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Nietzsche's Concept of Health

IAN DUNKLE
University of Southern Mississippi

Nietzsche assesses values, moralities, religions, cultures, and persons in terms of health. He argues that we should reject those that are unhealthy and develop healthier alternatives. But what is Nietzsche's conception of health, and why should it carry such normative force? In this paper I argue for reading Nietzsche's concept of health as the overall ability to meet the demands of one's motivational landscape. I show that, unlike other interpretations, this reading accounts for his rejection of particular features of a prevailing, then as now, model of health; for his association of health with strength and with psychic unity; and for his claim that health is compatible with, and can even be enhanced by, functional impairments such as those from which he personally suffered. Throughout I draw connections to recent literature on health and disability.

1.[1]

In the Preface to GM,[2] Nietzsche says his task is to address the following questions:

1. This content of this paper owes much to extensive written feedback from Paul Katsafanas, John Richardson, Colleen Cressman, Justin Remhof, and Kaitlyn Creasy and to the participants in Remhof's virtual Nietzsche Workshop, including Rebecca Bamford, Jessica Berry, Ken Gemes, Paul Loeb, Allison Merrick, Matthew Meyer, Mark Migotti, and Alexander Prescott-Couch. I also want to thank Daniel Dahlstrom, C. Allen Speight, and two anonymous reviewers for their varied and helpful input on versions of this paper.

2. I use these abbreviations of Nietzsche's works:

A	*The Antichrist*
BGE	*Beyond Good and Evil*
CW	*Contra Wagner*
D	*Daybreak*
EH	*Ecce Homo*

Contact: Ian Dunkle <Ian.D.Dunkle@gmail.com>

> [U]nder which conditions did humanity invent for itself those judgments good and evil? Have they inhibited or fostered human flourishing [Gedeihen] up to now? Are they an indication of a state of crisis, of impoverishment, of a degeneration of life? Or, conversely, is fullness, strength [Kraft], the will of life, its courage, its confidence, its future revealed in them? (GM P.3)[3]

In the third essay, he answers,[4]

> The ascetic priest [who ushered in the judgments in question] has corrupted health of the soul everywhere he has come to rule. (GM III.22)

Clearly, the standard by which Nietzsche is judging "health of the soul" or "human flourishing" is pivotal to his criticism of conventional morality in GM. Indeed, Nietzsche uses health again and again throughout his corpus as an evaluative criterion: values and ideals, persons and groups, institutions and cultures are now held up and now cast down on the basis of their causing or signifying good and poor health respectively.[5]

Readers, however, will search in vain for clear and consistent statements of what health means for Nietzsche.[6] And students will be disappointed by the lack of scholarly consensus, and relative dearth of scholarly attention, on this issue.[7] This paper aims to clarify exactly what Nietzsche means by health by the late 1880s. My account contrasts on important points with recent scholarship. It draws on Nietzsche's historical context and recent work in philosophy of medicine and of disability. Throughout I build an interpretation of Nietzsche's concept of health that sheds light on *why* he held the view he did and why we might, too. I am unable, here, to develop a comprehensive reading of Nietzsche criticism of morality in GM or to explore the relation of health to Nietzsche's

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GM	*Toward a Genealogy of Morality* (I–III)
GS	*The Gay Science*
HH	*Human, All-Too-Human* (I, II, WS)
TI	*Twilight of the Idols*
UM	*Untimely Meditations* (I–IV)
[Year] [#]	Unpublished notebooks (per Nietzsche 2009), and this of Schopenhauer's:
WWR	*The World as Will and Representation* (I–II).

3. Translations of Nietzsche are mine based on Nietzsche (2009).
4. Cf. HH I.35, 50, 141, 243, 251, 590; HH WS.174; D 52, 269, 424; BGE 62; A 3, 17, 22, 30; TI Morality.
5. See UM II.1; GS 340; A 7, 14.
6. Two apparent exceptions are UM II.1 (1874) and HH I.224 (1878). They are, however, not fully consistent with each other much less the works of the late 1880s discussed in detail below.
7. Noteworthy exceptions include Huddleston (2017), Richardson (2009), Reginster (2013).

other evaluative criteria. But in clarifying Nietzsche's concept of health this paper should substantially contribute to those tasks.

My argument proceeds in four main parts. First (§2) I present a foil for Nietzsche's concept of health: a *functionalist* concept of health that prevailed then as now. According to this account of health, to be healthy is to be in a state where one's physical and mental processes function at least as efficiently as normal at promoting one's survival and reproduction. The second step in my argument is to show *why* Nietzsche rejects this view. I discuss two reasons he gives, which serve as two desiderata for interpreting Nietzsche's positive concept of health: (§3) the ideal human condition is not merely that of surviving and reproducing, and (§4) an impairment that diminishes the health of one person does not necessarily diminish that of another. My third step provides two further desiderata: Nietzsche closely associates health both with strength (§5) and with expression of one's drives or instincts (§6). My fourth and final step is to show how we can account for all these desiderata by interpreting Nietzsche's concept of health as the condition of being able to meet the demands that our basic motivational dispositions place upon us (§§7–10).

2.

As I argue below, Nietzsche employed a unified notion of human health—encompassing both psychological and physiological factors. Contra some interpreters,[8] he typically uses *health* literally, seeing states of affair measured by his use of health as identical to those of concern to medical professionals. This is suggested by his claims to have insight into the constitution of health on the basis of his lifelong struggles with illness (more on this below). It's implied by his call on medical researchers *to continue his project* at the end of GM I. Given that he uses health literally, I begin by considering how other medical theorists conceived of health in his day.

Health was conceived then quite similarly to the model of health prevailing in recent philosophy of medicine. Simplifying somewhat, the view can be described this way, which I call *Functionalist-Health* or F-Health:[9]

Ends All living organisms are naturally directed toward the ends of survival and reproduction.

Functions Processes within an organism perform functions insofar as they regularly causally contribute to the organism's tendency to realize its natural ends.

