
SEXUAL SADISM

EMIL-GRUIA NOVAC

“Tibiscus” University, Timișoara, Romania

Corresponding author email: novac_emil_gruia_nc@yahoo.com

Abstract

However, in this review paper, I use the narrower definition of sadism - that it is the experience of the hedonic value of cruel and antisocial acts - for three reasons. First, the experience of pleasure appears in all definitions of sadism, while the motivation for power is included only in some of them. Second, in works describing the Dark Tetrad (i.e., psychopathy, Machiavellianism, narcissism, and sadism), the pleasure of cruelty is what defines sadism, not the desire for power. Third, it is difficult to say definitively that someone who acts cruelly to gain power over someone also does not experience pleasure. In other words, even if an individual can report a motivation to gain power over an individual, this may be because he / she considers power to be pleasurable - which means that the ultimate motivation could still be pleasure.

Key words: sadism, paraphilic disorders, forensic psychology.

INTRODUCTION

Sadism is a personality trait, broadly defined as the tendency to experience pleasure because of other people’s physical or psychological suffering (e.g., O’Meara, Davies, & Hammond, 2011). Sadistic traits are continuously distributed in both community samples (Buckels, Jones and Paulhus, 2013) and forensics (Mokros, Schilling, Weiss, Nitschke and Eher, 2014) and range from the pleasure of the embarrassed to the pleasure to commit torture and murder (MacCulloch, Snowden, Wood, & Mills, 1983). It is undeniable and not surprising that people with high levels of sadistic traits are more likely to behave antisocially. These individuals enjoy being cruel to others, so they are more likely to behave in this way, both online and offline. In this narrative review, I provide an overview of the key issues in sadism research to date and I discuss the

questions that remain unanswered (Cronin, Ryan, & Coughlan, 2008; Ferrari, 2015; Green, Johnson, & Adams, 2006). I discuss about the scales that were developed to measure sadism, the exact role it might play in antisocial behavior, and its association with other malevolent personality traits. I consider where, if it is anywhere, sadism should appear in *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2013). Over time, I also discuss sexual sadism, a variant of sadism defined as sexually aroused derived from the pain or suffering of others.

Defining and measuring sadism

Defining and measuring “everyday” sadism. Until relatively recently, sadism was considered a forensic phenomenon. Most research on sadism has been conducted in the forensic environment, especially focusing

on sex crimes (Mokros, 2014). More recently, however, there has been a recognition that sadistic traits exist outside this framework, a phenomenon called “everyday sadism,” in an attempt to distinguish it from sadism in the context of sex or crime (Buckels et al., 2013). The introduction of this concept of non-legal, non-sexual sadism has been helpful, as these traits clearly exist in community samples (e.g., O’Meara 2011). Researchers disagree on how everyday sadism should be defined. It is undeniable that sadism is about deriving pleasure from the physical or psychological suffering of others (Baumeister & Campbell, 1999; Buckels et al., 2013; Chester, DeWall and Enjaian, 2018; Meloy, 1997; Pfattheicher, Keller and Knezevic, 2019), but some researchers suggest that sadism does not refer exclusively to pleasure. These researchers argue that people with sadistic traits engage in cruel behavior either because they enjoy it or because they want to exercise finance or power over others (O’Meara et al., 2011; Plouffe, Saklofske, & Smith, 2017).

However, in this review paper, I use the narrower definition of sadism - that it is the experience of the hedonic value of cruel and antisocial acts - for three reasons. First, the experience of pleasure appears in all definitions of sadism, while the motivation for power is included only in some of them. Second, in works describing the Dark Tetrad (i.e., psychopathy, Machiavellianism, narcissism, and sadism), the pleasure of cruelty is what defines sadism, not the desire for power. Third, it is difficult to say definitively that someone who acts cruelly to gain power over someone also does not experience pleasure. In other words, even if an individual can report a motivation to gain power over an individual, this may be because he / she considers power to be pleasurable - which means that the ultimate motivation could still be pleasure. Therefore, in this review, I consider that sadism is characterized by the hedonic value of being cruel to others, but I also notice the impact of the debate around this definition. A number of scales were developed to measure daily (i.e. non-forensic, non-sexual). The development of these measures has been useful, as they have shown that sadistic tendencies clearly exist in the

