



Journal of Adorno Studies



11/2025
DOI: 10.7413/joas004

Copyright: © 2025 – The Author(s).
This is an open access article distributed
under the terms of the Creative Com-
mons Attribution License (CC-BY-4.0).

The End of the Individual

FABIAN FREYENHAGEN, ANASTASIOS GAITANIDIS, POLONA CURK

Over 70 years ago, Theodor W. Adorno sug-
gested the following diagnosis of his time:

If such a thing as a psycho-analysis of today's pro-
totypical culture were possible; [...] such an in-
vestigation would have to show that the sickness
proper to the time consists precisely in normality.
The libidinal achievements demanded of an indi-
vidual behaving as healthy in body and mind, are
such as can be performed only at the cost of the
profoundest mutilation, [...] The regular guy, the
popular girl have to repress not only their desires
and insights, but even the symptoms that in bour-
geois times resulted from repression.¹

To be considered normal—"behaving as
healthy in body and mind"—in the mid-20th
century's Western societies required from the
individual the "profoundest mutilation"; and
thus constituted a *sick* normality.

1 Theodor W. Adorno, *Minima Moralia*, (Frankfurt am
Main: Suhrkamp, 1951), 165–66; Theodor W. Ador-
no, "The Health unto Death," in *Minima Moralia:
Reflections from Damaged Life*, trans. Edmund F.N.
Jephcott (London: Verso, 2005), §36; Theodor W.
Adorno, *Gesammelte Schriften*, ed. Rolf Tiedemann
et al., vol. 4 of 20 (Frankfurt am Main: Suhrkamp,
1970–1986), 188–89.

We encounter in this passage—as in other work by Adorno—an ambivalent reference to psychoanalysis. From his Marxist viewpoint, the psychic life of individuals can never be sufficient for explaining what happens at the level of society. He is also concerned that currents of psychoanalysis (he is presumably thinking here of “ego psychology”) have become complicit in “social hygiene,”² contributing to maintaining (sick) normality by helping people adapt to it, rather than resist it.

Nonetheless, Adorno also recognizes that psychoanalysis can alert us to the hidden dynamics of sick normality—that it requires the repression of desires for people to become “regular,” and how this is itself obscured. Psychic life can reveal something important about society; it can be an index of society’s health or a symptom of social pathology. Attention to what emerges in the clinic can function like a kind of seismograph of the tremors running through society, of the earthquakes to come.

An example of such use of psychoanalysis is when Adorno unpacks the idea of mid-20th century sick normality further:

No science has yet explored the inferno in which were forged the deformations that later emerge to daylight as cheerfulness, openness, sociability, successful adaptation to the inevitable, an equable, practical frame of mind. [...] The very people who burst with proofs of exuberant vitality could easily be taken for prepared corpses, from whom the news of their non-quite-successful decease has been withheld for reasons of population policy.³

Adorno explicates sick normality by exposing supposedly positive characteristics of people as deformations, suggesting that rather than signs of vitality, they are covering up deadened people who are not actually flourishing. The normal is sick; and in proper psychoanalytic vein, this pathological fact is not just covered up—but *covered up by its own reversal*: decease and corpses obscured by (purported) vitality and exuberance.

Importantly, in Adorno’s uptake, psychoanalytic insights are historicized. Instead of reflecting a transhistorical, anthropological structure of human beings, Adorno suggests that what presented itself in Freud’s clinic was a particular configuration in which society and individuals were intertwined at that time, whereby the pressures of 19th century restrictive sexual mores resulted in repressive sublimation and neuroses. This was not some kind of mark of alienation from or discontent with civilization as such; not some kind of existential *Unbehagen* human beings would experience in any society. Rather, it reflected a particular socio-historical juncture of Freud’s time, in which the problem was a punitive superego.

2 Adorno, *Minima Moralia*, 165-66; *Gesammelte Schriften*, 4:188-189.

3 Adorno, *Minima Moralia*, 165-66; *Gesammelte Schriften*, 4:188-189.

What had happened—at least according to Adorno—by the mid-20th century was a change in how the society-individual relation was configured. And we can detect that change with the help of psychoanalysis. Adorno hints at that much by saying that the mutilations typical of his time “are laid down at even earlier phases of childhood development than are neuroses,” resulting not “from a conflict in which instinct is defeated,” but incapacitating “the opposing forces before they come to grips with each other.”⁴ Instead of the repressive sublimation of Freud’s time, the (sick) normality of the mid-20th century—being a regular guy or popular girl—required repressive *desublimation*, to use Marcuse’s later phrase.⁵ The punitive superegos had tended to give way to weak egos, in which even the symptoms of the repression of desires are repressed because conflict itself is prevented by the available prefabricated gratifications.

What, then, is the structure of *our* current neoliberal age, and how has the society-individual relationship changed since Adorno’s mid-20th century writings?

Therapists are encountering new personality types—different from both the ones plagued by the unacceptable wishes that society demanded be repressively sublimated (as in the old neurotic types treated by Freud and his early followers), and their subsequent mid-20th century opposites compelled to “enjoy” in order for everyday suffering to be repressively desublimated into an artificial mask of “happiness.”

