

Fruits without labour: the implications of Friedrich Nietzsche's ideas for the caring professions

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Seldom is the work of philosophers invoked by health professionals when examining aspects of care from a philosophical perspective. Instead, students of health care, especially nurses, have been introduced to 'philosophies' which are often superficially examined and poorly understood. This practice fails to develop in students an appreciation of the work of philosophers or to acquire the art of critical thinking. The introduction of models and theories of nursing in the past three decades has alerted nurses to the importance of possessing critical skills in order to identify sound theory and implement good practice. This paper goes beyond mere philosophising and examines aspects of mental health care from the perspectives of one of nineteenth century Europe's most notable philosophers, Friedrich Nietzsche. It argues that understanding his work can enhance one's ability to reflect on nursing practice, as well as bringing a new dimension to how we analyse 'mental health' problems. His work provides many insights into how we can improve our understanding of the effect of mental illness and mental health care on the individual, and how we conceptualise the process of care. This paper provides an overview of his life's work, his impact on the history of ideas and develops some of the more provocative implications of his work for mental health care.

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LOCATING NIETZSCHE AND HIS IDEAS

In this paper we will consider the implications of the work of philosopher Friedrich Nietzsche for the mental health

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professions. We shall argue that there are important contributions which a careful study of his philosophy might make to our task of understanding human distress and that there may be ways in which his distinctive contribution might aid our thinking about professional roles, the goals of therapy and the situations faced by clients themselves. In this way, we shall argue, Nietzsche provides an important underpinning to any attempt to develop a conceptual

framework for the caring professions, and psychiatry in particular. This is particularly crucial, we would suggest, because the search for theories and philosophies of care has yielded at best superficial grasp of what philosophies are. In providing this discussion of Nietzsche, we are seeking to remedy this by examining some of the key ideas of this thinker and working their implications through some aspects of therapy and care.

To begin by providing some background to this project, Nietzsche's work takes its place in a historical line of philosophy which sought to make sense of human existence and come to terms with what often seemed to be the futility and suffering that this entailed. The period in which Nietzsche was working owes some of its intellectual features to Schopenhauer (1788–1860, see Schopenhauer 1935), who emphasized the central role of the human will as the creative, primary factor in understanding. Subsequently, after Nietzsche's death, the existentialists, notably Sartre (1905–1980) and Heidegger (1889–1976, see, e.g. Heidegger 1927, 1977) took up his ideas. Sartre's fusion of phenomenology and Marxism emphasizes the human capacity to negate and rebel against structures of authority and resist social control or 'seriation' (see, *inter alia*, Sartre 1969, 1974). These latter philosophers argued that there was no ultimate purpose in the world, and that people are forced into a 'desperate autonomy' where they are faced with choosing their goals, perspectives and even their characters. In this perspective, moments of anxiety, dread or nausea are those in which truths are revealed most clearly. This is most graphically established at the end of Sartre's *Nausea* (1938/1963) when Antoine Roquetin's disturbed perception invites the breakthrough of the 'true' absurdity which lies concealed behind 'predictable' reality. A fascination with nature's ultimately futile, rank disorderliness over which we cast our fragile webs of rationality has been a recurring theme for existential writers. It is thus not surprising that these European traditions of thought have proved attractive to thinkers seeking to comprehend the specifically human disorders of psychiatry.

Existentialism has of course influenced psychiatry through the work of Laing, Cooper and Esterson. Laing introduced a thorough questioning of psychiatry in *The Divided Self* (1960). This was extended to a critique of institutions such as the family (Laing & Esterson 1964, Cooper 1972, 1973). However, we know far less about the possible contribution of Nietzsche. Perhaps one reason why Nietzsche has been neglected in the mental health professions is his posthumous association with fascism. His popularity with the Nazi Party lent his work morally suspect connotations it has still not entirely shed. It might seem strange to advocate studying the work of a man who has been associated with totalitarian ideologies. However, we feel there are residues in his writing that are of the utmost interest to those who are concerned with under-

standing their fellow human beings. Nietzsche himself lived well before the upheavals in Europe in the 20th century had begun and is therefore not directly responsible for his adoption by the Nazis over 30 years after his death. Indeed, he regarded nationalism as a 'vulgar prejudice' and prefigured the political concerns of the present day by taking pride in being a 'good European' (Sabine 1963 p. 892).

