The madness of Nietzsche: a misdiagnosis of the millennium?

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This article represents a personal discussion about Nietzsche's mental illness, which formed part of a larger paper 'The masks of Nietzsche and eternal return of the repressed'. This was presented at the 6th Annual Conference of The Friedrich Nietzsche Society, September 1996, Manchester UK, as reported by Nussbaumer-Benz (1998).

'I mistrust all systematizers and I avoid them'. (Nietzsche, 1888/1976)*

The life of Friedrich Nietzsche (1844–1900), one of the most profound thinkers of the last 150 years, was as abundant in paradoxes as his philosophy. A son of a Lutheran pastor, a man of a deeply religious nature, becomes one of God's most famous assassins; a philosopher of truth and free will is hailed as a proponent of Nazism (thanks to his sister); a man of unparalleled intellect and insight, an advocate of *Übermensch* and *will to power*, is crashed by mental illness only to spend the last decade of his life in a state of oblivion.

At the age of 44 years Nietzsche was admitted to a mental asylum and diagnosed as having atypical paralysis progressiva. Despite there being no evidence of syphilis, other than his own 'confession' and his very disturbed mental state, the diagnosis has endured for more than a century. He had, however, suffered from a mental disorder for many years before his final breakdown. A thorough examination of the pattern and content of Nietzsche's creativity, his own and his contemporaries' accounts of his fluctuating moods, and available photographs, suggests that he suffered from a manic-depressive illness, probably followed by multi-infarct dementia.

LIFE AND WORKS

Nietzsche was born on 15 October 1844 in Röcken, Saxony, the eldest of three children, in a household dominated by women. When he was $4^1/_2$ years old his childhood was shattered by the untimely death of his father, closely followed by that of his younger brother. The autopsy revealed that a quarter of his father's brain was affected by 'softening' (Janz, 1991; Hayman, 1995).

The same phrase was used by Ibsen (1881/1964), Nietzsche's contemporary, in the play *Ghosts*, which deals with the son's fear of having inherited syphilis from his deceased father. Nietzsche too often feared that he had inherited his father's illness. Did he think his father had died of syphilis, a secret never to be spoken? Perhaps it was his father's guilt he later tried to redeem at the time of psychosis, much in accordance with his own philosophy: 'love bears not only all punishment but also all guilt' (Nietzsche, 1883–5/1969).

In 1865, while a student, Nietzsche visited a brothel in Cologne, from which he ran away without having any sexual encounter (Gilman, 1987). This episode was later blamed for his alleged syphilitic infection.

Despite being plagued with ill health and migraines, Nietzsche was highly successful at school and university, and took up a chair in classical philology at Basel University before he was 25 years old, becoming one of the youngest professors ever. While there, he wrote prolifically, but a letter to Wagner (September 1876) reveals:

'Behind the great events is a streak of the blackest melancholy, from which certainly one cannot escape quickly enough, whether to Italy or into work or both' (Middleton, 1996).

Lonely, plagued with insomnia and ill health, he resigned from the chair in 1879, with a pension that allowed him to live and travel for the next decade, albeit on the verge of poverty.

These were the years of strife-torn existence and the philosopher's wanderings throughout Europe mirrored his inner searches for the essence of life, of God, of himself. During this 10-year odyssey he produced his greatest works — in 1888, his last creative year, he wrote no less than five books.

Nietzsche's experience of love was as intense as it was brief. A relationship with Lou Salomé ended after a few months, leaving him hurt, angry, and even lonelier. He poured his grief into *Thus Spoke Zarathustra*, his masterpiece, described by Jung (1994) as a very morbid poem, just as haunting as it is beautiful, composed on the verge of experience, perhaps at the verge of psychosis.

THE BREAKDOWN AND AFTER

In August 1881, many years before his final breakdown, Nietzsche wrote to a friend:

'at times a premonition runs through my head that I am actually living a very dangerous life, since I am one of those machines that may explode' (Middleton, 1996).

This proved to be a self-fulfilling prophecy. In the autumn of 1888 he came to think that people were treating him preferentially, that he looked

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*To observe the chronology of Nietzsche's works and those of his contemporaries, the first date refers to the time of writing and the second to the edition quoted from. Nietzsche's own expressions are presented in italics.