Community samples. However, some scales have not yet been evaluated by colleagues, and others do not report all psychometric properties. In addition, these measures differ from each other in a number of significant ways, which means that the exactly measured phenomenon differs from one scale to another. Here I give an overview of these measures and how they differ. The first distinction between measures is the extent to which they delimit the subtypes of sadism. Varieties of sadistic tendencies (VAST; Paulhus, Jones, Klonsky, & Dutton, 2011), for example, makes a distinction between indirect and direct sadism. The comprehensive assessment of sadistic tendencies (CAST; Buckels, 2018) further divides direct sadism into verbal (psychological) and physical sadism. In contrast, other measures contain elements related to these different elements, but are scales with a single factor: Short scale of sadistic impulse (SSIS; O’Meara et al., 2011), negative subscale of social potency of the social reward questionnaire (SRQ; Foulkes, Viding, McCrory, & Neumann, 2014), the average subscale of Short Tetrad Dark (SD4; Lance 2018).

Distinct subtypes of sadism may have significantly different associations with external correlations, for example, direct sadism may be more clearly associated with antisocial behavior - so this is an important issue to solve. A similar point is that everyday sadism covers the pleasure of both physical and psychological harm, but with the exception of CAST, most measures contain elements that do not distinguish the two (for example, “I hurt people for my own pleasure”; O’Meara et al., 2011). The structure of CAST factors indicates that psychological and physical sadism are distinct phenomena and this may be important: for example, physical sadism may be relatively less common in Community samples or may have different consequences. It would be beneficial if future scales used elements that clearly distinguish these two types, as is done in CAST: for example “I like to make jokes to the detriment of others” (psychological), “I like to physically hurt people” (physically; Buckels, 2018). The second difference between the scales of sadism is the extent of the overlap

with other malicious personality traits. For example, the SRQ Negative Social Potency subscale has only one element (“I like to be nice to someone only if I earn something from it”; Foulkes et al., 2014), which is more characteristic of Machiavellianism than sadism. SD4, although short, should be praised for its attempt to design elements of sadism that are deliberately less correlated with other features of the Dark Tetrad - in others. This is probably a consequence of the conciseness of the scale, rather than any definitive evidence that sadism is a one-dimensional construct.

The authors deliberately tried to capture what is unique about sadism (Paulhus et al., 2018). Sadism is clearly linked to other dark personality traits (with SD4, the correlation coefficients between sadism and the other Dark Tetrad scales are still 0.21-0.51), so the design of articles without any association would be unrealistic and inaccurate. However, this attempt to minimize at least the overlap with other features is important. A broader problem is that most scales contain at least one ambiguous article, ie an element that does not clearly measure sadism or another feature of the Dark Tetrad. For example, the Short Scale of the Sadistic Impulse includes the element “Sometimes I get so angry that I want to hurt people.” (O’Meara et al., 2011) It is more about regulating emotions or aggression than sadism (Buckels, 2018) In others, the exact motivation is unclear, for example, the VAST element “I never said significant things to my parents” (reverse score; Paulhus et al., 2011) could be approved for several reasons unrelated to sadism. In SD4 (Paulhus et al., 2018), the article “I know how to hurt someone with just words” could be approved by a person who knows that he/she has the ability to upset others (as everyone else does), but who would not necessarily engage in or enjoy that behavior.

Sadism in DSM

It has been debated for many years whether sadism and sexual sadism should appear as psychiatric disorders in the DSM (Handbook of Diagnosis and Statistics of Mental Disorders; American Psychiatric Association, 2013). Here I discuss the history of two such entries: Sadistic

Personality Disorder and Sexual Sadism Disorder.