A further way in which we can gain a grip on Nietzsche and his ideas is to compare him to some of the other figures with whom he is roughly contemporaneous. Stern (1978) claims that Nietzsche is one of three modern thinkers without whom modern Europe would be very different.

The other two were Marx and Freud. As Stern argues, all three inform our lives in ways that many of us are unaware, and they are part of our inheritance from an age when belief in the power of ideas was pre-eminent. Though they differed in terms of biography, geography and intellectual orientation, they shared many aspirations in common. For example all three aimed to uncover or discover what was concealed in the human mind and by changing it change their (and our) perceptions of the world. All three sought to divest those who had the social, economic, religious and political power and who forced or seduced their constructions of reality on others, many of whom were powerless to resist. They were avowed atheists who saw belief in God as symptomatic of people's weakness and subordination. They all sought to replace it by an alternative belief system involving self-reliance and self-assertion. Nietzsche is often associated with the 'Death of God' — an event announced by 'the madman' in *The Gay Science* (1882) — but this event also brought with it what Nietzsche saw to be the death of Christianity. As a consequence of the death of God, truthfulness and truth claims come under attack.

Nietzsche differs from Marx and Freud in that he saw the loss of religious belief as having a more profound and in some ways more negative effect on our experience. In terms of his understanding of the foundations of human knowledge too, Nietzsche differed. He recognized that whatever was being said in philosophy, science or everyday life, it was context specific. He insisted on the diachronic or historically context-bound nature of language, and implied that science may only be short-lived as a means of knowing about the world. In this view, attempting to discuss the human condition could only be done within the conventions of the time and accounts of human nature would thus be lurid with whatever concepts, values and tacit theories were intellectually modish. For Nietzsche, there was no escape from what he called 'the prison house of language'. The mediation of language necessarily introduced distortions and served to mask the reality it sought to describe. Indeed, the ideas of being and substance with which mainstream science is preoccupied are fostered by language and are ultimately illusions. The

language structure of predicate and object does not reflect a prior reality but is the means whereby order, simplicity and identity are imposed on the world (Haar 1977, Butler 1990).

However, it is important to identify the ways in which Nietzsche differs from Marx and Freud. The latter two were at pains to point out the rational, scientific nature of their enterprise. Marx saw his 'Capital' (1867–1885–1894) (Marx 1909) as being in a direct scientific line from Darwin (Giddens 1971). Freud too sought to give the impression that what he was doing was driven by scientific, logical thought. His development of psychoanalysis was for him a direct outgrowth of his early studies of brain histology (Strachey 1973, Freud 1935, 1973). In contrast to this, Nietzsche presented his philosophy as if it were fiction. Reading it is like reading a series of impressions — he rarely mentions a premise, an axiom or a conclusion. It is left to the astute reader to elicit the philosophy that drives his works. He was profoundly sceptical of all truth claims. For him all language was metaphorical — it is through language that we attempt to penetrate reality, but we often cannot get any further than an examination of the language we use and not the reality that allegedly lies behind it.

All three thinkers were German, but very different Germans. Marx was a Rhenish-Prussian Jewish intellectual who spent most of his life in exile. Freud was a Moravian German speaking doctor of orthodox Jewish background who would have been very happy to live his comfortable life in Imperial Vienna had not his destiny been shaped by the reaction of other people to his theorizing.

All three have been styled 'masters of suspicion' or proponents of a 'hermeneutics of suspicion' in that they saw human rationality as a mask for class struggle, unconscious conflicts or the will to power (Hollinger 1994 p. 69). Whereas the debate over Freud's ideas in mental health and psychotherapy continues to the present day, and Marxist scholars have made inroads into the understanding of consciousness (e.g. Leonard 1984, Parker & Spears 1996), Nietzsche has been studied far less. It is our intention therefore to develop some ideas as to what a Nietzschean perspective in mental health might look like.

To grasp further the significance of Nietzsche's work, let us begin by considering some fragments of his biography, as these will lend focus to our arguments about his contemporary relevance in mental health.

Some brief biographical notes on Nietzsche

1844. Born in Saxony, named after the King of Prussia (Friedrich Wilhelm). Members of both sides of his family were Lutheran pastors.

1845. It was mentioned in a school report that he appeared withdrawn and mixed little with other children. He was also absent from school for long periods because of headaches and pain in the eyes.

