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Sadism: a history of non-consensual sexual cruelty*

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ABSTRACT

Sadism is a concept that is applied to rape–torture and rape–murder as well as the pleasures of consensual sadomasochism. From the 1890s, forensic psychiatrist Richard von Krafft-Ebing was responsible for popularising the term. This article explores Krafft-Ebing’s understanding of the “degenerative” sadist and looks at how popular and psychiatric ideas changed over the past century. Why did it quickly become a common term in society? Why was sadism regarded as a “perversion” of “normal” male sexuality? In forensic terms, one interesting thing about the invention of sadism is why it needed to be coined in the first place. What was it about the *sexual* that necessitated a different category?

Keywords: non-consensual sadism, Krafft-Ebing, heterosexuality, degeneration, history.

In *Philosophy in the Bedroom* (1795), the Marquis de Sade reflected on a sexual perversion that was later named after him: sadism. “Cruelty”, he claimed is “very far from being a vice” because it is “the first sentiment Nature injects in us all. The infant breaks his toy, bites his nurse’s breast, [and] strangles his canary long before he is able to reason”. While insisting that extreme aggression directed towards others is “natural” to “us all”, he goes on to say that sexual violence is typically wielded by the masculine half of our species. The “debility to which Nature condemned women”, he observed, “incontestably proves that the design is for man” who not only “enjoys his strength” but exercises it “in all the violent forms that suit him best, by means of tortures, if he be so inclined, or worse” (Marquis de Sade, 1795, p. 55). As a result of these words, rape–torture and rape–murder adhere to the Marquis’ name. But so, too, do the pleasures of consensual sadomasochism.

Within a few decades after the publication of books such as *Justine* in 1791 and *Philosophy in the Bedroom*, Marquis de Sade’s explosive depictions of sexual torture became an “ism” for the first time. In Pierre Claude Victoire Boiste’s *Dictionnaire universel de la langue française, avec le latin et l’étymologie* (1835), “sadism” was defined as an “aberration épouvantable de la débauche; système monstrueux et anti-social qui révolte la nature (De Sade, nom propre)” [appalling aberration of debauchery; monstrous and anti-social system which revolts nature] (Boiste, 1835, p. 642).

However, the person most responsible for popularising the concept was the forty-six-year-old Austro-German forensic psychiatrist, Richard von

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Krafft-Ebing. His book *Psychopathia Sexualis* (1894) has become a classic text, in part because he invented words such as “homosexuality”, “exhibitionism”, and “sadism”. Krafft-Ebing identified certain acts as “sadistic” in the context of the sex crime panic of the late nineteenth century. In Krafft-Ebing’s hands, sadism was less concerned with the fantasies of the Marquis de Sade but rather became tightly bound to the brutal crimes of extremely violent people, such as the Whitechapel murderer (“Jack the Ripper”). In its first English translation in 1894, Krafft-Ebing devoted nearly fifty pages to sadism, “lust-murder”, and “active cruelty and violence with lust”.

Krafft-Ebing had not intended to popularise the term. He was writing for an elite audience and reverted to Latin when approaching anything particularly gruesome or sexual. Even so, many reviewers were disgusted. *The British Medical Journal*, for example, was sniffy. They admitted that they reviewed the book with great reluctance, questioning whether “it need have been translated” in the first place. “Anyone wishing to study the subject might just as well have gone to the [German] original”, they contended, noting that perhaps the *entire* text should have been rendered in Latin, “and thus veiled in the decent obscurity of a dead language”. Admittedly, they conceded, “many morally disgusting subjects ... have to be studied by the doctor and by the jurist, but the less such subjects are brought before the public the better” (Anon., 1893, pp. 1325–1326).

What was it that was so disgusting for the editors of *The British Medical Journal*, reluctant to review *Psychopathia Sexualis*? In part, it was because the volume also dealt with other “perversions”, specifically homosexuality. But Krafft-Ebing also broke a formidable taboo in giving a voice to people who revelled in cruel behaviours. In his case studies, sadists themselves can be heard accounting for their deeds, albeit in the language made available by Krafft-Ebing himself.