Sadistic personality disorder

A Short-Term Diagnosis, A sadistic personality disorder (SPD) is not recognized as a mental disorder in the current (fifth) version of the DSM (American Psychiatric Association, 2013), but it briefly appeared in the previous DSM. III-R, in an appendix entitled “Proposed diagnostic categories that require further study” (American Psychiatric Association, 1988). It was included because forensic psychiatrists found that some patients exhibited a pattern of cruel behavior towards others that seemed to be driven by pleasure and that this was not adequately covered by the criteria for other personality disorders (Fiester and Gay, 1991). The focus of their observations was not on sexual offenses, but rather on offenses such as domestic abuse, assault, and crime (Fiester & Gay, 1991). However, there were a number of issues with the category proposed by the SPD, which means that it never progressed beyond that version of the DSM. First, there was concern, even if sadism was not adequately captured in existing disorders, that SPD was not a distinct disorder in itself. This was due to high rates of comorbidity with other disorders, especially narcissistic and antisocial personality disorders (Fiester & Gay, 1991). From the literature to the present, it seems sadism is most likely a feature that is sometimes present alongside other personality disorders, but it is not a distinct disorder in itself (Fiester & Gay, 1991). Other issues related to the creation of a diagnostic category of SPD were more about the consequences of labeling a person with SPD, with two seemingly opposite concerns. On the one hand, critics were concerned that a diagnosis of SPD could be unjustly stigmatizing; for example, there has been concern that patients with this label may be more at risk of abuse by prison officers (Spitzer, Feister, Gay, & Pfohl, 1991). On the other hand, there was concern that a diagnosis of SPD could be misused in the legal system, improperly reducing criminal liability and allowing “The medicalization of evil” (Spitzer et al., 1991). For all these reasons, the category proposed by

the SPD has never appeared beyond the third version of the DSM.

Sexual sadism as a paraphilic disorder

A sadistic disorder appears in DSM-5: Sexual Sadism Disorder (SSD), which is used primarily in the forensic environment in an attempt to identify a distinct group of sex offenders. In DSM-5, SSD appears under the category Paraphilic Disorders - disorders centered around sexual arousal to deviant stimuli or scenarios. For a diagnosis of SSD, a person must have experienced recurrent and intense sexual fantasies related to the pain or suffering of others or engaged in actual sadistic sexual behavior with a person who disagrees. Keep in mind that for a person to qualify as having a paraphilic disorder, such as SSD, rather than just a deviant sexual interest, the interest must have negative consequences for either the person themselves (e.g., such intense or frequent fantasies that causes suffering or disrupts daily functioning) or for society at large (e.g., harmful or criminal behavior; First, 2010). These criteria separate sexual sadism as a pathology from the less frequent or more intense fantasies or consensual behavior of sexual sadism, which should not be considered clinical problems.

The role of sadism in antisocial behavior

It is interesting to note that a sadistic behavior - acting after sadistic fantasies - is not necessary to obtain a diagnosis of SSD. Similarly, the definitions of sexual and non-sexual sadism center around the hedonic value of the suffering of others, rather than an individual's tendency to cause such suffering. However, a basic principle of psychology is that people are likely to seek out and repeat behaviors that are rewarding for them (Berridge & Robinson, 2003) - and indeed, it could be argued that individuals can only report how much they enjoy a behavior if they have tried it themselves. Therefore, it is obvious that people with high levels of sadistic traits are also more likely to cause suffering to others. In the next section, we discuss the existing evidence that sadistic traits are associated with a range of

antisocial behaviors, including harmful sexual behavior.

The role of sadism in antisocial behavior

Some questions remain about the relationship between sadism and antisocial behavior. First, the role of sadism should be investigated in non-sexual offenses: the vast majority of forensic sadism research has only assessed sexual offenses. Second, we need to identify the extent to which sadism affects criminal behavior toward others known predictors. Many criminals show no signs of sadism, so it is clear that this is not a necessary precondition for crime to take place (Beech, Ward, & Fisher, 2006; Seto, 2017). It is also not enough: many people have sexual fantasies about sadism, but do not adopt them with individuals who do not accept (Jozifkova, 2013). For a sadistic sexual crime to occur, sadism should be associated with other deficiencies, such as reduced self-control, either chronic or temporary (Seto, 2017). However, up to this date, the relationship between these risk factors and how they predict crime has not been clearly quantified. For example, do sadistic traits and low self-control have additive or interactive effects on the type or frequency of crimes? The relationship between anger and sadism in motivating crime is also unclear: some research has shown that sadistic offenders have generalized feelings of anger and resentment towards others (Beech et al., 2006), while others have argued that sadism and anger are two distinct types of motivations that do not tend to co-occur (Robertiello and Terry, 2007). In short, it remains unclear what defines a crime motivated by sadism, how these crimes differ from non-sadistic crimes, and the extent to which the presence of sadism predicts antisocial behavior above and beyond other predictors of such behavior.