1858. Attended Schulpforta, Germany's most famous boarding school. He proved a brilliant classical scholar.

1864. Graduated in classics from the University of Bonn.

1865. Began to take an interest in philosophy, especially the philosophy of Schopenhauer and began to publish.

1866. Commenced military service in a cavalry company.

1867. Went to live in Leipzig and wrote many papers on scepticism and doubt. First meeting with Richard Wagner.

1868. Appointed Professor of Classical Philology at Basle. (It was felt by some of his colleagues that he was helped in securing this post by the historian Jakob Burckhardt).

1869. Volunteered to work as a medical orderly in the Franco-Prussian war.

1870. Took sick leave in the Swiss Alps. *The Birth of Tragedy* was published. The only review said 'anyone who has written a thing like that is finished as a scholar'.

1871. Went through a 'spiritual crisis', and his life developed a pattern of cures in spas and journeys to the Swiss Alps, combined with his university duties at Basle.

1872. Resigned his chair, speaking of his 'shattered health'. He wrote, 'In the middle of life I am so surrounded by death that it may take me at any hour'.

1873. He commenced writing *Ecce Homo* and *Zarathustra* and completed *The Joyous or Gay Science*. Towards the end of the year he wrote to his friend Gast 'I have long periods of depression. I think of myself as the scrawl which an unknown power scribbles across a sheet of paper, to try out a new pen'. He fell in love with a Russian girl, Lou Von Salome, who rejected him. He felt bitterly let down. In a letter to her he said, 'What do my fantasies matter to you? Even my truths have not mattered to you. I should like you to ponder that I am a headache-plagued, half lunatic, crazed by too much solitude. If I cannot discover the alchemists' trick of turning even filth into gold, then I am lost'.

1874. *Thus Spake Zarathustra* published. Wagner died and Nietzsche went into further emotional turbulence. He decided to leave Germany. He celebrated his freedom in a letter to his friend Overbeck: 'I am now in all probability the most independent man in Europe. My goals and tasks reach wider than those of anyone else. I flatter myself that with this book I have brought the German language to its peak of perfection. My style is a dance, a playing with symmetries of all kinds and a leapfrogging and mocking of those symmetries'.

1886–1888. Very prolific. Three books, *Beyond Good and Evil*, *The Genealogy of Morals* and *The Will to Power* were published.

In 1889 he decided to travel to Italy and on his birthday he received a letter from his sister in which she stated that she thought he was becoming famous, 'though none but a fine set of riff-raff and a few smart Jews know it'.

Later that year in Turin he collapsed. He complained of exhaustion and explained how happiness had avoided him. He was diagnosed as having 'paralysis progressiva'

(tertiary syphilis). He realized the irony of his situation. Here, in Turin surrounded by theatres, museums, good music, excellent food and congenial company, he felt that he was dying. Some weeks later he wrote to Jakob Burckhardt: 'Dear Professor, in the end I would have much preferred being a Basle Professor to being God'. Some time later he caused a commotion in a Turin square by throwing his arms around an old cart horse and refusing to let go. He was taken back to his home in Jenna where his mother and sister looked after him for the next 12 years. During that time Elizabeth, his sister, in a letter to a friend said 'he lingers on gentle and childlike, incapable of coherent thought'.

He died in August 1900. After his death his friend Overbeck wrote, 'To me it seems quite possible that he did not bring madness into life with him, but that it was a product of his way of life. I could not entirely resist the thought that Nietzsche's illness was simulated, an impression derived from my long-standing experience of his habit of taking on many different masks' (based on Stern 1978).

NIETZSCHE AND HISTORY

Presenting a 'history' of Nietzsche is an irony which he himself might have appreciated. He was intensely sceptical of history in all its established forms and it was partly this scepticism that made his work attractive to many of those, like Michel Foucault (*inter alia* 1977, 1983) who sought to dismantle the 'grand narratives' of the Enlightenment. Nietzsche was one of the first to challenge this European and American optimism about science and rationality and the belief that diligent, rigorous scholarship would eventually yield the secrets of history. Nietzsche is often called the first postmodernist because of his radical scepticism of the form of knowledge we call 'history'.

Nietzsche's work forms a turning point in how we look at history and it is worth describing his viewpoint in more detail as this has relevance for all of our stories about nature, whether these be couched in the form of literature, myth or science.