What categories did Krafft-Ebing draw upon when he reached into the morass of his patients’ lives and identified certain people as sadist? For Krafft-Ebing, sadists were degenerates, “psychopathic individuals”, or people whose “defect of moral feeling” allowed normal, masculine, heterosexual cruelty to become “unbounded” (von Krafft-Ebing, 1894, p. 59). He devoted only two pages to female sadists, describing them as suffering from “hyperexcitation of the motor sphere” (pp. 87–88). For Krafft-Ebing, “original ethical defect, hereditary degeneracy, or moral insanity” meant that the male sadist could not master his “perverse instinct” (p. 61). Krafft-Ebing illustrated the range of degenerative “soils” that led to this perversion. Sadists had mothers who suffered from “mania menstrualis periodica” or were “hysterical and neurasthenic”. Their fathers, uncles, or other near relatives were insane, inebriates, syphilitic, epileptic, practised onanism, or experienced “homicidal impulses” (pp. 63, 71). Sadists themselves were “weak”; they were “constitutionally neuropathic”, exhibiting “several anatomical signs of degeneration” (p. 71). Their brains showed “morbid changes of the frontal lobes” or a “congenital arrest of development of the right frontal lobe” (pp. 63, 66). They were also deficit in emotional responses: the sadists he examined “express

no remorse”, do not “show the slightest trace of emotion”, or “never had pangs of conscience” (pp. 63–66).

Crucially, Krafft-Ebing regarded sadism as an extension of “normal” male sexuality. As he put it, sadism is nothing more than “an excessive and monstrous pathological intensification of phenomena ... which accompany the psychical *vita sexualis*, particularly in males” (p. 60). For him, “physiological conditions” explain why “monstrous, sadistic acts” are more common in men than in women. He explained that in the intercourse of the sexes, the active or aggressive *role* belongs to man; woman remains passive, defensive. It affords a man great pleasure to win a woman, to conquer her Under normal conditions a man meets obstacles which it is his part to overcome, and for which nature has given him an aggressive character. This aggressive character, however, under pathological conditions, may likewise be excessively developed, and express itself in an impulse to seduce absolutely the object of desire, even to destroy or kill it (pp. 59–60).

In case readers didn’t quite grasp his point, he drew their attention to the fact that, in “normal” sexual intercourse, “very excitable individuals” at “the moment of most intense lust” often bite and scratch their partners. Love is similar to anger, Krafft-Ebing explained. Both were “active (sthenic) [sic] emotions”, that seek their object, try to possess themselves of it, and naturally exhaust themselves in a physical effect on it; both throw the psycho-motor sphere into the most intense excitement, and thus, by means of this excitation, reach their normal expression (p. 58).

In sadistic sexual acts, this *normal*, heteromasculine cauldron of passion overheated, exploded, causing “real injury, wound, or death” (p. 59). Cruelty, as Krafft-Ebing put it, was “natural to the primitive man” while compassion was “a secondary manifestation and acquired late” (p. 86). Cruelty led to real pleasure for the male aggressor. As Krafft-Ebing’s patients told him, their sexual practices were “an indescribably pleasant (lustful) feeling” or simply “very happy, enjoying a feeling of great satisfaction” (p. 66).

Less than twenty years after the term “sadism” had become established within psychiatric circles, it was being discussed by moralists and jurists interested in extreme cruelty in the course of sexual attacks and murders. One prominent figure was William Renwick Riddell, Justice of the Supreme Court of Ontario. In 1924 he published a lengthy account of a sadist in the *Journal of the American Institute of Criminal Law and Criminology*. Given his position as President of the National Council for Combating Venereal Diseases, it is not surprising that Riddell put a great deal of weight on syphilis and alcoholism in constructing his case study of a young man who had sexually abused, tortured, and killed a boy. According to Riddell, cerebro-spinal syphilis had led to “a lesion in the brain” and this “produced a psychopathic condition conveniently called sadism” (Riddell, 1924, pp. 38–39).