10 years younger, and everybody was glancing at him as if he were a prince. In a letter to his friend Overbeck he exclaimed:

'Both in my work and in my good spirit, things go on and on at a tempo fortissimo'

and

'I play so many stupid tricks with myself and privately do much inspired clowning, that sometimes I go about the street grinning and my face continually makes grimaces in order to get over my extreme pleasure — including for ten minutes, the grimace of tears' (Middleton, 1996).

He believed he could control the weather and external events and sent inflated, uninhibited letters to various heads of state and to Burckhardt, Cosima Wagner and Overbeck, signing himself Crucified, Dionysus, and Caesar (Janz, 1991). He sang, danced, played the piano, talked about himself as a successor to dead God and expected great festivities to be held in his honour.

Nietzsche crossed his rubicon on the morning of 3 January 1889. In Piazza Carlo Alberto in Turin he saw a cab driver beating a horse, burst into tears, flung his arms around the animal's neck and collapsed.

Upon his arrival at Basel nursing home Nietzsche claimed to have infected himself twice with syphilis, as well as other wild assertions which were, in general, dismissed. At times he reproached himself for having been the cause of several peoples' ruin. The philosopher was soon transferred to Jena mental asylum under the care of Professor Otto Binswanger, who confirmed the diagnosis of paralysis progressiva.

The patient continued to be in a state of motor excitement, had a ravenous appetite, talked incessantly, hardly slept, asked for women and made obscene gestures. Later he was found to drink his urine, smear his excrements, and collect useless objects (syllogomania). In the last decade of his life he was gradually less able to recognize his friends, was often silent and periodically repeated the same sentence for hours without interruption. Nietzsche died after a stroke on 25 August 1900 (Podach, 1931).

NIETZSCHE'S PERSONALITY

This was multi-faceted, difficult to define and impossible to classify, as paradox, contradictions and ambiguity formed the core of his soul. Nietzsche called himself a *philosopher of masks* and maintained that:

'one must learn to speak in order to remain silent...In that one says something one is always at the same time concealing something' (Nietzsche, 1886/1990).

He spent his lifetime devising ever new *fish-hooks, masks and hiding places* to entice his readers, friends, pupils and admirers alike. While screaming at the reader through his many personas (such as the rebel, the misogynist, the antichrist or the prophet), he also spoke softly. And when he did, a silhouette of a *boy with tired hot eyes* lurked from behind the veil; pain and sorrow lied just underneath the surface of hardness.

Nietzsche was a dreamer who never quite developed a sharp boundary between fantasy and reality, so that oneiric, eidetic imagery became an intrinsic ingredient of his psychological make-up. He lived in books and books lived in him, so that life was lived as literature, and literature became alive (Nehamas, 1985; Cybulska, 1997). He was no scientist but a poet, a psychologist and a philosopher.

The early death of his father was a loss he never overcame but compensated for by a deep reverence for men such as Schopenhauer, Burckhardt and Wagner. Typically his idols would sooner or later fall from the pedestal, as for him they belonged more to the world of imagination than to reality.

A very proud man who rarely admitted to vulnerability, Nietzsche transformed his need for love into an almost pathological self-sufficiency and a kind of intellectual heroism. He led an ascetic life of a nomad, in a radical self-imposed solitude, both yearning for yet fearing intimacy. His female friends were sexually unavailable, glorified mother figures (Diethe, 1996). His own sexuality was powerfully repressed and on a deeper level he was frightened of the feminine, a feeling that found its release in his famous misogyny. As far as can be ascertained, he never had sex with a woman of his own class, and may have died a virgin.

Nietzsche had a cyclothymic personality with periods of low mood and lassitude, studded with numerous somatic complaints (such as headaches, vomiting, 'blindness', insomnia, abdominal discomfort) alternated with periods of heightened energy, creativity and inflated self-esteem. Research suggests that 30% of cyclothymic personalities develop fully blown manic-depressive illness (Jamison, 1993).

DIAGNOSIS

There was no post-mortem. Several of Nietzsche's biographers had doubts as to the diagnosis but, thus far, no alternative hypothesis has been put forward. Möbius (1904) felt that *Thus Spoke Zarathustra* bears witness to the earliest signs of the philosopher's insanity, while Jaspers (1996) thought that since 1880 Nietzsche had undergone a spiritual transformation linked to an 'unknown biological factor', and that in the last decade of his life he developed dementia. Perhaps this indicates two separate conditions: a functional as well as an organic illness.

ARGUMENT AGAINST GENERAL PARESIS OF THE INSANE

Hare (1959) traced the epidemiology of dementia paralytica to the beginning of the 19th century, when it may have arisen as a result of mutation of the syphilitic spirochaetae. By the end of the century it became a prevalent diagnosis in mental asylums throughout Europe.