As a true sceptic, Nietzsche repudiated what he saw to be the dominant kinds of historiography of his time, where historians sought a place alongside the natural sciences, emphasizing the accuracy and empirical precision of their discipline and seeking to establish cause and effect relationships. Against this positivistic optimism Nietzsche argued that history could not be all about fact-grabbing or constructing chronologies. Moreover, he asserted the futility of attempting to establish laws or principles about humans over time. Examining traces others have left behind, he thought, could only ever yield a partial picture. Curiously, for a thinker who was later associated with the might of an expanding German nation state, he vehemently opposed heroic, monumental or epic story-telling. This

romantic history, including the history of Germany which was hastily being fabricated in a frenzy of patriotic fervour by politically compliant historians, was delusional.

He was profoundly suspicious of professional historians trying to find truths, laws or principles in archives. He was not interested in superficial facts, but was more concerned with deep structures of knowledge and the shifts that have taken place in how we tell the story of the evolution of 'man'. History for Nietzsche is impossible, instead it is a creative form of dreaming, as in his book *The Birth of Tragedy* (1872/1966). Historical writing should be inspirational, it is a discourse and interpretation of the past. Moreover, Nietzsche is urging us to hate history. As he said, 'History is a nightmare from which I am trying to waken'. History is about battles, suffering, misery and hatred. That is the past in general, and our own past in particular. History in his view, is studied so we can see where civilization has come from. Our past is cruel, barbaric and full of suffering. It is in this context particularly important to note the role Nietzsche assigned to the 'will to truth'. This resulted, he felt, in the decadence and nihilism which were characteristics of modernity. The will to truth itself was a problem as he saw an inevitable cruelty in truth-orientated habits of thought. That is, because of the intimate relationship between truth and morality, truths confront humans with a kind of violence, in terms of their tendency to coerce our thought and action into line with these imperatives (Lovibond 1994 p. 64). It is this suspicion of truth that has particular critical implications for therapy.

Embedded in this point of view is a scepticism of socially legitimated systems of changing individuals. As Nietzsche was a man who felt he had been abused and deserted by medicine, we can see how the medical and psychiatric knowledge of his day might seem like a very blunt instrument indeed, forcing its patients physically and morally into a mould which might constrain the florid excesses of their disease but could not, by definition, cure them.

In Nietzsche's view there is an uneasy relationship between ourselves and our history. We can come to terms with it by accepting it and transcending it. This is achieved by constructing who we are in the future. Happiness can only exist when we forget the past. Too much preoccupation with the past induces pessimism and this can stifle and thwart our progress. If we do not forget the past we cannot grow up. But we cannot grow up unless we study history and forget it. History is the art of containing pessimism and optimism. History is about understanding that we contain within us the past, the present and the future. The past is what we were, the present is what we are but who we are is in the future. For Nietzsche, what we can become is who we are. It is sometimes as if Nietzsche is advocating a kind of amnesia. The histories we have, suffused with inadequate moralities and guilt, could

eventually be transcended. As Lovibond (1994 p. 64) puts it: 'Nietzsche permits himself the dream of a post moral condition of "second innocence". This would consist not in a renunciation of violence, injury and exploitation, but in *forgetfulness* of the guilt imputed to us by the moral interpretation of existence.' Thus, we are led to a vision of the 'philosophers' of the future, the '... strong, affirmative *ubermenschen*' — the supermen who can live without god or metaphysical consolations, and who can '... pave the way to a new set of horizons, a new place for values that affirm life by way of self-differentiation.' (Hollinger 1994 p. 105).

This intimate relationship between histories of the self and histories of the culture has clear parallels with issues in psychotherapy. A whole slew of therapies, whether they be psychoanalytic, client-centred, cognitive behavioural or of some other theoretical stripe seek to reinterpret the individual's past learning and replace this with apparently more productive ways of dealing with the future. Let us consider some of the implications for therapy in more detail in the next section.

TAKING NIETZSCHE SERIOUSLY, TAKING CLIENTS SERIOUSLY: BEYOND THERAPY AND REHABILITATION

On the face of it then, Nietzsche has something to say about psychotherapy. But in some ways his vision is altogether more radical and perhaps is less easy for theories of therapy and rehabilitation to assimilate. Let us try to explain this latter possibility in more detail. There is a strong sense that Nietzsche is saying that a great deal of nature and our knowledge of it is fundamentally a human construction and arises out of human activity. It is this which places Nietzsche as an early postmodernist. Nietzsche was sceptical also about claims concerning nature. In the *Genealogy of Morals* he argues: 'there is no "being" behind doing, effecting, becoming: "the doer" is merely a fiction added to the deed — the deed is everything' (Nietzsche 1887/1969 p. 45).