8. Richardson (2004), Leiter (2002), Moore (2002).
9. Cf. Hausman (2011), Boorse (1997; 1977).

Pathology When processes depart from their normal (level of) function they are dysfunctional or pathological.
F-Health An organism is healthy to the extent that it is free of pathology.

According to F-Health, for a person to be healthy is for her to be in a psychological and physical state at least normally well-suited to the performance of those bodily and mental functions that typically contribute to a human's survival and reproduction. Avoiding overly technical examples, I am healthy insofar as my nasal passages allow airflow at least as well, my pancreas regulates my insulin and glucagon at least as efficiently, and my so-called "stress-" or "fight/flight-response" matches my circadian rhythm and life-circumstances at least as well as the normal human. To the extent that any of these systems function below a *normal threshold*—perhaps that typical of someone my age in comparable circumstances[10]—it is pathological and I am ill (e.g., nasally congested, prediabetic, or suffering from generalized anxiety disorder). To emphasize, all of these claims are comparative: one's health is a matter of degree.

The most delicate and controversial aspect of F-Health—then as now—is how to specify the threshold of normality below which a functional level is deemed pathological.[11] I lack the space to review the debates here, and their intricacies don't shed light on Nietzsche's objections to F-Health. What makes a system's function *sub-* rather than merely *non-normal* is that it contributes *less* efficiently to the organism's overall survival or reproduction. Of course, even Nietzsche's contemporaries appreciated the fact that living organisms are highly complex and, accordingly, that the contribution one system makes to survival and reproduction is not direct; there is no linear relation between the rate of airflow allowed by my nasal passages and my overall health since there are many other factors interacting with them to enable my survival. This is part of why functionalist-health is defined negatively, as the absence of disease(s), rather than positively, as the existence of high function(s).

As I discuss in Dunkle (2018), the thesis, Ends, had near consensus in Nietzsche's day and, indeed, long before. One finds it clearly espoused in the work of Kant, the German Idealists, and Schopenhauer; in J.S. Mill, Herbert Spencer, and William Rolph, each of whom Nietzsche read carefully; and in the groundbreaking physiological work of the French celebrity-researcher Claude

10. This is, roughly, how Boorse (1997) proposes to understand normality.

11. Since the 19th century efforts have been made to specify this level statistically: see Canguilhem (1966/1989) on the history; Hausman (2011) and Boorse (1997) for recent efforts. Since at least mid-20th century, philosophers of medicine have debated whether such a threshold can be specified without making recourse to prudential or social norms: see Canguilhem (1966/1989), Nordenfelt (2013a; 1995), Kingma (2016; 2010; 2007).

Bernard, whom Nietzsche also read.[12] Though Darwin's work permanently altered the way in which we conceive the *ontology* of Ends (and so Functions), there remains to this day agreement on the general content.

While Ends was a long prevailing view, Pathology was an innovation in the 19th century. Georges Canguilhem (1966/1989), in his well-known historical discussion of the subject, attributes this innovation partly to Bernard. Pathology is crucial for F-Health to cohere, since without it F-Health would collapse into the untenable view that the more efficiently a system functions the healthier one is.[13] Again, this would problematically imply that having massive nasal passages makes one *ipso facto* healthier than having typical passages. It's noteworthy that Nietzsche was taken by Bernard's ideas on health, quoting them with approval in his late notebooks when drafting his own ideas on health and sickness.[14]

Schopenhauer, who studied physiology and human anatomy at Göttingen and Berlin, offers a representative version of F-Health with which Nietzsche would have been familiar. In his discussions of "internal purposiveness" (*innere Zweckmäßigkeit*) in the organic realm in WWR, Schopenhauer defines internal purposiveness as "an agreement [Uebereinstimmung] between all the parts of an individual organism which are arranged so that the maintenance of the organism itself as well as its genus results, and thus presents itself as the goal [Zweck] of the arrangement" (WWR I: 184).[15] From this account of Functions in terms of Ends, Schopenhauer seems also to derive an account of normalcy and pathology in keeping with Pathology, though dressed up in the antiquated idiom of political arrangements within the organism. For instance, in Chapter 20 of WWR II, he contrasts the "abnormal and pathological" "reflex-movements," like "stuttering, sobbing, vomiting, so too spasms and convulsions of all sorts," to the "normal or physiological" ones, like "respiration" or movement of "the eyelids in sleep" (WWR II, Ch. 10: 326–27): "Every spasm is a rebellion of the nerves of the member against the sovereignty of the brain: whereas the normal reflex-movement is the legitimate autocracy of a subordinate official."[16] On the one hand, *both* pathological spasms *and* normal reflex movements *appear* to upset the typical harmony (or agreement) indicative of proper functioning. This comes out in how these movements contrast to the body's typical and harmonious response to motives transmitted through the brain. On the other hand, spasms, unlike normal reflexes,

12. See Kant (1790/2000: 5:371), Hegel (1970: 219–20/§335z), Bernard (1865/1957: 64, 92–93), Spencer (1879/ 1882: 14–19). Rolph (1884: 97) identifies and criticizes it in very similar ways to Nietzsche.

13. Though Hausman (2015; 2011) proposes a workaround to this problem which amounts to giving up on defining *health* unambiguously.

14. 1888 14[65].

15. Schopenhauer (1818/2010), German ed. pagination.

16. My translation based on Schopenhauer (1844/1912).

are pathological (or "rebellious") because, whereas reflexes contribute to the confrontation and resistance of hostile forces in one's environment (and, so, to survival), spasms disrupt precisely such functions. So, Schopenhauer, implicitly at least, employs all three central elements of F-Health: Ends, Functions, and Pathology.

Given the plausibility that Nietzsche was aware of F-Health, what impact did it have on how he conceived of health? In the next two sections, I show that Nietzsche rejects two of its central elements: Ends and Pathology. Each rejection highlights a central feature of his positive concept of health.

3.