The clinical picture of general paresis of the insane (GPI) is one of dementing process with insidious onset, usually setting in 10–15 years after the initial infection. (In Nietzsche's case the incubation phase would have amounted to 23 years.) A period of ill-defined symptoms, e.g. headaches, insomnia and lethargy, pre-

cedes changes of personality such as moodiness, emotional lability, coarsening of behaviour, loss of refinement and reduction of interest. The grandiose form is not as frequent as previously believed and simple dementing type constituted between 20% and 60% of cases in different series (Lishman, 1987).

Dementia is hardly compatible with a high level of creativity and Nietzsche's work rate increased until his sudden collapse. The books he wrote in his last creative year, albeit grandiose in tone, are lucid and contain penetrating insights.

Among neurological abnormalities tremor is present in two-thirds of cases, dysarthria in 80%, tabes dorsalis in 20%, and reflex abnormalities and grand mal epilepsy in 50% of cases, with incontinence of urine as an early sign. A detailed examination by Volz (1990) of medical notes from Jena pertaining to Nietzsche's illness has revealed that he had no tremor, ataxia, dysarthria, incontinence or grand mal epilepsy. Although his pupils were unequal, he had inherited this abnormality from his mother. Recurrent migraine, severe myopia, and his abuse of atropine and opium would have made any speculations on the significance of his pupillary abnormalities limited.

In Nietzsche's biographies (Janz, 1991; Hayman, 1995) there has been no evidence of secondary syphilis or treatment with mercury. The secondary period of syphilis with typical cutaneous lesions on the thorax and the palms of the hands and soles lasts 2–3 years and is unlikely to have been missed by Nietzsche, the 'symptom reporter'. Death frequently occurs 4–5 years after the onset of symptoms of the tertiary stage (Lishman, 1987), while in Nietzsche's case it would have been over a decade.

ARGUMENT IN FAVOUR OF MANIC-DEPRESSIVE DISORDER

Unipolar illness is often found in the family of bipolar patients (Goodwin and Jamison, 1990); the philosopher's maternal uncle suffered from severe depression and committed suicide (Goch, 1994). Nietzsche often talked of 'Dr Death', and contemplated (and attempted) ending his life.

Jaspers (1996) postulated that Nietzsche's mood fluctuations could be traced as far back as 1880, but this author feels that his mood disturbance lay at the very heart of his creativity. As early as 1871, shortly after completing his first book *The Birth of Tragedy*, Nietzsche wrote to Rohde:

'In addition to many depressed and half-moods, I have also had a few elated ones and have given some sign of this in the small work I mentioned.'

In a letter to Gast (August 1881) he says:

'...intensity of my feelings make me shudder and laugh...on my hikes I wept...tears of jubilation; meanwhile I sang and talked nonsense, filled with a new vision that puts me ahead of men' (Middleton, 1996).

In 1881, during a walk in the mountains of Sils-Maria, Switzerland, the philosopher experienced that unforgettable moment of elation when the idea of *eternal return* invaded his mind and did not leave him until his final collapse. For Nietzsche, an experiential philosopher, to give birth to such an idea he must have experienced a sense of recurring sameness. What may have been recurring to him was a feeling of déjà vu (not infrequent in migraine sufferers) and cyclic mood changes.

Possibly this was his first (hypomanic) psychotic episode and, although there was no obvious precipitating life event, Nietzsche was 36 years of age at the time, the age at which his father died and he often feared he would die too. Lou Salomé (1951) witnessed the philosopher's elated moods and Hausmann thought that 'his conversation had something erratic about it as his thoughts spouted forth in an astonishing excess, literally crowding one another out' (Gilman, 1987). Moments of elation were followed by episodes of depression and feelings of vulnerability.

Somatic symptoms (e.g. headaches, vomiting, 'blindness') that accompanied the latter bore striking similarity to the symptoms of his father's final illness. In December 1887 he wrote to Fuchs 'the vehemence of my inner pulsations was frightful during the past years' (Middleton, 1996). The pattern of his creativity was intermittent and bouts of writing were interspersed with periods of compositional silence. This was particularly noticeable from 1881 and the first three books of *Thus Spoke Zarathustra* were composed in three separate 10-day bursts of inspiration between February 1883 and January 1884 (Middleton, 1996). He incubated his thoughts and took notes during periods of lowered mood and finalized his writings in elated episodes.