It is possible to identify parallels between this concern on Nietzsche's part and many contemporary concerns in the literature about therapy with clients' world-views, narratives, phenomenology and the like. In addition there is a growing fascination with the language of psychiatry and psychotherapy and the power issues embedded therein (DeVaris 1994, Brown *et al.* 1996, Owen 1995). If we accept that as 'bungled animals' (Nietzsche 1887/1969) we human beings construct our worlds, natures and sciences, then it is important to acknowledge that clients do the same. This enables us to move beyond thinking about clients in terms of 'delusions', 'dysfunctional cognitions', 'negative self-image', as having some kind of deficiency in coping skills or some accidental anomaly of their neurotransmitters.

In Nietzsche's view, science and official forms of knowledge exist not because they are defensible according to some theory of knowledge or epistemology, but because they are 'good enough' to transact particular kinds of social business. In the same way clients can be taken to have views of the world, epistemologies and forms of thinking which have hitherto been 'good enough' for them. If we persist in applying the master narrative that they have, say, 'faulty cognitions' we are never going to make sense of what is going on. Indeed, our attempts to help, however, well intentioned, may just as easily consolidate the problems rather than resolve them. Indeed, a great deal of the internal machinery proposed by psychology and psychiatry has sought to identify dishonourable motives behind our conduct. The most classic example here is the Freudian concern with hidden sexual and aggressive drives which may be revealed by the astute clinical gaze. But these assumptions of the inadequacy of clients can be argued to inhabit other regimes of therapy too. Ellis's rational emotive therapy is predicated on the assumption that people have irrational beliefs about what is necessary in life (Ellis 1957, 1984). Beck's cognitive therapy assumes that people's negative self beliefs are sustained by 'errors' or 'biases' in logic (Beck *et al.* 1979). In his widely popularized gestalt therapy Perls (1947, 1970) often expressed the view that clients had to be moved away from their existing ideas about themselves and towards the therapists' view of what they are feeling and doing at that exact moment. In the latter case especially, there is very little challenge to the authority of the therapist to be the arbiter of what it is exactly that the client *is* doing.

In addition, a good deal of the therapy and rehabilitation which is offered to clients is predicated on the notion that they not only have deficiencies, but that if they remedy these, by learning new coping skills, by gaining qualifications or by redeveloping their identities into more socially acceptable forms, their lives will improve.

Clearly, it is easy to agree that it is better to be able to feed yourself and dress yourself than have someone else do it for you. We would not seek to undermine efforts toward improving clients' autonomy. But what concerns us is the subtle and not so subtle ways in which clients might be encouraged toward ideals which might involve them in distress and frustration later. Let us suppose that as part of their recovery, we are involved in trying to encourage our clients to find employment. In addition to contending with the discouraging state of the labour market, clients often have to deal with equally discouraging attitudes on the part of employers. So what is it we are urging clients towards? From a more critical perspective perhaps it could be argued that we are regulating, managing or reprogramming clients. This concern can lead us in two directions. First, to what extent is psychiatric knowledge and health care part of a coercive regime? Second, what alternatives are produced by taking this point of

view? In other words can we perhaps urge people to enjoy the fruits which can be achieved with less debilitating personal labours?

In relation to the first point, as far as Nietzsche is concerned the problem of coercion lies with the very nature of knowledge itself. His analysis of knowledge invariably draws attention to the way knowledge is not simply a collection of facts or set of procedures for adjudicating between competing theories. Power is crucial to Nietzsche's understanding of systems of knowledge — they are *enforced* through power relations. The scientific tradition, from the 18th century Enlightenment to the present day would have it that truth claims can be verified at 'the tribunal of reason'. This however, is for Nietzsche a kind of bureaucratic ruse — a way of masking the powerful interests at stake in establishing a course of action as desirable (Nietzsche 1886/1973, 1888/1968b, Lovibond 1994). Subsequently, the philosopher Paul Feyerabend said 'Helping people does not mean kicking them around until they end up in someone else's paradise' (Feyerabend 1987 p. 305). From a feminist perspective too, Marion Young (1987 p. 62) also condemns the idea of an apparently impartial reason as an authoritarian construct.