Nietzsche rejects Ends, as is evident throughout his published works written around 1885 onward. Influenced by his reading of Maximilian Drossbach, William Rolph, and others, Nietzsche came to reject the claim that living organisms are naturally directed most basically toward their own survival and reproduction. For instance, he writes in BGE that[17]

> Physiologists should reconsider positing the drive for self-maintenance [den Selbsterhaltungstrieb] as the cardinal drive of an organic being. Above all something living wants to *release* its strength [Kraft]—life itself is will to power—: self-maintenance is only one of the indirect and frequent *consequences* of this. (BGE 13)

While there has been some debate about his precise target in passages like this one,[18] I show in Dunkle (2018) that Nietzsche is here rejecting the long prevailing view described above by Ends.

Nietzsche's reason for rejecting Ends is less clear.[19] Perhaps one aspect of his reasoning is suspicion about the implications of Ends when used in a definition of health (as in F-Health). Being best suited, mentally and physically, to survive and reproduce is not identical to the sort of mental and physical condition to which we do or should aspire. As Nietzsche points out in these

17. See also GS 349; BGE 36, 259; GM II.12; A 6; TI Skirmishes 14; 1887 11[12], 11[96]; 1888 14[174].

18. Loeb (2015), Emden (2014), Johnson (2010), Richardson (2004), Moore (2002).

19. This question is ambiguous: Certainly, he says he rejects Ends because he affirms the biological view of "will to power" and the two views conflict. But I mean to be asking *why* he affirms the biological view of will to power. As I and other have argued in the works cited, passages like this one seem merely to parrot controversial figures like Drossbach. Nietzsche's original arguments don't seem to support the biological view of will to power but rather the psychological view.

passages, we have many other goals in life—including physically and mentally demanding ones—that often *compete* with survival and reproduction. So, we should question whether F-Health describes a suitable therapeutic ideal.

A decisive defense of Nietzsche's view here would require a more careful analysis of health and its relation to welfare than I can pursue now.[20] But consider a couple facts: First, there are many ways in which therapeutic medicine might enhance a patient's health, according to F-Health, and yet render the patient less well off. Perhaps an athlete's training regimen exposes them to a greater risk of injury or structural damage down the road. A physician might recommend a change for the sake of their health; the athlete might well find that advice unacceptable, predicting a cost in performance. Perhaps another patient's fertility is permanently threatened by a medication alleviating her chronic pain. The physician might recommend a slightly less effective medication for the sake of her health; the patient may not want children and find the trade-off unacceptable. In these cases, we may begin to wonder whether the physician's recommendations really are health-promoting.

The defender of F-Health could of course argue that these are simply cases of comparing health-effects to other effects on welfare. Notice, however, that sometimes promoting an individual's long-term suitedness to realize Ends makes no positive contribution to the patient's welfare at all. For example, if the woman above doesn't want children, then enhancing her fertility doesn't contribute positively to her welfare regardless of the cost. Similarly, medical intervention that enables *mere* organic survival of a person in, say, an irreversible coma is of no apparent benefit to that person despite facilitating their realization of the natural end of survival. In a word, survival and reproduction, strictly speaking, do not appear to be valuable for their own sake. So, if we're inclined to think health-promotion is always *prima facie* welfare-enhancing, we may question F-Health.

Again, the defender of F-Health could just deny that health-promotion is directly welfare-enhancing. But besides running counter to our common philosophical and ordinary sense that being healthy is good for one, this response makes it unclear why medical professionals or society in general should have the moral obligations to promote health we presume them to have. Finally, and most important to the present discussion, if F-Health can be defended only by denying it has any direct evaluative implications, then such a notion of health will not be suitable to Nietzsche's purpose of utilizing considerations of health in evaluative argumentation. F-Health, therefore, is not suitable for the purpose to which Nietzsche puts the concept of health.

20. I would like to thank an anonymous reviewer for calling for greater clarity here.

4.

Nietzsche also rejects Pathology. Specifically, he rejects that we can generalize the threshold of normal functional efficiency for a particular system across persons. One clear expression of this rejection is from GS:[21]

> [T]here is no health in itself, and every attempt to define anything of the kind has turned out an abject failure. In order to determine even *what* health involves for your *body*, what matters is your purpose [Ziel], your horizon, your powers [Kräfte], your impulses [Antriebe], your errors and in particular the ideals and phantasms of your soul. [. . . T]here are countless healths of the body; and, indeed, the more one again allows the singular and incomparable to raise its head, the more one unlearns the dogma of the "sameness of people," the more, therefore, must the concept of a normality of health [. . .] be lost to our medical practitioners as well. (GS 120)

Nietzsche's point here is subtle, and it can be confused with a simpler point about the relativity of health. That simpler point is that, even if understood functionally, health is multiply realizable. Due to differences in body size, for example, my heart may have to pump with somewhat greater (or lesser) pressure than my reader's in order to make the same effective contribution to my survival over time. Normality of heart-pumping is, therefore, relative to body size. In this passage, however, Nietzsche claims that normality is relative to a host of other, non-physical factors including "your purpose, your horizon, your powers, your impulses [. . . and] ideals." One of his own examples is that the ideal metabolic rate depends upon one's task or vocation.[22]

Elsewhere, Nietzsche makes an even stronger claim, that health can be *promoted by* illness. For instance, he writes,[23]

> A typically morbid being cannot grow healthy, still less be made healthy; for a typically healthy person, alternatively, an illness can even be an energetic *stimulant* for living, for living more. [. . . The well-developed person] guesses the cure for impairments; he exploits bad accidents for

21. See also UM II.1; HH I.286; D 202; BGE 30, 62, 258.

22. EH Clever 2. Cf. BGE 28; TI Errors 1–2.

23. In fact, EH Clever 2 ends by connecting these two ideas: Nietzsche's struggles with sickness forced him to experiment with alternate climes whereby he learned that his intellectual task was better served by a difference in diet and climate with corresponding metabolic effects: "It's *sickness* that first brought me to reason." See also HH I P.4–5; HH WS 325; GS 120, 295, 382; 1885 2[97]; BGE 44; 1888 14[157]; EH Wise 1–2; TI Errors 2.

