

**Malignant Normality and the Dilemma of Resistance:  
Honoring *Minima Moralia***  
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Krisis 41 (2): 93-94.

**DOI**

10.21827/krisis.41.2.38250

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Normality is death. (§ 56<sup>1</sup>)

Malignant normality: an inhumane social actuality that is “presented as normal, all-encompassing, and unalterable.” (Lee 2017, xv), a term originally coined by Robert Jay Lifton for Auschwitz. But as Adorno says, “wherever the momentum of [the logic of history] carries it, it reproduces equivalents of past calamity.” And so, normality is death.

One of the many forms of death is the flattening of the structure of the mind. Adorno calls this the mutilation of the subject. The destruction of the difference between truth and lies by the Trump regime, for instance (Lifton).

If normality is death, terror sustains and enforces it. Adorno speaks of the abolition of the distinction between sleeping and waking. Terror generates dreams that are no different from nightmares: in 1934 Charlotte Beradt records a dreamer testifying to the destruction of the difference between interior and exterior. In his dream, the dreamer says “I looked around, horrified, and all the dwellings around, as far as the eye can see, no longer have walls.” (1966, 25; my translation). The distinction between reality and nightmare is eliminated along with walls. Individual nightmare and collective malignancy are two sides of the same thing.

All-encompassing terror creates the sense that the malignant normality is indeed all-encompassing and inescapable: “just the way things are.” Language – the capacity to articulate experience and to think about it – falls victim to this terror, mutilating itself. In 1933 a woman dreams that in her sleep she speaks a language she does not know, “so that I won’t understand myself and so no one can understand me, in case I say something about the state, because that is of course forbidden and has to be reported.” (Beradt 1966, 56; my translation). Currently, we struggle to make meaning with corporate-speak, a facsimile of language that defeats meaning at every turn.

Language and the flattened mind cooperate to create versions of denial, maintaining the semblance of normality in a malignant situation, from the “doubling” (Lifton) in which a special personality is created to allow staff to endure the malignant normality of Auschwitz, to the corporate insistence on “deniability”. Stanley Cohen details some of the ways language can be perverted into accounts that serve to justify or excuse and thereby deny atrocities: It can be used to deny responsibility for the actions, to deny that injury was done, to deny that victims are victims and not perpetrators, to condemn those who condemn the atrocities, and to appeal to alleged higher ends that would justify the actions (2001, 60–61).

The terror of malignant normality induces not only the sense that it is all-encompassing, but the sense that it is unalterable – and dangerous to even think that it could be otherwise. In this situation, Cohen remarks, the question may be not so much why we resort to denial but why do we ever not do so? (2001, 248). With *Minima Moralia* in mind, we may pose the same question about resistance: The question is not so much how entanglement in malignant normality comes about but how it is ever possible to resist it?

Resistance must be possible, for malignant normality's claim to constitute the totality of reality is not tenable. It is an illusion propagated by the forces of malignancy; an absolute totality is a contradiction in terms. Resistance would consist in the mutilated subject's struggle for self-reflection on its own entanglement in malignant normality – reflection from, in Adorno's formulation, the "perspective of redemption" which would "displace and estrange the world, reveal it to be, with its rifts and crevices, as indigent and distorted as it will appear one day in the messianic light" (§ 153).

But here is the dilemma of resistance: it is virtually impossible to disentangle oneself enough to achieve a standpoint removed "even by a hair's breadth" (§ 153) from what is, and whatever is gained in the struggle will necessarily be distorted by the status quo, the all-encompassing malignant normality from which it has been wrested. Anything gained in that struggle will be not something abstract and pure but merely the humble, contingent, confused, naive pain of a subject sensing betrayal.

Rather than the perspective of 'redemption' – in these days a suspect word – we might speak of something akin to it: the mutilated subject's struggle for a perspective animated by 'moral injury', a term hitherto used for the anguish of combat veterans suffering from the betrayal of their moral values. Moral injury, with its experience of outrage and shame, acknowledges the world as indigent and distorted from the perspective of what would have been "right", resisting a malignant normality by acknowledging damaged life.

### Acknowledgements

Based on my "Adorno's *Minima Moralia*: Malignant Normality and the Dilemmas of Resistance," in *Critical Theory: Past, Present, Future*, edited by Anders Bartonek and Sven-Olov (2021, Wallenstein, Stockholm: Soedertoern).

### References

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### Notes

- 1** Unless otherwise indicated, quotations come from the NLB edition of *Minima Moralia* (1974), translated by E.F.N. Jephcott.

### Biography

Shierry Weber Nicholsen is a psychoanalyst in private practice in Seattle. She is the translator of Adorno's *Notes to Literature* and *Hegel: Three Studies*, and the author of *Exact Imagination, Late Work: On Adorno's Aesthetics*. She is currently working on a book on moral injury.