As far as the second point is concerned, an important implication of Nietzsche's thinking in relation to how clients can be rehabilitated and helped concerns his exhortations to 'love one's fate'. This has more recent echoes in the recommendation of the ethnomethodologist Harvey Sacks (e.g. 1972): 'Be interested in what you've got'. This suggests to us a less-often noted possibility in mental health. That is, perhaps we should be concerned with the development of clients' existing assets. Here again, through his own failing mental and physical health, Nietzsche provides us with an example. That is, his being an invalid gave him an asset which most of us lack — leisure. By implication maybe there are ways of enabling clients to make the most of this at minimum cost, for example by thinking about philosophy. There are important senses in which clients may be made more happy as they are; rather than being made more like some ideal of an employed, responsibility-encumbered middle class person. It is this 'being interested in what you've got' or loving your fate which could have substantial therapeutic implications. Moreover, the effects of the state of one's health on one's thinking were of paramount concern to Nietzsche himself. He said 'A philosopher who has traversed many kinds of health, and keeps traversing them, has passed through an equal number of philosophies. He simply cannot keep from transposing his states every time into the most spiritual form and distance. This art of transfiguration is philosophy' (Nietzsche 1882/1974 p. 35). In this way, Nietzsche had perhaps grasped the 'alchemists' trick of turning even filth into gold' and achieved, via this transfiguration, the art of producing 'fruits without labour'.

We are not saying that people with mental health problems should have to endure poverty, homelessness and discrimination. However, it is equally important to be aware that they have a kind of privileged access to the texture of nature. Because by the time a person becomes a client, one of the factors that brings them into contact with professionals is the way that mainstream versions of the world have not worked for them. Instead of limiting their disjunctures with reality, therapy could build on this rather than try to eliminate it. This has parallels with some of the movements in contemporary mental health, in terms of self help groups, 'Survivors Speak Out', 'Hearing Voices' groups and the like.

Let us consider further the implications for mental health care embedded in Nietzsche's own biography. In some ways it might serve as an example of 'coping' with illness. This is a man who was troubled by a variety of physical, mental and interpersonal problems throughout his life and yet was able to contribute in substantial ways to twentieth century culture. This highlights a neglected area of research. Much has been done on people who are admitted to hospital and who are thus in a position to be interviewed, brain-scanned and fill in questionnaires. But we know far less about what makes up quality of life and productivity outside the institution.

As part of the process of self-knowledge and thus self-mastery, Nietzsche develops a schema containing the following components, on which he felt it was important to base understanding of oneself and understanding of the world:

- 1 Ontology — the overarching theory about past and future.
- 2 Ethics — doing what we know to be right.
- 3 Work on oneself — recognizing the 'Last Man' and the 'Oberman' within us (we shall comment further on these sub-components of the self later).
- 4 Teleos — Seeing our fate and accepting it.

In addition to this, Nietzsche is often remembered for his emphasis on the 'will' — often in the form of 'will to power' (431/1968a). However, his position on this issue was profoundly ambivalent. Willing liberates us, but in so doing the will becomes a prisoner and can only ever be a passive observer of the past. The search for self-mastery owes some of its origins to Goethe (1749–1832) who propounded similar theories (e.g. Robertson 1932, Goeth 1952). The person, as Nietzsche would have it, is properly engaged when 'giving style to one's character' (Nietzsche 1882/1974 p. 290) — to 'become what we are' (Nietzsche 1882/1974 p. 270). In other words, to realize one's own measure of value creating energy, without falling into disorientation or incoherence (Lovibond 1994 p. 70).

We can understand Nietzsche's 'schema' as a way of thinking about selves — especially selves whose rationality has been challenged, as is often the case with people who become clients. Despite his adherence to the concerns

in his 'schema' above, he was also drawn to '... the "impurities" of desire, spontaneity and passion, something a little fleshy and wild, something of the long-missing and sublimated Dionysian spirit' (Hughes 1996 p. 31). Therefore, selves, especially as they are embodied, escape rationality. Indeed Nietzsche argues against the privilege usually attached to consciousness and reason.