> his own advantage; what does not kill him, makes him stronger. (EH Wise 2)

So, someone "typically healthy" (*typisch gesund*; also "basically healthy," *im Grunde gesund*; "well-developed," *wohlgerathen*; elsewhere, possessing "great health" *grosse Gesundheit*) is not made unhealthy, and can even be made healthier, by illness. Some commentators have taken this as direct a statement of Nietzsche's preferred definition of health: roughly, as being disposed to reattain health after the onset of sickness.[24] I don't think we should follow them, but the reason why is instructive.

One immediate problem with such a reading is that it apparently leads to the contradictory predication, *is and is not healthy*, of someone prior to recovery. That problem is easily dispensed with by marking the distinction between *condition-* and *trait-health*: condition-health represents one's current health status, whereas trait-health represents one's longer-term trend in health. In that sense we might say, *A [trait-]healthy young person is suffering from COVID-19*. On this reading, then, Nietzsche's remark about typically healthy persons is simply that they exhibit comparatively good trait-health. But this cannot be all Nietzsche intends when describing himself and others as well-developed or typically healthy. (Notice, too, that even if it were, it would fall short of a *definition* of health.) For one thing, the disposition to recover from illness does not explain why health is relative to one's purpose, horizon, powers, impulses, and ideals. Moreover, Nietzsche seems to be after something more substantive when he claims that those like himself who suffer from debilitating and *worsening* functional impairment can nonetheless be typically healthy.

Instead of reading typically or basically healthy simply as *trait-healthy*, I argue that Nietzsche's aim is to contrast the implications of his preferred sense of health to those of the received conception, F-Health.[25] In particular, F-Health implies that functional impairment reduces one's state of health *ipso facto*: if a functional system operates below a normal level of efficiency, the organism is unhealthy (to that extent). For instance, I am impaired by seasonal allergies, according to F-Health, because I breathe abnormally poorly under such circumstances. If we read "impairment" (*Schädigung*) and "illness" (*Kranksein*) in EH Wise 2 this way, then Nietzsche is there endorsing an (as yet undefined) conception of health according to which functional impairment does not always imply a reduction in health. To be typically or basically healthy is compatible with, and can even be enhanced by, functional impairment.

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24. Huenemann (2013: 68), Leiter (2002: 119), Moore (2002: 122).

25. Nietzsche may, in EH Wise 2 (cf. 1888 14[65]), be following Schopenhauer's distinction between good sickness (functional and so normal disharmony) and bad sickness (dysfunctional and so abnormal disharmony) touched on in §2.

Why might Nietzsche think this? The passage quoted from the autobiographical EH comes amidst an extended description of his own health in 1888 after suffering from headaches, nausea, GI disturbances, loss of vision, diminishing motor function, and overall debilitating pain for over a decade. Nietzsche was quite functionally impaired and so unhealthy according to F-Health. He seems concerned, in passages like this one, to reconcile his condition as he imagines his functionalist posterity to view it with his own sense that he has actually "turned out well." Perhaps the pursuit of this reconciliation is part of what led Nietzsche to challenge the assumption that functional impairment directly diminishes health.

Nietzsche's biography to one side, consider an example of someone who, through injury, loses the full use of their legs. This would unquestionably amount to a functional impairment. And one would imagine that, for someone who usually enjoys things like walking to work in the mornings and jogging with her dog in the evening, the injury would diminish her health. But now imagine she grows accustomed to a wheelchair; over time she becomes adept at commuting to work by chair and bus and even enjoys it; she gets exercise rolling with her dog in the evenings, and enjoys getting to show it affection without bending down. Her functional impairment has not changed, but her *health* seems to have.

In this way, Nietzsche's criticism of F-Health foreshadows one of the current implications of the disability rights movement for the philosophy of medicine. Most disabilities are traditionally categorized as conditions that negatively contribute to the disabled person's health by virtue of the fact that they represent functional impairments. Disabled persons have forcefully pushed back on what is often called the "medical model" of disability in recent years partly on grounds that resemble very closely my reconstruction of Nietzsche's case: Simply being less functional in some regard does not on its own always impact one's health (or welfare). A functional deficiency may not detract from their health in ways typically thought. It may even, more controversially, *contribute positively* to health. What is *disabling* about the impairment is determined as much (or more) by society and environment as biological function.[26]

There is, of course, an air of circularity in these arguments, as there were in my supporting arguments from the prior section. But given the pushback from persons with disabilities and given the medical implications, it seems hard to maintain F-Health without further argument. As I noted above, no version of F-Health has yet been proposed that fully explains its core features without making reference to questionable assumptions about normality. The result of these considerations should be suspicion of F-Health and an openness to alternative

26. For a summary of the medical and "social models" of disability and further discussion see Peña-Guzmán and Reynolds (2019).

proposals that better account for clinical medicine and the testimony of disabled persons. In all these ways, Nietzsche is, I argue, an underappreciated forbearer of some of the conceptual work on health and disability today.

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We've seen that Nietzsche rejects a prevailing, then as now, conception of health in terms of the efficiency with which an organism's mental and bodily processes function. He rejects F-Health, firstly, because it wrongly describes the basic dispositional ends of humans (our ideal mental and bodily state is not one best directed toward mere survival and reproduction) and, secondly, because it wrongly implies that functional impairment (i.e., departures below a normal level of functioning within part of the organism) always contributes negatively to one's overall health regardless of one's motivations and values. These serve as desiderata for an interpretation of Nietzsche's concept of health. In the next two sections I present further desiderata. Then, I present and defend my own reading.

5.

Nietzsche associates health closely with strength and with enabling one's basic instincts to express themselves. These are two important desiderata for interpreting his concept of health. Unfortunately, prior interpreters tend to focus on one of these points to the exclusion of the other. I start in this section with strength.