In addition, Riddell was intrigued by Lombroso-like physical signs of degeneracy. He described the perpetrator as being “undersized and stooped” with an asymmetrical face; the pupils of his eyes were “somewhat contracted and the left pupil is much larger than the right” (pp. 38–39). He also had a “speech

defect” and found it “impossible to say ‘Methodist Episcopal’” (pp. 38–39). Unlike the truly insane, this young man did not have any delusions or hallucinations, but he lacked a “proper feeling tone” and showed no shame about his homosexual practices (pp. 38–39). The sadist:

does not pretend there was an irresistible impulse. He makes no claim to being insane in any respect; he has heard of sadism and of crimes of violence committed on persons against whom the criminal had no grudge but whom he loved. (Riddell, 1924, p. 38)

Riddell’s embrace of degenerative theories was typical of psychiatric and legal understandings of sadism throughout the twentieth century—indeed, long after ideas about “degeneration” had been rejected by most psychiatrists. Although a few commentators, notably Harley Street psychiatrist Clifford Allen (1950), drew on Sigmund Freud’s argument that sadism was a normal part of the infant’s development and the adult sadist was one who had not “worked through” this instinct as a result of societal interactions, this was a distinctly minority view at the time. It was taken as axiomatic that sadism was linked with “immature countries and more primitive peoples”, as Lord Templewood, President of the Howard League for Penal Reform put it in 1955 (Hard, 1955).

The longevity of degenerative theories of sadism was encouraged by continental European psychiatrists. In 1945, a series of books planned by the Library of Abnormal Psychological Types explicitly set out to propagate this approach. The first book in the series focused on Peter Kürten, who was responsible for torturing and murdering women in Düsseldorf in 1929. The editors of this Library explained that they wanted to bring into collected form, in the English language, a number of psycho-pathological studies of the first importance, at present available only to the student who is equally at home with French and German, the Scandinavian languages, and Russian.

Aware of the great public interest in sadists, they hoped that readers would not only include physicians and jurists but also “all serious students of eugenics, biology, sociology, penal reform, and education” (Berg, 1945, p. 5). Its characterisation of sadists was to become canonical.

According to Karl Berg, the author of the book on Kürten, Kürten was a typical sadist. Besides being sexually excited by acts of immense cruelty, he had begun offending from a very young age. He tortured animals, he had been abused as a child, there was evidence of a hereditary “taint”, he had a strong sexual urge, he had violent fantasies, he knew what he was doing was wrong, and he never showed remorse (Berg, 1945, p. 134). He was also a good worker and intelligent. Berg did not believe that Kürten was plagued by an “irresistible impulse”: after all, he was capable of stopping himself from carrying out the acts (especially if there was a risk of being caught). In all its horror, Kürten’s sadism was nothing more than a “habit” (p. 142).

Like Krafft-Ebing, Berg also argued that the sadist represented an excess of what was otherwise “normal” male heterosexuality. He reminded readers that “sexual lust and cruelty are neighbours in the Empire of Feeling” and

inflicting pain during the sex act was “frequent with the man”. The chief difference in sadists was that cruelty became “the essential prerequisite for the success of the sexual act”, whilst for non-sadists it “remains ancillary” (p. 134).

There are two important things about these commentaries. First, sadists were male. Non-consensual sadism was usually simply assumed to be a male pathology (Smith, 1940, 1955); others noted that female sadists were so rare that they had to go to the early seventeenth century to find a single example (Stone, 2010, p. 148). The most common statement was that while men possessed an “inborn sadism”, women had an “inborn masochism” (Forsyth, 1934). Even the extreme violence practised by Myra Hindley in the 1960s was consistently referred to as “masochistic” (Agass, 2013). As one leading commentator argued in 1967, Hindley could have been “led away from this detestable path” if she had been “tempted by marriage to an ambitious young man clearly rising in the world” (Fowler, 1967, p. 16). In other words, her violence could have been stemmed by a bourgeois, heterosexual marriage. The only real exception to this absence of detailed discussion of female sadism is the prominent role given to *symbolic* sadism in women, especially in the psychoanalytic literature. In this literature, sadism was *psychic* cruelty and tied to legends and folklore about female vampires, sorceresses, and demons (Allendy, 1933).