Case study

Case data

Philip, 38, is in a BDSM relationship with 25-year-old Amanda. According to Philip, their relationship is consensual. They are very open about being in a BDSM relationship, despite the disapproval of their families and friends.

Five months after their relationship, Philip took Amanda to the hospital where she was hospitalized due to serious bodily injuries. The nurses reported that she had bruises on her legs and heavy falls on her back, as well as a minor injury to her head and swollen wrists. The nurses also noticed that some bruises appear to be older than others, which means that they are the result of previous incidents. Despite Amanda claiming that her injuries were the result of her and Philip's consensual sexual activities, the nurses reported Philip to the police because of their suspicion of domestic violence.

During his interview with the police, Philip also claimed that his and Amanda's sexual activities were consensual and that Amanda's injuries were the result of BDSM habits. Police decided to send him to a sexologist who diagnosed him through penile plethysmography with sexual sadism disorder.

Philip told authorities he had two similar relationships with BDSM in the past. He claims that all his sexual experiences with these partners were consensual. Philip's family and friends suspected that Philip's previous relationships had ended because Philip's sexual habits were "too intense" and "aggressive." None of Philip's previous friends were hospitalized.

In Philip's case, I argue that his behavior is sexual sadism compared to domestic abuse and that, despite ambiguity, he is not morally responsible for his actions.

To begin with, I believe that there are clear distinctions between domestic abuse and sexual sadism, and that Philip's actions clearly fall into the latter category. Domestic violence can be defined as "a pattern of abusive behavior in any relationship that is used by a partner to gain or maintain power and control over another intimate partner" ("Domestic Violence", 2016). More specifically, domestic sexual abuse in the family is defined in part by the use of coercion and lack of consent ("Domestic Violence", 2016).

Meanwhile, sexual sadism, at least theoretically, often involves the consent of the partner and is done to achieve sexual arousal (although

the means to do so and some pleasure can be derived from the feeling of control over the partner) (Comer, 2014). Therefore, I see critical differences between family abuse and Philip's sexual sadism: his actions had the ultimate intention of sexual arousal and, more importantly, were consensual. In addition, the fact that Philip and Amanda are so open about their BDSM relationship with friends and family further discourages the belief that it was domestic abuse. There is also insufficient information and evidence to show that this was a case of domestic abuse.

Despite being diagnosed with sexual sadism disorder, Phillip is largely unclear whether or not he is morally responsible, as defined by Joel Feinberg's criteria in "What's So Special About Mental Illness?" Feinberg argues and agrees that an individual is less morally responsible if he has uncontrollable coercion, an inability to identify motivations and irrational in his behavior, to name the central criteria (Feinberg, 1970). Based on the limited information provided, it is unclear whether Philip's sadism was completely uncontrollable. An indication that he was at least in a controllable part is that all of his BDSM sexual experiences were consensual. Again, many people with sexual sadism disorder participate in such behavior in a consensual relationship (Comer, 2014). More convincingly, it is possible to deduce that he was diagnosed with a disorder indicating perhaps that his sadistic lifestyle is not on his own initiative. This could enhance Feinberg's argument that his behavior is more forced than freely interpreted (Feinberg, 1970).

Although the extent of Philip's moral responsibility according to Feinberg's views is generally ambiguous, the above details push his case toward the lesser end of that responsibility.