In Nietzsche's philosophy the form and the content are inextricably interwoven. His oeuvre abounds in inflationary concepts such as *Übermensch*, *will to power* and *the overcoming*. *Ecce Homo* (Nietzsche, 1888/1979), his penultimate book and a self-narrative, is highly grandiose as reflected in the chapter headings: 'Why I am so wise', 'Why I am so clever' and 'Why I write such good books'. The aphoristic form (by no means unique to Nietzsche) may have suited his attention span, affected by mood swings and recurrent migraine. The philosopher's discourse is rooted in associative thinking and word play, and puns are the hallmark of his style.

Several authors have commented on musicality, rhythm and metaphors in Nietzsche's highly poetic writings (Vitens, 1957; Masini, 1973; Kofman, 1993); most of these linguistic effects have been disappointingly lost in translations. His handwriting shows fluctuating amplitude with periodic illegibility and he also used an increasing number of exclamation marks (in some passages of *Thus Spoke Zarathustra*, eight out of ten sentences end with exclamation marks). According to Kraepelin (1913/1921), these features of style and handwriting might indicate a high level of energy, elated mood and a flight of ideas. Nietzsche's overall clinical picture meets *Diagnostic and Statistical Manual of Mental Disorders-IV* (American Psychiatric Association, 1994) criteria for bipolar affective disorder, consisting of brief manic episodes

with some psychotic features alternating with longer depressive phases studded with somatic symptoms.

KLÜVER–BUCY SYNDROME AND MULTI-INFARCT DEMENTIA?

At the time of his admission to Jena, Nietzsche showed signs resembling Klüver–Bucy syndrome: huge appetite and hyperorality (including drinking his own urine), sexual disinhibition, rages alternating with periods of apathy, and hypermetamorphosis (compulsion to react to visual stimuli). The syndrome (related to pathology in temporal lobe and limbic structures) occurs in a number of conditions such as Alzheimer's disease, Pick's disease, encephalitis, trauma and vascular lesions can lead to apathy and dementia-like state (Clarke and Brown, 1990).

There is no doubt that in the last decade of his life Nietzsche developed dementia; he wrote nothing and gradually became incapable of rational conversation. The relatively sudden onset points towards vascular aetiology. In the early stages of his final illness a left-sided weakness of his facial muscles was noted and he later showed paraphasia, dysgraphia, perseverations and syllogomania (Volz, 1990).

Later he developed an obvious hemiplegia, most likely caused by a vascular lesion (*Figure 1*). Although hemiplegia occurs in general paresis too, it is always transitory and associated with a loss of consciousness (Brain, 1969). Lishman (1987) reports that progressive mental impairment has been found in sufferers of severe migraine, possibly as a result of cumulative brain damage from successive small infarctions and studies suggest that recurrent migraine constitutes a risk factor for ischaemic stroke in men (Merikangas et al, 1997).

The association of mania, migraine and damage to the right side and midline brain structures has been reported (Strakowski et al, 1994) and manic symptoms correlate with multi-infarct changes (Berrios and Bakshi, 1991). Some patients who suffer from recurrent depression have reduced grey matter density in the left temporal cortex, including the hippocampus, so that depression may not be as 'functional' as previously believed (Shah et al, 1998).

OTHER DIAGNOSTIC POSSIBILITIES

Patients who suffer from migraine may have considerable mood fluctuations. This was Nietzsche's overwhelming affliction from his adolescence, complicated by the abuse of chloral, hashish, atropine and opium. Migreneurs have episodes of depression or elation, lasting for several hours or days at a time, and differing from manic depressive mood swings only by their brevity (Sacks, 1995). Distinction from primary affective disorder may occasionally prove impossible.

There is a (remote) possibility that Nietzsche had a diencephalic tumour. Marked mood swings, defective emotional control and dementia have been described in a patient whose autopsy revealed a circumscribed hamartoma in the hypothalamus. The diagnosis has been occasionally mistaken for GPI (Reeves and Plum, 1969).

DISCUSSION AND THE CRITICISM OF METHODOLOGY

Pathography is always retrospective and cannot be substantiated by the examination of the person's mental state. The eminent psychiatrist, Professor Otto Binswanger, who treated Nietzsche was not acquainted with his patient's philosophy or correspondence. The author feels (as did Möbius and Jung) that the philosopher's works — particularly *Thus Spoke Zarathustra* — bear witness to his mental disorder and constitute *an indirect biography of his soul*.