Nietzsche frequently describes strength (*Stärke*, *Kraft*, *Macht*) as a requirement of health, and weakness (*Schwäche*) as entailing sickness. For instance, in A he writes,[27]

> Through pity, that loss of strength [Kraft] which suffering in itself already brings to life increases and is reproduced. Suffering itself becomes contagious through pity. [. . .] Nothing is less healthy within our unhealthy modernity than Christian pity. (A 7)

Pity is unhealthy because pity causes weakness. But Nietzsche can seem to take the relation of strength to health further than a causal one, as he often also describes *health* as a requirement for *strength*. Consider this passage:[28]

> Physiologically speaking: in the struggle with the beast, making sick [Krankmachen] can be the sole means of making it weak. The church understood this: it corrupted humanity so it could weaken it. (TI Improvers 2)

27. See also UM II.1; HH I.224; D 42, 68.
28. See also TI Skirmishes 45; Z I Criminal.

If there is, for Nietzsche, a mutual entailment between weakness and sickness, strength and health, respectively, then it would seem natural to suppose that in each pair, the former is identical to the latter.

Strength cannot be identical to health for Nietzsche, however, nor weakness to sickness. First, in the same works Nietzsche *opposes* health and strength, sickness and weakness, as in the following:[29]

> We hold [the human] to be the strongest animal [das stärkste Thier] because it is the most cunning: a consequence of this is its spirituality. [. . . But t]he human is proportionally the worst-developed animal, the sickliest, the one most dangerously astray from its instincts [das missrathenste Thier, das krankhafteste, das von seinen Instinkten am gefährlichste<n> abgeirrte]. (A 14)

If humans are both the strongest and the sickliest animals, then strength cannot be identical to health. Second, notice that Nietzsche claims here that our sickliness is a function of our having strayed from our instincts. I discuss this further below (§6).

Finally, identifying health with strength would seem to go back on his rejection of Pathology from F-Health. What is *strength* but a dispositional feature of an organism to realize some quantifiable behavioral outcome to which it endeavors (e.g., the tendency to lift weight of a given magnitude when trying)? Presumably such a dispositional feature supervenes on the combined, interactive effect of the efficiency of the organism's functional systems. If so, one's strength(s) just are complex products of the efficiency of functional systems. In such a case, to be stronger than someone else in some regard (e.g., lifting weight) just is to have greater efficiency in certain functional systems (*vis-à-vis* weight-lifting). But in that case, if to be stronger is to be healthier, then Nietzsche's claim, from GS 120 and elsewhere, would be false: functioning more efficiently in some regard *would* make a direct contribution to one's health *irrespective* of one's purpose, horizon, powers, impulses, and ideals. Nietzsche's circulatory, digestive, visual, and mobility impairments would each directly undermine his claim to health. So, while strength is conceptually tied to health for Nietzsche, the two are not to be identified.

6.

Nietzsche relates health not only to strength but also to certain motivational states: he says that being so comported as "to satisfy" (*erfüllen*) or to realize

29. Cf. GM III.13.

a "coordination" (*Coordination*) among one's "instincts" (*Instinkte*), "drives" (*Triebe*), or "passions" (*Passion*, *Leidenschaften*) is healthful or healthy. By contrast he says states of "anarchy" (*Anarchismus*, *Anarchie*), "inhibition" (*Hemmung*), "disruption" (*Störung*), and "disgregation" of such are pathogenic or pathological.[30]

In light of these claims, many reconstruct Nietzsche's notion of health solely in terms of one's motivational condition. Richardson (2009), for instance, defines health for Nietzsche as a functional unity among one's drives.[31] He suggests that we view human psychology in terms of drives forming vectors of behavioral dispositions which can, in instances, conflict with one another and, in other instances, effect a stronger combined disposition. The result is a constantly fluctuating psychic "power structure." A person is *healthy*, on Richardson's reading, specifically when they are disposed to maintain or achieve an overall functional unity among that power structure: "A healthy organism is simply a set of drives that is able to settle into such a stable structure" (2009: 135). Further, Richardson argues that the organism requires an organizing principle in order to achieve this functional unity, which principle can be identified with a particular "strong" or "ruling" drive(s).

Because Richardson's reconstruction of Nietzschean health does not specify *which* functions the organism needs to be organized around, it coheres with Nietzsche's rejection of Ends in F-Health. And because functional unity is a formal criterion—a kind of coherence among the effects of one's basic motivational states—this account also fits Nietzsche's rejection of the idea that a particular level of efficiency with respect to some function or other could determine one's health-status. As Huddleston (2017) points out, however, this cannot be "the whole story" of Nietzsche's conception of health. Possessing a unifying, strong drive is not sufficient for comparatively good health on Nietzsche's view. Huddleston points to Nietzsche's discussion of various persons who possess such strong drives and *are functionally unified* but who are nonetheless quite sick on Nietzsche's view.[32] I am also skeptical that specifically a strong drive is necessary for good health, but I won't insist on this in what follows.[33]

30. BGE 208, 258; TI Morality 1–4; TI Errors 2; TI Germans 6; TI Skirmishes 35, 45; 1888 14[157]. Cf. 1874 32[20]; 1880 6[110]; GM II.16.

31. Cf. Reginster (2013), whose reading faces similar objections.

32. Huddleston discusses Wagner and the Wagnerites in CW and Socrates in TI Socrates. All possess strong drives but are paragons of illness.

33. In the very notebook passage (1888 14[157]) routinely cited in support of views like Richardson's, Nietzsche distinguishes a (periodically) healthy condition consisting in coincidental order among one's drives from that consisting in the presence of a strong, unifying drive. He distinguishes both healthy states to that of complete disorder among one's drives. Creasy (2020: 113) argues that this periodically healthy condition is just periodic attainment of a strong or ruling drive. But I question this as Nietzsche explicitly describes those drives as "beside-one-another

So, while functional unity does characterize good health, such that functional disunity amounts to poor health, functional unity alone is not sufficient. We have identified another characteristic but not a definition of health for Nietzsche. I turn now to my proposed reading.

7.