If rationalities are profoundly local and are often under challenge or under erasure, this perhaps describes something that 'mental patients' have to contend with very often. That is, if the rationality of our knowledge, thinking and history is local rather than universal this explains how it can come to be challenged by more powerful versions of the 'truth'. It is a frequent complaint from clients and ex-clients of mental health services that everything they say is interpreted in terms of their diagnosis. This has been noted in a number of more academic studies too — most famously in Rosenhan's (1973) 'Being sane in insane places'. Having been admitted to hospital by claiming to hear voices, his otherwise 'sane' colleagues were understood to be displaying signs of 'mental illness'. For example, whilst making notes, these pseudo-patients were described in such terms as 'patient engages in writing behaviour'.

In more recent work, a number of authors have identified the problems faced by patients and ex-patients in managing the challenge to normality which psychiatric hospitalization represents. As one of Herman's (1993) informants said:

Life's not easy for ex-nuts, you know. I tried telling two of my drinking buddies about my schizophrenia problem one night at the bar. I thought if I told 'em it's a 'disease' like having a heart problem that they would understand and pat me on the butt and tell me that it didn't matter to them and that I was OK. S***, it didn't work out like I planned — they flipped out on me. Sid couldn't handle it at all and just let out of there in a hurry. Jack stayed around me for about 20 min and then made some excuse and left.

(Herman 1993 p. 314)

Thus, once you have been identified as having a 'mental illness', you have to start from scratch almost every time you open your mouth and establish your credentials to speak. In a sense this is what Nietzsche had to do too — insofar as he was trying to say something different about knowledge than most of the other thinkers up to that time. Moreover, Nietzsche, in so doing, made it more obvious how partial and incomplete the authority and credentials of other leading intellectuals were.

A further implication of this idea that rationality is local rather than universal in working with clients is that once we understand their lives, behaviour which might seem inexplicable in a clinical setting becomes intelligible. As Angrosino (1994) documents, a young man's concern with buses which appeared odd in an institutional setting made sense once Angrosino had ridden on buses with him. From

an early age this client had looked to buses as a status symbol. As he said: 'Jeez! I'd walk a street and say, "If I was a bigshot I'd be on the bus right now!"' (Angrosino 1994 p. 22). Says Angrosino (1994 p. 22) '... it was a dream for him and gave shape and meaning to his life'. Consequently, history and context are crucial in making sense of these local rationalities. It is precisely how we make sense of ourselves and others that we shall turn to in the next section.

REFLEXIVITY AND RATIONALITY

One of the key features of Nietzschean thought is that he prefigured a number of contemporary concerns with *reflexivity*. That is, he was concerned about how the knower can come to know him or herself. This has some parallels with the idea about reflexivity in social science and in terms of a number of concerns in the mental health professions about reflective practitioners and reflecting teams. There are several senses in which the notion of reflexivity can be developed from Nietzsche's thought, which we shall consider.

First, there is a sense of reflexivity in the way he encourages us to think of human nature. As with many roughly contemporary late 19th century thinkers, especially Freud, part of Nietzsche's thought about the self involved developing systems of partitioning the self into different compartments with different tendencies, policies and aims. Let us explore some of the implications of this formulation. To begin with, according to him, we have within us the 'Last Man' and the 'Oberman'. The 'Oberman' is always trying to improve himself while the 'Last Man' is selfish. Reconciling these two is part of the seeking of redemption. Whereas it is easy to see parallels between the 'Oberman' and the Freudian 'superego', the 'Last man' and the 'id', to grasp Nietzsche's implications we need to see that both of these are informed by their historical formation and both offer us something intelligible. Nietzsche thus provides for a much more thoroughgoing 'reflexivity' and self understanding than the commonplace variety.

Consequently, the reflexivity prompted by taking Nietzsche seriously is extremely transgressive and invites the disruption of established selves, roles and professional boundaries. For a man who strove against dominant representations of rationality and order in the intellectual life of his time, Nietzsche offers the mental health professional a set of troubling questions. What if the patients have got a point? What if the epistemological privilege of professional logics-in-use (Hawes 1977) is established through social practice and not through scientific rationality?

The troubles invited by these considerations can perhaps be avoided by grasping the opportunities they afford. Again, Nietzsche's own example is instructive. If we are to love our 'fate' — his recipe for human happiness, after all — then we must embrace this demolition. The

demolition itself opens up new vistas for taking on patients' stories in their own terms and seeing how they make sense in the context in which patients developed them in the first place.