In addition to Philip's lower potential for moral responsibility within Feinberg's criteria, I believe that the fact that his and Amanda's BDSM relationship is consensual goes beyond any potential ambiguity and absolves Philip of moral responsibility. I trust that both Philip and Amanda are sincere when they say that their relationship is consensual. Of course, it

may not be, but I see no evidence to prove this. As such, although I think it's unfortunate that Amanda was hurt so badly, I don't think Philip should be morally responsible for such actions and results if Amanda agreed (and continued to claim to her detriment that she was consensual). Therefore, I see Philip as a sexual sadist (and not as a domestic aggressor) who, because of the consensual nature of his BDSM relationship, has no moral responsibility for the harm that has occurred.

Therapeutic techniques

The main treatment approach to behavioral therapy for paraphilias is to eliminate the pattern of sexual arousal to deviant fantasy by assisting the patient with decreased inappropriate sexual arousal. A variety of techniques that have been used have been reviewed by Marshall w. Laws. Some of these will be described here: Covered Awareness: This is a method that has been used effectively to disrupt fantasies and behaviors that are antecedents of offensive behavior. It pairs the urges and feelings that cause a person to engage in an ant-act deviation with aversive images that reflect the opponent's consequences of continuing with deviant behavior. This treatment is performed by administering the patient's tape recording session in private. A therapist then reviews it and provides feedback to both people or group sessions. This technique was used to slowly treat the exhibitors. Satiety: Masturbation satiety is a technique that is effective in reducing deviant sexual arousal through boring deviant fantasy. This therapy consists of making the patient masturbate at home in private to the non-deviant adult fantasies until ejaculation has taken place. Satiety works by deviant fantasy sexual association with the aversive task of masturbating for 55 minutes after orgasm. These sessions are audio recorded at home and brought to therapy sessions where the cassettes are reviewed and criticized. Several studies have supported the value of this technique. Systematic desensitization: This is a technique that aims to reduce maladaptive anxiety by pairing relaxation with imagined scenes that present anxiety producing situa-

tions. Therapists helped the client implement strategies to address concerns about their negative thoughts, inhibited or hyperactive behaviors, painful emotions, and difficulty adjusting uncomfortable physiological arousal.

Approach

In my opinion the use of therapeutic methods are the best solution to help the client in question (Philip) because they help him to cope with the traumas experienced and give him a way to change his behavior, I think this way is the best because in combating the problems, the human status of the person in question must be taken into account, I consider that the use of medical methods by using different substances is not allowed to be a priority to the therapeutic treatment because they only "solve" the "outer", not the "inner" problem.

CONCLUSION

Most individuals enjoy seeing and provoking the happiness of others (e.g., Foulkes et al., 2014). However, a wide body of research now demonstrates the existence of sadism: a personality trait characterized by deriving pleasure from the pain and suffering of others. Sadism is clearly associated with elevated levels of antisocial behavior, from cyber aggression to rape and murder. Future research should address a number of issues relevant to both sexual and non-sexual sadism. Hedonic pleasure that is unique to sadism must be highlighted and isolated in a safe measure; the relationship between sadism and other antagonistic personality traits should be examined; and the role that sadism plays in antisocial behavior, relative to other variables, such as poor self-control, should be assessed. Finally, the field should address where sadism comes from - its history of development and whether anything can be done to prevent or treat it. To truly understand the motivations behind antisocial behavior, it is vital to consider sadism and recognize that some people are actively engaged in these behaviors because they enjoy them. According to the studies of Siserman C., Giredea C., Delcea C., (2020) and Delcea C.,

Siserman C., (2020) we can argue that future research must bring new discoveries.