Second, it was an excess of male *heterosexuality*. The author of an article entitled “Psychic rudiments and morality” (Dawson, 1900) observed that sadism consisted of a “morbid inclination towards the opposite sex”; it was an “exaggeration of the rudimentary animal or savage impulse to conquer the *woman* in connection with sexual union” (Dawson, 1900, p. 211). Other psychiatric books listed “sadism” under the heading “Heterosexual anomalies” (Jacoby, 1918, p. 335). It was routinely pointed out that non-human males also “courted” the female of their species aggressively. In Havelock Ellis’ *Studies in the Psychology of Sex* (1903), he claimed that pain and sexual excitation were typical in animal courtships, so it was hardly surprising to find it in male human heterosexuality (Ellis, 1903). Half a century later, this was still being argued. The authors of books as diverse as Jungian Robert Eisler’s *Man Into Wolf: An Anthropological Interpretation of Sadism, Masochism, and Lycanthropy* (1951), sexologist Walter Braun’s *The Cruel and the Meek: Aspects of Sadism and Masochism* (1967), and jurists Manfred S. Guttmacher and Henry Weihofen in *Psychiatry and the Law* (1952), noted that male sexuality was (in the words of the latter book) aggressive “throughout the animal world”. This was why “the human male often shows socially modified sadistic elements in his normal sexual behaviour”. Criminal sadism occurred only when “this aggressive element becomes abnormally exaggerated and manifests itself as a sadistic sexual attack”. The authors added that many of these individuals have a “deep-seated hatred focussed particularly on women” (Guttmacher and Weihofen, 1952, p. 117). Even when sadists admitted that their sadistic fantasies and practices targeted boys, the analyst might nevertheless insist that sadism represented “hostility toward feminine figures” (Berest, 1970, p. 218). Numerous studies assumed that sadists were

heterosexual and set themselves the task of explaining the behaviour of *wives* of these violent offenders (Holman, 1998).

In forensic terms, the interesting thing about the invention of sadism is why it needed to be coined in the first place. What was it about the *sexual* that necessitated a different category? There were other, perfectly encompassing diagnoses, including “moral imbecility”, “moral mania”, and “moral insanity”, that could have been applied to people who committed non-consensual cruelty. These terms had a long history in legal cases involving men accused of sexually assaulting, mutilating, and killing their victims. A particularly important moment was the publication in 1835 of James Cowles Prichard’s *A Treatise on Insanity and Other Disorders Affecting the Mind*. Prichard defined moral mania as a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable lesion of the intellect, or knowing and reasoning faculties, and particularly without any maniacal hallucinations (Prichard, 1835). It was a category into which people who committed acts classed as sexual and involving exceptional cruelty *used* to be placed. Why was a different term—sadism—needed from the late nineteenth century—and why did it become so popular?

One explanation for the invention of the new term is the rise of forensic psychiatrists, who sought to replace asylum doctors. As historian Ivan Crozier has argued, a new group of forensic psychiatrists were attempting to make insanity a psychiatric rather than legal object. In Crozier’s words:

One of the places where these battles could be fought prominently apart from the specialist pages of psychiatric journals, was in courts over issues of insanity and criminal responsibility in everyday perversions. (Crozier, 2002, p. 350)

This struggle between asylum and forensic experts was often explicitly referred to. Indeed, in 1955, a year after the Durham Ruling decided that “an accused is not criminally responsible if his unlawful act was the product of mental disease or defect”, the psychiatrist Zilboorg triumphantly lauded the decision as a victory for psychiatry (Zilboorg, 1955). In his words:

It is only with regard to mental disease in a criminal case that the law assumes to dictate its formalistic views to medicine. There is no written or unwritten law which presumes to tell us what appendicitis is. The doctor’s diagnosis in such a case is accepted There is not a lawyer in the world who would challenge such a doctor by confronting him with a legal definition of appendicitis and forcing him to prove or disprove the presence or absence of *legal appendicitis* (Zilboorg, 1955, pp. 331–332)

On the other hand, for centuries jurisprudence has claimed that it was able to make its own diagnosis of its own conception of so-called legal insanity.

These professional tussles over who had the right to decide on questions of mental capacity were not the only explanation. After all, there were other *psychiatric* terms that could have been (and indeed were) employed in the battle of forensic psychiatrists for supremacy in law courts (for example: psychopathy). Furthermore, psychiatrists did win a significant victory in 1913

when they succeeded in having “moral imbecility” recognised as insanity in law, something that jurists had resisted. The Mental Deficiency Act of that year defined moral imbeciles as:

persons who from an early age display some permanent mental defect coupled with strong vicious, or criminal propensities on which punishment has had little or no deterrent effect. (Anon., 1914, p. 7)

Crucially, it named moral imbeciles as insane and therefore not responsible for their actions under the McNaughton Rules. In other words, psychiatrists didn't need a new diagnostic category—sadism—in their fight for supremacy over asylum doctors.

