action one is desiring and performing is *actually good* for one. Evidently, this characteristic calls for a *de re* reading of the object of the desire. For what matters to health is not simply that you desire what you *regard* as good for you; instead, you must desire what is *in fact* good for you. A person's own judgments and inclinations on this score are notoriously misdirected and unreliable. Many, according to Nietzsche, erroneously believe that a course of action

³⁵ Clark and Dudrick (2012) rightly stress the importance of whether a drive has the “right” to rule.

³⁶ Katsafanas (2011); Gemes (2008); Richardson (2008).

which is in fact destructive for them is good for them, and desire that course of action under the mistaken auspices of its being good. The besotted Wagnerite believes that more Wagnerian music is good for him, indeed is his salvation from mundane reality. He thus wishes to immerse himself in this languorous sonic world every day. But if Nietzsche's indictment of Wagnerians in *The Case of Wagner* is to be believed, this is most definitely *not* good for him. It is a mark of sickness that he wants something so destructive for his "nerves" and health (CW, 5-7). As is characteristic of decadence, though, "what one ought to shun is found attractive, one puts to one's lips what drives one further into the abyss" (CW, 5). He desires and does what is (understood *de re*) not good for him. Yet how, if we refused to make recourse to any normative notions, could we ever identify this characteristic? In order to do so, we would need to consider not just descriptive facts about what the person *does* desire, but make a judgment about what he *should* desire, given what is good for him, a determination of which will presumably involve normative considerations.

Now, it may be (indeed, likely will be) a notion of the good in play here that is somewhat relativized to particular types of people. But it is a normative notion all the same. The best hope for the formal and dynamic account, in reply, would be to try to reduce a person's good to more basic descriptive notions, again perhaps having to do with integration of the drives and the will to power. I can't mount a full case against that strategy here, but what I have said about Socrates is some *prima facie* indication that it is unlikely to be successful. Unless we make recourse to normative judgments, we won't be able to distinguish the good cases from the bad cases, since we won't be able to make qualitative, evaluative distinctions among different effective master drives.

I'd like now to consider one further point in closing. So far, I have accepted for the sake of argument the idea that integration is necessary for health. But I'd now like to probe a bit further what that means. It might be construed to mean that we need to take the elements (particularly the drives) that we are faced with and do something with them that may transmute them, but still

preserves them. But consider what Nietzsche says in *The Gay Science* in the famous passage about “giv[ing] style” to one’s character:

It is practiced by those who survey all the strengths and weaknesses of their nature and then fit them into an artistic plan until every one of them appears as art and reason and even weaknesses delight the eye. Here a large mass of second nature has been added; there a piece of original nature has been removed—both times through long practice and daily work at it. Here the ugly that could not be removed is concealed; there it has been reinterpreted and made sublime. Much that is vague and resisted shaping has been saved and exploited for distant views... (290)

In this passage, he clearly allows that certain elements can be removed as part of this process of self-cultivation. So it is not just a matter of preserving and re-channeling what is there. In a similar vein, in *Daybreak*, Nietzsche gives advice for various ways in which we might combat the vehemence of a drive. Among his advice is the following: “First of all we may avoid opportunities for satisfying the drive, weakening and eventually making it wither and fall away [*abdorren machen*] by refraining from satisfying it for increasingly longer periods of time” (D, 109). If a drive *can* be deadened in this way, it might well be better to follow this course of action rather than trying to integrate it. Of course certain drives may be ineradicable, so the sensible strategy is to do something useful with it. But in the case of other drives, this is not so.

It is, I suggest, not necessarily unhealthy to work toward removing a problematic part of yourself, rather than seeking to incorporate it. And it is not necessarily healthy to integrate all the parts of yourself together, as opposed to trying to rid yourself of a certain problematic part. Normativity makes an entrance again: It matters whether the part (or drive) actually is *worth* retaining (in its present or a transmuted form).

However, one might well think of integration as the ideal, with elimination as a second best (and not necessarily unhealthy) alternative.³⁷ But let us consider the grounds for thinking that integration is always better. I can think of three potential reasons. The first is that being integrated realizes an aesthetic ideal of unity. The person who is not integrated is allegedly an aesthetic failure.³⁸ The second is that it is supposed to take more strength to be able to integrate successfully, so it is a mark of one's character that one does this. The third is that working toward integration is a sign that one is satisfied with oneself, whereas a tendency toward elimination is supposed to be a sign that one is dissatisfied with oneself.