BIBLIOGRAFIE

- Ahlers, C. J., Schaefer, G. A., Mundt, I. A., Roll, S., Englert, H., Willich, S. N., & Beier, K. M. (2011). How unusual are the contents of paraphilias? Paraphilia-associated sexual arousal patterns in a community-based sample of men. *The Journal of Sexual Medicine*, 8, 1362-1370. <https://doi.org/10.1111/j.1743-6109.2009.01597.x>.
- American Psychiatric Association (1988). *Diagnostic and statistical manual of mental disorders*, 3rd ed., revised (DSM-III-R).
- American Journal of Psychiatry, 145, 1301-1302. <https://doi.org/10.1176/ajp.145.10.1301>. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5°)*. American Psychiatric Pub.
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, 27-45. <https://doi.org/10.1177/1073191105283504>.
- Bailey, S. (1997). Sadistic and violent acts in the young. *Child and Adolescent Mental Health*, 2, 92-102. <https://doi.org/10.1111/j.14753588.1997.tb00055.x>.
- Barbaree, H. E., Seto, M. C., Serin, R. C., Amos, N. L., & Preston, D. L. (1994). Comparisons between sexual and nonsexual rapist subtypes: Sexual arousal to rape, offense precursors, and offense characteristics. *Criminal Justice and Behavior*, 21, 95-114. <https://doi.org/10.1177/00938548940210010>
- Baskin-Sommers, A. R., Neumann, C. S., Cope, L. M., & Kiehl, K. A. (2016). Latent-variable modeling of brain gray-matter volume and psychopathy in incarcerated offenders. *Journal of Abnormal Psychology*, 125, 811-817. <https://doi.org/10.1037/abn0000175>.
- Baughman, H. M., Jonason, P. K., Veselka, L., & Vernon, P. A. (2014). Four shades of sexual fantasies linked to the Dark Triad. *Personality and Individual Differences*, 67, 47-51. <https://doi.org/10.1016/j.paid.2014.01.034>.
- Baumeister, R. F. (1988). Masochism as escape from self. *Journal of Sex Research*, 25, 28-59. <https://doi.org/10.1080/00224498809551444>.
- Baumeister, R. F., & Campbell, W. K. (1999). The intrinsic appeal of evil: Sadism, sensational thrills, and threatened egotism. *Personality and Social Psychology Review*, 3, 210-221. <https://doi.org/10.1177/1089191599033002>.
- Marshall, W. L., Kennedy, P., Yates, P., & Serran, G. (2002). Diagnosing sexual sadism in sexual offenders: Reliability across diagnosticians. *International Journal of Offender Therapy and Comparative Criminology*, 46, 668-677. <https://doi.org/10.1177/0306624X01455003>
- McEwen, F. S., Moffitt, T. E., & Arseneault, L. (2014). Is childhood cruelty to animals a marker for physical maltreatment in a prospective cohort study of children? *Child Abuse & Neglect*, 38, 533-543. <https://doi.org/10.1016/j.chiabu.2013.10.016>.
- McManus, M. A., Hargreaves, P., Rainbow, L., & Alison, L. J. (2013). Paraphilias: Definition, diagnosis and treatment. *F1000Prime Reports*, 5. <https://doi.org/10.12703/P5-36>.
- Meloy, J. R. (1997). The psychology of wickedness: Psychopathy and sadism. *Psychiatric Annals*, 27, 630-633.
- Merz-Perez, L., Heide, K. M., & Silverman, Kelly I. J. (2001). Childhood cruelty to animals and subsequent violence against humans. *International Journal of Offender Therapy and Comparative Criminology*, 45, 556-573.
- Mokros, A., Osterheider, M., Hucker, S. J., & Nitschke, J. (2011). Psychopathy and sexual sadism. *Law and Human Behavior*, 35, 188-199.
- Mokros, A., Schilling, F., Eher, R., & Nitschke, J. (2012).
- Siserman C., Giredea C., Delcea C., (2020). The Comorbidity of Paraphilic Disorders And Rape In Individuals Incarcerated For Sexual Offences. *Rom J Leg Med* [28] 278-282 [2020] DOI: 10.4323/rjlm.2020.278. IF 0, 547. Link <http://rjlm.ro/index.php/arhiv/815>
- Delcea C., Siserman C., (2020). Validation and Standardization of the Questionnaire for Evaluation of Paraphilic Disorders. *Rom J Leg Med* 28(1)14-20(2020) DOI:10.4323/rjlm.2020.14 Romanian Society of Legal Medicine. IF 0, 547. Link <http://www.rjlm.ro/index.php/arhiv/775>