Here are the interpretive desiderata argued for so far:

¬Ends Nietzsche rejects the basis of F-Health: that organisms are most fundamentally disposed toward survival and reproduction (§3);
¬Pathology Nietzsche denies that functional impairment always and directly contributes negatively to one's health (§4);
Healthfully Ill Nietzsche holds that functional impairments *can* contribute positively to one's trait-health (§4);
Strength Nietzsche closely relates the concepts of health to strength, and sickness to weakness (§5);
Unity Nietzsche holds that coherence among one's motivational dispositions contributes to (even though it doesn't suffice for) health and that such coherence can, but needn't, be realized through the presence of a strong or dominant drive (§6);
Criterial Nietzsche appeals to effects on health in order to recommend that we reject conventional morality (§1).

How are we to meet all these desiderata?

I argue that, by the late 1880s, Nietzsche employs the following concept of health, which closely resembles a view currently defended in the philosophy of medicine (albeit by the minority):[34]

N-Health A person (S) is healthy in her circumstance (C) over range of time t_0-t_1 to the extent that S has the ability in C over t_0-t_1 to meet the current demands of S's motivational landscape;

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without being [. . .] for-one-another." It seems to me that he is imagining that our drives might just happen to converge in the behavioral dispositions they produce, periodically, and so cooperate for a time without maintaining any kind of stable unity. I don't think this affects Creasy's purposes (which do not include reconstructing a general account of health). But it does suggest that health does not require a strong or ruling drive.

34. Nordenfelt (2013a; 2013b; 2007; 2004; 1995), Venkatapuram (2013), Richman (2004). As with my presentation of F-Health, my presentation of N-Health is influenced by this literature.

Motivations The demands of S's motivational landscape are a function of the resistance met by S in behaving the way S is disposed to by virtue of her drives;

Ability S has the ability to overcome a resistance (R) of degree x in C over t_0-t_1 iff S is disposed to overcome R(x), such that S will overcome R(x) at some point between t_0-t_1, provided that S is motivated to confront R and does confront R(x).

As with F-Health, N-Health is comparative: health comes in degrees. On N-Health, one is healthy over a given range of time *to the extent* that one is able to overcome resistance met in acting on one's motivations during that time. There are at least three ways degree of health can vary.[35] First, since resistance comes in degrees, so, too, will health. I may not be able to concentrate quite as long as I want on a paper, but being able to concentrate for an hour indicates greater health than being able to concentrate only for a moment given my motivation to read the paper. (I take it that this is roughly what we mean when we say one is "more able" to do such-and-such a task: that one is able to complete the task in the presence of greater resistance.) Second, people's motivations are typically manifold. Our motivations often conflict. And even when they converge (when one realizes the sort of unity discussed in the prior section), they dispose us toward composite activities consisting in many component parts. To be able to realize many but not all of those component parts is to be healthier than to be unable to realize any, even though both states predict failure. Finally and as with F-Health, we can distinguish condition- from trait-N-health. One's motivations and abilities, obviously, fluctuate in predictable ways over time even without significant changes in one's functional condition or context. Accordingly, there will be many separate axes of one's trait-N-health and, consequently, many possible degrees of trait-N-health.

N-Health agrees with F-Health on simple cases like nasal congestion: whatever one's motivations, these will invariably require the ability to breathe at least moderately well. And so, severe nasal congestion will undermine one's health. N-Health *disagrees* with F-Health on the other cases touched on above. When assessing the contribution an athlete's training program makes to their health, the distinctive motivations they have as an athlete are part of the equation. Whether someone is motivated to have children is directly relevant to determining whether promotion of their fertility will enhance their health. Similarly, our happy and mobile paraplegic may well have *reattained* a state of health, according to N-Health, by virtue of her now being able to overcome the resistance

35. I am *very* appreciative to an anonymous reviewer for requesting this discussion.

she meets to realizing her motivations even though she has hardly regained the functional capacity her legs once had.

A fuller discussion of these points than can be pursued in this paper would consider more carefully the distinctive features of Nietzsche's philosophical psychology.[36] But even without doing so it's easy to see how N-Health accounts for several of the interpretive points summarized above. First, since health is a function, roughly, of one's strength or ability to express one's drives, N-Health captures Nietzsche's rejection of Ends and Pathology in F-Health. The basic, natural ends of organisms do not set the standard according to which one's physiological functions are to be assessed; rather one's global motivational disposition does. Hence ¬Ends. For that same reason, whether a particular functional impairment impacts one's health depends upon how it impacts one's overall ability to realize those ends one is motivated toward. Hence ¬Pathology. N-Health also clearly captures Strength since one's abilities partly constitute one's health-status. Merely exhibiting a functional impairment does not itself make one ill; illness results only if one's impairment affects one's ability to realize the ends one is motivated toward.

This much explains how N-Health makes it possible for Nietzsche to claim good health for himself despite several impairments. But it doesn't yet explain (Healthfully Ill) how these impairments can actually *promote* his health. It would seem that, if one's health is determined by one's ability to realize one's motivations, then being *more capable* (i.e., able to overcome greater resistance) is always potentially healthful and never pathological. Conversely, wouldn't being *less capable* (able to overcome less) always be potentially pathological and never potentially healthful? And what is an impairment but such a reduction in capability?

To address this, consider first how N-Health explains Unity. To be healthy is, roughly, to be able to realize the ends one is motivated toward. But what happens if one's motivations push one in conflicting directions? This happens when, to use Nietzsche's example, the socialization of a barbarian people has the effect of repressing some of their aggressive drives by means of those *other* drives tied to social cohesion and obedience.[37] Nietzsche thinks that the repressed drive will slowly lead to complex new behaviors. But prior to that resolution is a condition of disunity or incoherence among one's motivational dispositions where the person is *unable* to express them all. That inability detracts from one's health according to N-Health. Thus, motivational incoherence contributes negatively to health on N-Health. Moreover, a certain level of unity beyond mere coherence (such as that facilitated by a

36. Katsafanas (2016) is an insightful place to start.
37. GM II.16.

"dominating" drive which has the effect of consolidating behavioral vectors, so to speak, into a small number of behavioral ends) will tend to contribute positively to health *insofar as it enhances the person's overall ability* to meet the total demands of their drives. Again, I am avoiding a subtler discussion of drives for want of space. But we have a broad outline of how N-Health captures Unity.