I don't think any of these supposed grounds provide decisive reason to prefer integration over elimination in all circumstances where both are possible routes. Let us make this more specific in terms of a particular case. Suppose you have a strong drive toward alcohol. This prompts you, on occasion, to keep drinking to excess after you've had quite enough.³⁹ Suppose as well that you are not happy with this drive to alcohol. What can you do about it? Here are two options open to you: You can seek to integrate this, incorporating the alcohol drive into your self-conception and self-presentation. (Lest this seem far-fetched, I have several Facebook friends who seem to have taken up this approach. Mentions of frequent and debauched gin consumption figure prominently in their status updates.) Or you can follow the advice of *Daybreak* 109 to try to weaken or deaden this drive in some of the ways Nietzsche suggests in that passage. It is thus not clear to me that integrating this drive should be any better than seeking to weaken or eliminate it (provided, of course, that you can). Consider the first potential grounds for preferring integration. Is it aesthetically better to be integrated? Here, I think it depends partly on what the underlying elements are. Integration of whatever happens to be there is not clearly the way to go, because the aesthetic whole may be worse

³⁷ This suggestion is due to Ken Gemes.

³⁸ This theme of unity of the self as an aesthetic ideal is a key idea in Nehamas (1985).

³⁹ Cp. the discussion in Katsafanas (2011) and his example of Hemingway (p. 98ff).

than the one you end up with where the part is eliminated and integration then pursued. Consider the second reason for preferring integration: Is it a sign of strength that one has managed to carry off the integration? It *may* be, given that Nietzsche suggests that a frequent weakness of decadents is that they are not able to carry off this sublimation (TI, "Morality", 2). But by the same token, the sort of discipline required for the weakening or the elimination of a drive would seem to require a great deal of strength and resolve too. It is not clear that the former bespeaks a stronger character than the latter in every case. Consider the third reason for preferring integration. Is it a sign of being satisfied with oneself that one works toward this integration and a sign of dissatisfaction that one works toward elimination of the drive? Probably so. But being satisfied with yourself is not necessarily good, and being dissatisfied with yourself is not necessarily bad. The last men, for example, are contemptible precisely in their blithely unwarranted self-satisfaction (TSZ, "Prologue"). A dose of dissatisfaction might well be beneficial. What matters is not that you are satisfied *simpliciter*, but that you are justifiably satisfied, because you have a life and character worthy of that satisfaction. By the same token, being dissatisfied is not automatically bad, especially insofar as it is a spur to change. It may well be what prompts you toward self-overcoming. The point in GS, 290 is that you try to end up with a self you can (rightly) be satisfied with. It is neutral on whether this is accomplished through integration or elimination, and indeed it allows for both possibilities.

What one needs here, I believe, is normative judgment. Not all drives, and not all parts of oneself are created equal. Some, it seems to me, and possibly to Nietzsche in D, 109, are ones that we would be better off without, even in whatever transmuted form they make take. This drive to alcohol may well be like that; a final judgment about it would ultimately depend on the details of the particular case and consideration of the relevant alternatives. But the important point I am trying to establish is that integration is not *necessarily* better as a course of action. The trouble with relying on a purely formal notion such as this (and the related dynamic one involving the will to power) is that it is not plausible that they can function as successful stand-alone ideals. Ancillary normative

judgments will be necessary to determine whether, in a given case, integration or elimination is the route to take with a particular drive, following an assessment, in part, about whether the drive is going to prove good for one.

What then of Nietzsche's diagnoses of a tendency to extirpation as a sign of sickness? (TI, "Morality," 2). The tendency to extirpation is problematic, it seems to me, not because extirpation *per se* is problematic, but because of the grounds on which it is undertaken. It matters why you are seeking the drive's removal (on moral grounds, or more pragmatic ones) and—this is where normativity enters yet again—whether that it is an *appropriate* grounds on which to be seeking its removal. The problematic cases of extirpation are the moralized ones, where the drive gets branded as evil.