What is showing up in the psychoanalytic clinic today suggests a loss of the self that is more extensive than Adorno ever contemplated in the 1940s. Barely able to maintain the façade of “normality,” analysands plough through their neoliberal circumstances of various kinds; feeling constantly burnt-out, overwhelmed, and fragmented, mostly employing at least one, if not a variety of addictions (drugs, alcohol, sex, porn, internet, etc.) to simultaneously alleviate their suffering and self-destruct. Increasingly, they feel compelled to use different diagnostic categories of psychiatry to name their plight, believing that they can overcome their psychic suffering by using psychopharmacology, which could “fix” what is wrong with their brains.

This is a condition in which the main characteristic is not repressive (de) sublimation anymore: we might be experiencing the wholesale lifting or erasure of repression as a defensive structure, and its replacement by circumstances so overwhelming and overstimulating that external measures (diagnosis, medication, short-term therapies, addictions of various sorts) are

4 Adorno, *Minima Moralia*, 165-66; *Gesammelte Schriften*, 4:188–189.

5 Herbert Marcuse, “The Obsolescence of the Freudian Concept of Man [1963],” in *Five Lectures: Psychoanalysis, Politics and Utopia* (Boston: Beacon Press, 1970), 44-61.

progressively required to keep the new personality types functioning at any cost. This shift has not just been noticed in the clinic, but also in cultural analyses of our “burnout society.”⁶

The mid-20th century therapist’s work was often criticized as focusing on “normalizing” individuals to get them back into the workforce. Nonetheless, there was a modicum of importance that individuals then could still have been felt to have for liberal society, even when the latter was crippling them.

Today’s predominant modes of existence embody—literally, rather than consciously—the awareness that one’s importance as an individual to the economy of unhinged shareholder capitalism is gone. The experience of the majority is one of increased replaceability, even disposability. As a result, one’s individuality is gradually dismantled. Persons feel like ghosts, zombies, neither alive nor dead. The mode of existence in higher echelons is hardly better. Fancying themselves more important on the individual level, they are submitted to 24hr-availability, maddening competition, and a perpetual push towards self-improvement to increase their value to the system, until they are, ultimately, only able to keep going with the help of extreme distractions and various addictions. They too sense that there is no safety net, leaving everyone a misstep away from seeing their quantifiable “value” in the neoliberal system depreciated.

In such an environment, the self loses its integrity and becomes like “jelly” that needs a scaffolding to maintain its composure and function: this comes not only in the form of pills or other addictions but also relationships (with therapists, life coaches, yoga teachers, multiple partners, etc.), which eventually leads to more instability and self-destruction. The parts of the self that must be continuously destroyed to “carry on living” call for mourning, a feeling often deadened with ever-more pills. Therapy itself becomes about *management* of this state, of self-structure, of perpetual and continual crises: an active intervention rather than psychoanalytic work proper.

The clinic highlights the symptoms of the current social pathology: the huge discrepancy between the refrains of the society that “everything is possible” and “the world is your oyster” (depending only on your entrepreneurial spirit, ambitions, discipline, and grit), on the one hand, and the nonsensical reality of a society that pushes people to self-destruct to survive, on the other. The individual disintegrates at impact with such a society; for nothing else is possible. It is now normal to be sick—to self-destruct, to take pills, to have a diagnosis, to be in therapy. If you still *care* under these

6 Byung-Chul Han, *Müdigkeitsgesellschaft* (Berlin: Matthes & Seitz, 2010); *The Burnout Society*, trans. Erik Butler (Stanford: Stanford University Press, 2015).

conditions, you burn out—this is true as much of the analysands as of the analysts. For survival, you must play the game, for you can only maintain any semblance of “normality” by using its approved handrails.

Adorno’s thesis of the end of the individual might be, if anything, truer to reality now than when he wrote about it in the mid-20th century. He might have been right, too, that psychoanalysis can at least help us recognize the features of the “normal sickness” inherent in the society-individual relationship, including—we suggest—those of neoliberalism that demolish the individual as the proper object of psychoanalysis. In other words, psychoanalysis is called to articulate the present conditions that are responsible for its own seeming obsolescence.

Fabian Freyenhagen is Professor of Philosophy at the University of Essex, UK. He has published widely on Adorno, including *Adorno’s Practical Philosophy* (Cambridge, 2013). He is founding Director of the Centre for Investigating Social Ills (CICSI), which currently focuses its work on current mental health crises by asking whether they might reflect sick social normalities.

Dr. Anastasios Gaitanidis is a Visiting Professor at Regent’s University, London. He is also a Relational Psychoanalyst in private practice.

Dr. Polona Curk is Co-Director of CICSI. Her recent publications include an article probing the multiple forms of compliance built into psychiatric insights assessments and a review essay exploring Jean-Max Gaudillière and Françoise Davoine’s seminars on madness and the social link.