Furthermore, if the ploy was power within the courts, then the diagnostic term “sadism” was of little help. In court case after court case, judges and juries refused to accept that sadists were insane. In the 1925 trial of James Winstanley, for example, the defence's argument that he suffered from a form of insanity called “sadism”—an “impulsive obsession, the remains of a bygone age”—was resolutely rejected. The prosecuting counsel succeeded in convincing the jurors that “it would be a serious thing for the women of England if sadism or sexual insanity were accepted as an excuse for killing a victim”. The judge agreed. He concluded that “lust must not be mistaken for love”. He added that British people “[do] not live in a savage, primitive country, but in a civilised land”. Crucially, the *Exeter and Plymouth Gazette's* title when reporting the case was “Not a good defence in murder charge” (Anon., 1925, p. 8). Or, as Justice Morris argued during the 1946 trial of Neville Heath:

A strong sexual instinct is not of itself insanity. Mere love of lust, mere recklessness, are not in themselves insanity. Inability to resist temptation is not in itself insanity. (Anon., 1946, p. 3)

This occurred time and again—including the trial of child rapist and cannibal Albert Fish in 1935, Arthur James Mahoney in 1939, and Harold Hill in 1942. In courts, “sadism” proved to be no defence at all and “expert evidence” *continued* to be given by prison or asylum doctors rather than forensic psychiatrists.

More to the point, it leaves unanswered why there was a need to focus on the *sexual* aspect of extreme violence. Why single out the sexual aspect for the first time—and, in particular, the exclusively “sexual” nature of the act for *perpetrators*, not victims? After all, it was the perpetrator's definition of “sex” and “pleasure” that was the sole criteria. To address this question we need to look outside the courts—to the wider cultural milieu. After all, the concept “sadism” rapidly drifted from its psychiatric moorings and permeated discourses far removed from the mutilated bodies of women, girls, and boys. As *The British Medical Journal* was forced to admit in their obituary for Krafft-Ebing, who died in 1902:

his name was brought into somewhat unfortunate prominence by his book entitled *Psychopathia Sexualis*, of which an unfavourable opinion was expressed in

the *British Medical Journal* some time ago. The book has gone through many editions, but this questionable popularity has been due rather to the curiosity of the public than to the appreciation of the medical profession. (Anon., 1903, p. 53)

When *The British Medical Journal* had originally reviewed *Psychopathia Sexualis*, the reviewer concluded by admonishing physicians to ensure that the book was “not to be left about for general reading” (Anon., 1893). The warning went unheeded. Between its publication and Krafft-Ebing’s death in 1904, *Psychopathia Sexualis* went through twelve editions. The latest edition was published in 2011. Not only doctors and jurists, but ordinary men and women, including sadistic ones, read it, albeit probably skipping the Latin bits.

Within twenty years of the publication of its English translation, sadism had become an everyday word. In the early 1920s, even a poorly educated, young man who sexually assaulted and killed a boy knew what “sadism” meant (Riddell, 1924). A 1927 biography of “the wicked Marquis”, or “the old sinner who has given his name to a psychological perversion”, was favourably reviewed in regional newspapers. As *The Yorkshire Post* observed, sadism had “become the conversational counters [sic] of the drawing-room”, although he warned that the biography was “not a volume which a modern daughter could safely give to her mother for a birthday gift” (Anon., 1927, p. 4). Sensationalist reportage of lust-murderers also popularised the concept—most strikingly during the 1946 trial of Neville Heath, which saw extensive discussion of sadism in every newspaper.

By the Second World War, the concept of “sadism” had already drifted free from its psychiatric moorings in Krafft-Ebing and lust-murder. There were periodic panics about the innate sadism of modern comic books, television programmes, and films (Abrams, 2003; Anon., 1948, 1950, 1960; Wertham, 1954). Vivisectionists, parents, and teachers who resorted to corporal punishment, schoolyard bullies, men who enjoyed cock and bull fights, warmongers, and even nurses all had the term “sadist” thrown at them (“A Matron”, 1938; “A Psychiatrist”, 1946; Anon., 1936a, 1936b, 1945, 1946, 1947, 1949, 1953; “Globe Reader”, 1938). In 1934, even Jesus was accused of being one (Still, 1934, responding to Forsyth, 1934). Is it any wonder that Dr Robert Gillespie reported in 1937 that sadism “was much more frequent in people than was supposed” (Anon., 1937, p. 12).