Now return to Healthfully Ill. How can a functional impairment have the effect of *promoting* one's overall ability to meet the demands of one's motivations? What makes this possibility sound so counterintuitive is that we tend to focus on promoting health by way of enhancing relevant strengths or abilities. But as the discussion of Unity shows, according to N-Health one's health can also be promoted through psychological changes whereby one's motivations become more easily realized individually and as a set. Below (§9) I discuss three general and interrelated ways impairments can enhance health for Nietzsche. But first I meet a challenge to my approach recently presented by Huddleston (2017).

8.

Huddleston (2017) argues that we should not read Nietzsche as conceiving of health in "formal or dynamic" terms but instead read health as irreducibly evaluative. He points to passages, like EH Wise 2, where Nietzsche characterizes himself as "basically healthy." Nietzsche's "proof" is that he "instinctively select[s] always the *right* means against bad conditions [schlimmen Zustände]." Huddleston argues that this characterization of health implies an irreducibly evaluative element:

> What makes this characteristic [i.e., selecting the right means against bad conditions] obtain is partly a normative property: the fact that the course of action one is desiring and performing is actually good for one. [. . . H]ow, 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. (Huddleston 2017: 153)

So, we should read health as irreducibly evaluative for Nietzsche because that is supposedly the only way to make sense of passages like EH Wise 2. I worry, however, that this reading fails to explain Nietzsche's rejection of F-Health and

that it undermines the argumentative role Nietzsche gives health in GM.[38] More importantly, reading *health* as evaluative is not the only way to make sense of Nietzsche's claims: N-Health presents an alternative and a richer one.

I suggest that the sense in which persons who are basically healthy instinctively choose what is *good for* them—in Nietzsche's words, "the *right* means against bad conditions," "the cure for impairments"—just is the sense in which they are motivationally disposed so as to maintain (or recover) their health across time and changing circumstances. "Right" or "curative" should be read as *conducive to health*. Huddleston seems to be concerned that this reading would result in a circular definition: someone is (1) basically healthy if they tend to maintain or restore their (2) health across time. Clearly, if 2 is defined in terms of 1, then the definition is problematically circular. But in my view 2 should *not* be defined in terms of 1, and, just as important, Nietzsche's claim here is not a definition but a causal explanation. As I argued above (§4), Nietzsche is claiming that he himself exhibits genuine trait-health despite his functional impairments. To be healthy is not, as most think, to be free of functional impairments. Functional impairments can detract from one's health, but they can also not detract or even *promote* one's health. A marker of someone (1) superlatively trait-healthy is that they somehow, and not necessarily consciously, take advantage of these impairments for their overall health at least in the long run. Thus, Nietzsche is purportedly (1) basically healthy at least in part *because* he (2) adapts well to functional impairments. What it *means* to be superlatively trait-healthy is not defined by this marker, but in a world where we all face various functional impairments, exhibiting trait-health will require overcoming these. So, this marker is characteristic.

Therefore, the puzzling claims Nietzsche makes, which Huddleston thinks implies an evaluative conception of health, can be explained by reading his concept of health as N-Health. I have only described this explanation abstractly thus far. I turn to consider why Nietzsche thinks that struggling with and overcoming impairments can enhance one's health in more detail.

9.

In this section I sketch three methods Nietzsche identifies by which functional impairments can enhance our health. First, it can enhance self-understanding.

38. In a word, I think Nietzsche appeals to impacts on our health in order to *ground* his criticism of morality in matters of current concern to us. Reading *health* as an idiosyncratic norm makes his criticism dependent upon further argument that we should care about that norm. It's difficult to locate any such argument in Nietzsche. Reading *health* as a literal description of our medical state obviates that worry.

Second, it can alter our motivational landscape. And third, it can provide confidence or hope that buoys us in our continued endeavors. Through these interacting means, impairments can render us more able to realize our motivations over time.

Struggling with functional impairments, Nietzsche observes, can teach us a lot about ourselves. And the self-understanding we gain can guide the projects we take on, can call our attention toward those of our weaknesses that *can* be improved, and can inform effective strategies for doing so. In these ways, impairments can contribute self-understanding useful in enhancing our trait-health. Nietzsche makes these points repeatedly when extolling the virtues of "convalescence." But they may not be obvious because Nietzsche usually makes them in the context of expressing the distinctly *philosophical* insight afforded him through overcoming impairment. For instance in his 1886 preface to GS he writes,[39]

> A psychologist knows few questions as attractive as that of the relation between health and philosophy, and, in the event that she grows ill herself, she brings her whole scientific curiosity to the sickness within her. [. . .] After this sort of self-questioning, self-tempting, one learns to look with a finer eye at everything that has generally been philosophizing up till now. (P.2)

Nietzsche sees his struggles with impairments as granting him philosophical insight *because* it prompts self-reflection and leads to enhanced self-understanding. Put in terms of N-Health, such self-understanding can promote our health by *inter alia* informing our motivations, how we pursue our goals in light of understanding our own current and potential future abilities.

Impairments can contribute to our trait-health, according to Nietzsche, not only through enhancing our self-understanding but also through altering our motivational landscape—changing how we are disposed to feel about things and our motivation to pursue particular ends. In GS, for instance, Nietzsche expresses gratitude toward his severe bouts of illness "because they allow [him] a hundred backdoors by which [he] can escape [his] enduring habits" (GS 295). By disrupting our patterns of behavior, impairments can make room for establishing a healthier motivational landscape. As with the benefits of self-understanding, this would require discipline on the part of the impaired; there's no reason to think these impacts would automatically be beneficial. But by impacting, even temporarily, our motivational patterns, they can provide an opportunity for healthful change.