The second major sense of reflexivity which can be taken from Nietzsche's work concerns how we are encouraged by him to think of knowledge. His scepticism of truth claims leads to a suspicion that knowledge is not sustained by its correspondence with reality, as in orthodox accounts of science, but by its correspondence with itself. Thus, our psychological or psychiatric knowledge of what might be going on in clients' minds is fundamentally called into question. Knowledge looks like it does because in Goldberg's (1996 p.66) words: 'Like castles of sand, psychological myth builds on psychological myth, until we have erected a whole "scientific" edifice of myths, maintained by circular self-reference and their comforting status as psychological "classics".' Or as Nietzsche himself would have it: 'Truths are illusions of which one has forgotten that they are illusions, worn out metaphors' (cited in Hekman 1990 p. 27).

Thus, in Nietzsche's view, 'man' is part of a linguistic community and what he becomes depends on the aspects of culture available to him. Language is an example of a reflexive system in that words get their meaning from their relationship with other words and are ultimately self defining or circular. Everything we say is heard not only by the person to whom it is addressed but by ourselves as well. This view has left an intellectual legacy whereby people are thought of as talking themselves into being (Nash 1985 p. 371). Talk is about things-in-the-world but it is also fundamentally about ourselves.

Accordingly, the versions of ourselves which we assemble through common sense and science should be subject to intense reflexive scrutiny. This allies itself with Gouldner's (1971) notion of reflexivity, where human inquiry studies itself to uncover self-interests and to see who is and is not benefiting from the system of knowledge.

Much knowledge, of course, consists of category systems, which divide up the world and offer names for objects, concepts and processes. This concern led to much interest in taxonomy and naming in the biological sciences, and a great deal of concern with symptom identification and diagnosis in psychiatry and abnormal psychology. Against this dominant tendency in 19th and 20th century thought, there is in Nietzsche a suspicion of category systems. Understanding ourselves and others cannot easily be accomplished through pre-existing ideas, schemes or theories of what goes on in the mind. Instead he emphasizes language and action as constituents which help to produce the human condition, rather than simply describe or categorize it. Moreover, the theoretical knowledge produced in science and philosophy all too often ignores the local context within which meaning is produced by people in interpersonal encounters.

CONCLUSION: FORMULATING FUTURES IN THE MIDST OF DESTRUCTION

Following from this it is possible to see in Nietzsche's work the possibility of more optimistic visions of what can become of humanity. Amidst the wholesale destruction of the modernist optimism to which he devoted a great deal of his work, it is possible to detect a different kind of optimism. In his book *The Gay Science* he contends that history cannot give us a model of humans so he constructs one in the future. The aspirations of 'man' (*sic*) are reformulated by him and located in the future. In order to live and believe this, man needs to 'love fate'. Thus we can learn to enjoy 'moments of divine rapture' in which we can feel at one with nature. As he puts it 'melancholy is stripped away like the dead leaves of winter'. We can experience joy as an actor and wonder as a spectator.

In addition to the possibilities of 'rapture' from loving fate, we are also thus enabled to love ourselves, because love of fate means love of *my* fate and hence love of me-as-I-am will eventually lead to love of me-as-I-can-become. This love of self results in creating an inner man, the 'Oberman' which is the will to power or self-mastery. Self mastery results in a situation where 'one does not go wrong, nor hesitates in doing right'. To love oneself is to love one's fate and to love one's fate is to love one's culture which in turn is tied to loving humanity. It is under these conditions that the person can develop the 'style to one's character' which Nietzsche identifies as desirable. Moreover, it is here that we can find a philosophy that is truly adequate to the circumstances of humanity. If we cannot change our histories then we can at least 'forget' them, by applying his critical perspective. If we are thwarted by our destinies then at least we can transcend them. We might rise above the absurdity experienced by Roquetin in Sartre's *Nausea* (1938/1963) by acceptance, by 'loving one's fate'. At least we may do so if we use Nietzsche's ideas to confront the fear and revulsion which are often prompted by the breakthrough of this absurdity. Instead of horror, perhaps we can join Sartre's hero Roquetin in bursting out laughing and shouting 'What have you done with your science? What have you done with your humanism?' (Sartre 1938/1963 p. 227). Instead, perhaps these anomalies in the texture of experience can be thought of as a bounty; as 'fruits without labour'.

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