I've so far considered formal and dynamic notions to see how far they are able to take us. I've suggested that if we rely on these, we won't be able to understand Nietzsche's account of health in an adequate way. We will need to bring in normative notions as well. To that end, I have sketched the beginnings of an argument against formal and dynamic accounts, and the beginnings of an argument for why normative notions will be necessary.

V. Conclusion

The work done in the main sections in this paper is cumulative, but independent. That is, one can accept and find useful my account of the Nietzschean marks of health in Sect III., without accepting my negative arguments against the formal and dynamic strategy in Section IV. But I myself think that normativity is going to be inescapable here.

It may be disappointing that I have not offered some alternative unifying account of health, to replace the formal-dynamic one I have criticized. But it seems to me that no such account is in the offing. We do better to think of Nietzschean health in terms of a cluster of characteristic features. In fact, this seems to me to be the most plausible way of thinking about ordinary bodily

health as well. It is a combination of the absence of certain negative features, coupled with the presence of certain positive features. These features are of course richly interrelated. But we should resist the temptation of thinking that it is somehow explanatorily more helpful to find some abstract, totalizing way of having all these features tied together. For this reason, I focused the bulk of the paper on trying to illuminate this cluster of characteristics that are the marks of health.

Given this, however, why think these characteristics speak to anything like a concept of *health* at all? When stretched so far, isn't it just a catch-all positive evaluation, a sort of blanket term covering everything Nietzsche approves of?⁴⁰ I think this is an important concern. But it is important to see that health and other values can come apart.⁴¹ For consider the relation of health to other key Nietzschean character traits, for example, that of creativity. Creativity is a feature that Nietzsche clearly admires. Being deep and interesting are also features Nietzsche admires. All these characteristics play a role in certain forms of Nietzschean excellence. But excellence (of this form) and health are different things. For one could be healthy, without being creative, deep, or interesting, and thus excellent in the way those features enable. Presumably this is true of the rampaging healthy nobles of GM I, who are excellent in some ways (good at warfare), but not in others. Health is thus an important value for Nietzsche, but it is in principle separable from some of his other core values. Indeed, we might go even further to say that it is sometimes *in tension* with his other values. One of Nietzsche's recurring themes is how certain kinds of sickness (including sickness of the soul) are bound up with creativity and with having been made into deep and interesting creatures. The simplistic Manichean idea, which Nietzsche can sometimes give the impression of endorsing, that

⁴⁰ My thanks to Reid Blackman for raising this objection.

⁴¹ Cp. Huenemann (2013), "[Health] is a value Nietzsche never denigrates, abandons, or 'revalues.' Instead, it becomes something of his own replacement for 'the good,' or 'knowledge,' or 'truth,' or any of the other traditional philosophical values Nietzsche calls into question," p. 68.

the unhealthy is straightforwardly bad and the healthy straightforwardly good is one that is far from obvious, when things are looked at through another, more complicated Nietzschean lens.⁴²

It bears noting that in claiming that there is a key normative dimension of health, I have not taken a stand on any meta-ethical or meta-axiological issues. For all I've said so far, these normative notions necessary for Nietzsche's judgments about health may be rooted in nothing more than his personal preferences. Thus, even if we attribute to Nietzsche a strong anti-realism about the normative domain, this shouldn't lead us to conclude that he can't—and doesn't—make essential use of normative notions at the first-order level in his account of what health is and in his judgments about who is healthy.

In claiming that health, as Nietzsche uses it, is a normatively laden notion, I've suggested that whether someone is healthy is not going to be determined by the investigation of a set of purely descriptive facts. It will bring in value judgments, at least those from Nietzsche's perspective. Health of the soul is not a value-free concept. It is one in which Nietzsche's values come very much into play. This seems to me to be wholly in keeping with the tendentious use that Nietzsche makes of it.⁴³

⁴² I discuss these matters further in Huddleston (2015). On these issues, see also Neuhauser (2014). On this topic, I have benefited greatly from discussion with Ken Gemes, and adopt the term "Manichean" here, following his suggestion.

⁴³ My thanks to Ken Gemes, John Richardson, and Jon Webber for their very helpful comments and email correspondence on this paper, as well as audiences at Colgate University, Cardiff University, and the Hungarian Academy of Sciences History and Philosophy of Science Group for discussion of it.

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