39. See also HH I P.5; HH II P.4–5, HH II.356; D 114; GS P.2; GS 120; EH Wise 1–2.

Nietzsche's claim that impairment can shake up our motivations and enable a healthier way of life is not wholly idiosyncratic: it is appreciated by those who work with chronic disease. Here's how a psychologist who specializes in treating cancer patients puts the point:

> Paradoxically, while serious illness often forces people to re-evaluate their implicit aspirations and assumptions about the future, causing loss, disillusionment and uncertainty, this process of reflection and re-evaluation can sometimes be helpful to personal development (*health*-enhancing). The assumptions and values people hold may not always be in their best interest, in fact they may be inconsistent with the life they had planned to have and the person they wanted to be. (Brennan 2013: 141)

Serious illness can *promote* our health, understood in terms of N-Health, by altering, in part directly and in part by inspiring reflection upon, our future goals and values. Not only can this help us cope with *impaired* abilities; it can also prompt reflection on the coherence of our goals and values with our persisting abilities, thus promoting health *beyond adaptation* to impairment.

Finally, Nietzsche repeatedly emphasizes that the *process* of becoming impaired ("falling ill") and reattaining health through the means just touched on ("convalescing") can enhance our health further still by increasing our hope in our own *dispositional* abilities—the abilities we may not currently possess but that we might some day. (Hence why Nietzsche calls this a hope rather an assurance in our current strength or power.)

Here is one of Nietzsche's more evocative discussions of the hope that follows convalescence from his 1886 preface to GS:[40]

> Gratitude pours out of us continually as though the most unexpected had occurred, the gratitude of the convalescent,—because *convalescence* was that which was most unexpected. "Gay science": this means the Saturnalia of spirit, which has patiently resisted a frightful, lengthy pressure—patient, strong, cold, without submitting, but without hope—, which now, all in an instant, is attacked by hope, by the hope of health, by the *drunkenness* of convalescence [. . .], the cheerfulness of recurring strength [das Frohlocken der wiederkehrenden Kraft], the newly awakened belief in a tomorrow and the next day, the sudden feeling and premonition of the future, of a nearby adventure, of a sea opening again, of an aim once again allowed, once again believed. (GS P.1)

40. See also HH I P; HH II P; EH Wise.

Convalescing brings hope and cheerfulness in our "recurring strength" which *allows* us once again to seize and to trust in an aim. That is, the hope of seeing our strength grow provides the confidence that we can in the future meet currently insurmountable challenges. And it's precisely such hope that is required for the pursuit of the most difficult tasks, that is, those tasks that will take us down paths we cannot yet fully anticipate.

Nietzsche repeatedly uses the metaphor of venturing out over a vast, open sea to capture the condition of the ambitious philosopher who, like himself, sets his sights on tasks too challenging to have a justified belief in their ability to accomplish. This is why, in his famous discussion of "the great health" from GS 382, he describes his "Argonauts of ideals" as in need of a "a health that one not only has but also still continually attains [erwirbt] and must attain because one relinquishes [preisgiebt] it again and again and must relinquish it!" What they need is hope in their own capacity to grow stronger with respect to their yet-unfinished, yet-unfinishable task of revaluing values.

So, "sickness" or impairment can prompt self-reflection and lead to self-understanding; it can disrupt our habitual motivations and behavior allowing for change; and upon "convalescence" it can instill a hope in a yet-unproven ability to reattain health in the face of future setbacks. In these interacting ways, impairment can, through self-reflection, self-discipline, and a bit of luck, actually enhance our health.

10.

The foregoing is only a sketch of how to interpret Nietzsche on Healthfully Ill. But it's enough to grasp his strategy, in EH Wise 2, of reconciling the judgment he expects others to make of his health—*viz*, that it's remarkably *poor*—with his own sense that it's basically *good*.

Nietzsche does not grant that his various impairments always detract from his overall health. That's because the impairments are understood functionally by him, whereas the measure of health he employs (N-Health) is relative to one's motivational landscape and not simply the functions attributed to humans by virtue of our supposed natural ends. Moreover, Nietzsche grants that his impairments have, at times, rendered him ill even according to N-Health: when he is rendered virtually blind, he is less able to read, etc. His claim to basic health is a claim to trait-health: he believes he is disposed, over time, to recover or convalesce from the pathological effects of his impairments even though he may well not regain functional normalcy. The reason for his optimism—its "proof" as he says—is that he is disposed (presumably, has learned) to take advantage of his impairments in at least the three ways just described: as a means to

self-understanding, motivational change, and hope in the future (re)acquisition of strength.

It's worth touching, briefly, on how this picture resonates with positions in disability studies. Disability advocates rightly complain that disabilities are *categorically* defined as health- and welfare-detracting (which isn't to say that no disability can be). But as Barnes (2016) observes, there is a danger in advocating for the opposite, equally cartoonish picture, what she calls the "X-men theory of disability," according to which disabilities always come with health-/welfare- benefits outweighing their harms. Barnes herself argues that disabilities, as a class (though perhaps not in every instance), are not harmful in themselves, though they can be just as they can be beneficial depending upon further facts about the role they play in individual lives.

Reading Nietzsche to combine N-Health with the description from §9 of the contingent benefits of functional impairments, amounts to a similar picture. Whether any particular impairment does or does not detract from one's health, for Nietzsche, depends upon facts about one's motivational landscape. Perhaps some conditions, their symptoms, or their comorbidities will typically or even always detract from health given shared human motivational features. But this is not a given. Moreover, impairments can be beneficial for one's health in the ways discussed above, but not as a matter of necessity and not without a great deal of work on the individual's part. In this way, those benefits seized from an impairment can be attributed, in part at least, to the agency of the beneficiary rather than to the fates of the Marvel universe.

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I have argued for a reading of Nietzsche's concept of health as the overall ability to meet the demands of one's motivational landscape. I have shown that, unlike other interpretations, this reading accounts for his rejection of particular features of the functionalist conception of health, his association of health with strength and with psychic unity, and his claim that superlative health is compatible with, and can even be enhanced by, impairments such as those from which he personally suffered. I have also drawn connections between Nietzsche and recent literature on health and disability. This reading should enable a clearer and more insightful reconstruction of Nietzsche's criticism of conventional morality and his broader evaluative project.

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