Each generation addressed the knotty problem of sadism in different ways. When *Psychopathia Sexualis* was first published, it sought to tame the tsunami of horrors associated with the Whitechapel murders. At the same time, an increasingly prominent group of men (and some women) were also turning down the twisting lane of sexuality, making it a subject that could be signposted in public. Criminologists and psychologists were actively venturing into the study of sexuality involving non-violent as well as violent crime. In the 1910s, “sadism” was redirected into an “eloquent and powerful brief for the cause of eugenics”, as a criminologist put it in 1912 (Stevens, 1912). In the interwar years, it stood in for concerns about the effects of the mass media; in the aftermath of the Second World War, it was about the

ordinariness of evil. This was what the editor of *The Yorkshire Post and Leeds Mercury* meant in 1946 when he pondered why it had become acceptable for sadistic behaviour to be “read and commented on in homes throughout the land”. He concluded that it was important because the sadist “looks and talks like a normal citizen”. This fact should give “the plainest warning to parents, and especially to young women, of the dangers that may come from taking every casual acquaintance at his face value” (Anon., 1946c, p. 2). Although I have argued that the “degeneracy” discourse remained important throughout the century, and well after it had slipped away in other areas, nonetheless, it did see a falling away after the Second World War. Unlike degenerates inflicted with “moral imbecility” or “moral mania”, sadists were increasingly seen as white, middle-class men. In a world reeling from the Second World War, they were the perennial Nazis.

Even within psychiatric circles, sadism was being applied to a vast range of activities. For example, James Kiernan’s influential article entitled “Responsibility in active aliphily” and published in *Medicine* in 1903, confused consensual sadomasochistic practices with non-consensual, violent rape. Kiernan observed that:

pain, not cruelty, is an essential in this group of manifestations. The masochist, or passive aliphilist, desires pain that as a rule must be inflicted with love; the sadist desires to inflict pain, but often seeks that it should be felt as love. (Kiernan, 1903, p. 269)

However, he was also referring to violent, sex criminals. The lover who desires to give pleasure and the vicious lust-murderer became equivalent.

As a diagnostic category, the label “sadist” was applied to serial rapists, homosexuals, exhibitionists, and masturbators (Pollens, 1939; Power, 1976). Psychiatrists used the concept to refer to everything from men with compulsive habits of prowling the street in search of vulnerable women with the aim of mutilating them, to adolescent boys ashamed about spontaneous nocturnal emissions. Indeed, at the same time as British newspapers headlined the horrific crimes in 1946 of Neville Heath, a psychiatrist writing under the banner “A medical view of sadism” bundled Heath’s atrocities in the same category as bullies who take pleasure in “teasing little girls” (“A Psychiatrist”, 1946, p. 2).

This confusion in tongues continues to this day. For instance, Carol Anne Davis’ *Sadistic Killers: Profiles of Pathological Predators* (2007) stated that “you have to be well fed and comfortably housed before you can begin to feel sexual” but that, today “even the unemployed sadist has his basic requirements taken care of and can find the energy to lure victim after victim to a secluded forest, safe house [!] or modified van” (Davis, 2007, p. 10). Similarly, Jack Levin in *Serial Killers and Sadistic Murderers: Up Close and Personal* (2008) explained that “sadistic media fare” appeals to Americans because they “want to feel good about themselves” (pp. 27–28). The sexual sadist has become a cultural icon.

Why does this confusion of tongues matter? It matters because eliding the difference between delight and distress, or between consensual pain and non-consensual suffering, defines the human encounter in terms of only one of the participants: the aggressors. By minimising the harm of sexual cruelty—it is as bad as “teasing little girls”—it normalises it. Indeed, as we saw, sadism was generally regarded as simply part of a continuum of male sexuality. There is another problem: psychiatrists who establish a distinction between the “sadistic” rapist and the “non-sadistic” one, not only adopt a definition of “sadistic” that is fundamentally premised on the claims of perpetrators (who, alone, can say whether they “take pleasure” in inflicting pain). By definition, the suffering experienced by victims of violence becomes of lesser consequence.

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