Although the author has personally examined some of Nietzsche's manuscripts, it was not necessary, or indeed practical, to read all the clinical notes made at the time of his confinement in Jena. This was done with great care and diligence by a medical historian Pia Daniela Volz (1990), who published a detailed account of her research but, as a non-clinician, understandably failed to reach new conclusions.

In Nietzsche's time there was no objective method that could confirm or refute the diagnosis of syphilis and, as Quétel (1990) points out, this illness was more of a cultural than a medical phenomenon. The Wasserman test was developed in 1906 and more specific investigations came later still. The archives of Jena asylum from the time of Nietzsche's confinement reveal that 64% of inmates were diagnosed as having mental disorder related to syphilis (Volz, 1990). Other diagnoses (descriptive rather than aetiological or nosological) included furore, dementia, melancholia, mania and a raving madness.

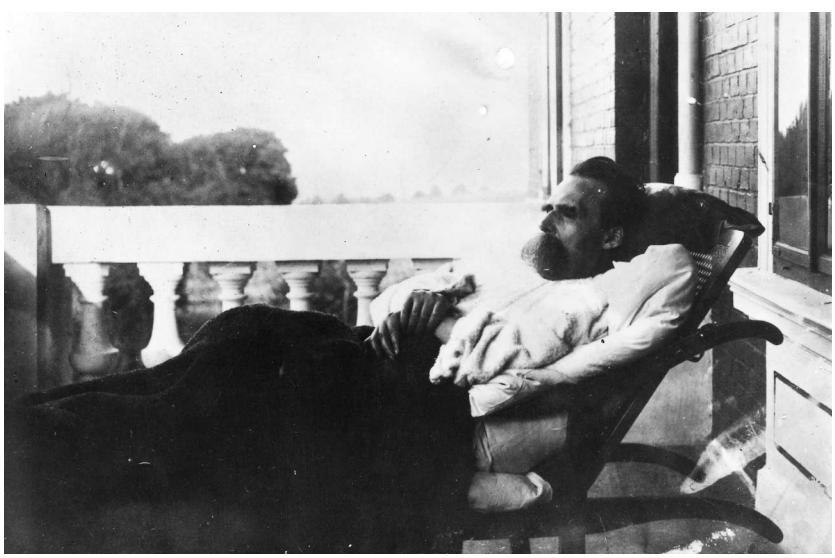

Figure 1. Friedrich Nietzche. GSA 101/37 (30), Stiftung Weimarer Klassik

Today, using modern diagnostic categories, many of these patients would have been diagnosed as suffering from bipolar affective disorder or schizophrenia. According to Dewhurst (1969), affective psychosis was most commonly confused with general paresis. The earliest attempts to formulate a unitary concept of manic-depressive illness date back to Hippocrates (4th century BC), echoed by Aretaeus of Cappadocia (2nd century), developed further by Esquirol, Falret (La Folie circulaire) and Baillarger in the 19th century. In 1882 Kahlbaum described circular disorders as cyclothymia. It was, however, Kraepelin who in 1913 finally synthesized the concept of manic-depressive insanity as a nosological entity. But, as Kuhn (1970) observes, time is required for new paradigms to gain recognition and old ones die only with their proponents.

A study of a relationship between creativity and psychopathology has shown that as many as 62% of thinkers and 88% of writers have marked or severe mental disturbance (Post, 1994). A particularly strong link between creativity and bipolar affective disorder has been found among poets and writers, with the prevalence approaching 50% (Jamison, 1993). Psychoanalysts (Klein, 1981) and sociologists (Brown and Harris, 1978) have repeatedly stressed an early bereavement as a vulnerability factor for psychotic depression in later life. An early death of a father, especially in a case of a gifted boy, seems to spur man's creativity, as was the case with Donne, Byron, Wagner and others. However, the relationship between early loss of a parent, manic-depressive psychosis and creativity has thus far not been examined. **HM**

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KEY POINTS

- The diagnosis of Nietzsche's mental illness as general paresis of the insane was in tune with a prevailing medical paradigm of the time.
- A fresh look based on current psychiatric knowledge and nosology suggests that he suffered from manic-depressive disorder, probably followed by multi-infarct dementia.
- An in-depth study of Nietzsche's case may throw a new light on the relationship between manic-depressive disorder and his philosophical creativity.
- Can a recurrent affective illness constitute a vulnerability factor for multi-infarct dementia? A longitudinal epidemiological study is required.