Research Article

SADISM IN INTIMATE RELATIONSHIPS

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Abstract

This paper examines the phenomenon of sadism within intimate partner relationships, focusing on the key aspects that shape its manifestations and consequences within these dynamics. Sadism is defined as a personality disorder characterized by pleasure derived from inflicting physical and psychological pain on others. We differentiate between direct and indirect sadism, as well as instrumental and affective sadism, which manifest in various ways within romantic relationships. The psychological profile of a sadist often includes traits associated with antisocial personality disorder, narcissism, psychopathy, and a propensity for control and manipulation. The development of sadistic behavior may be linked to genetic predispositions, traumatic experiences, and adverse childhood experiences. The relationship between sadism and other disorders, such as psychopathy and narcissistic personality disorder, further complicates the understanding of this phenomenon. The dynamics of sadistic behavior in intimate partner relationships encompass various forms of manifestation, including physical violence, psychological abuse, and humiliation of the partner. The cycle of abuse typically includes phases of charm, violence, remorse, and a recurrent cycle. The impact on victims can be profound, resulting in depression, anxiety, post-traumatic stress disorder (PTSD), and diminished self-esteem. Social and cultural factors including patriarchal norms, cultural legitimization of sadism, and gender inequalityplay a crucial role in shaping and perpetuating sadistic behavior. These factors contribute to the normalization and glorification of control and domination within intimate relationships. In a sexual context, sadism may involve elements of sexual violence, coercion, and degradation. We differentiate between consensual sadism, which involves the informed consent of both partners, and pathological sadism. The psychological consequences of sadism in sexual relationships can result in enduring emotional and mental trauma. Studies have indicated that certain professional roles, such as surgeons, police officers, military personnel, and executives, may be associated with sadistic tendencies. Professions that entail significant power and control over the lives of others, such as surgery, are often linked to tendencies toward sadism. Similar associations have been observed in professions with hierarchical structures, such as police and military leadership, where powerful positions may facilitate the expression of sadistic traits. Rehabilitation for victims and support systems encompass various therapeutic approaches, including cognitive-behavioral therapy (CBT), acceptance and commitment therapy (ACT), and group therapies. Education and training for professionals working with victims and perpetrators of sadistic violence are also essential, as is the understanding of the cultural and socio-economic dimensions of violence. The conclusion of this paper underscores the importance of recognizing and preventing sadism in intimate partner relationships, as well as the need for further research on topics such as the association of sadism with digital violence, gender perspectives, and cultural contexts. Additionally, it highlights the significance of understanding how specific professional roles may be linked to sadistic tendencies, providing insight into particular aspects of work that could influence the development of these traits.

Keywords: Sadism, Psychological profile, Intimate partner relationships, Dynamics of violence, Traumatic experiences, Psychological consequences, Abuse.

INTRODUCTION

Sadism in intimate partnerships represents a specific form of violence characterized by the enjoyment derived from inflicting physical or psychological pain on another individual, most often a partner, which can have long-term and devastating consequences for the victims. Research indicates that sadism is not merely an individual problem, but rather a broader societal phenomenon that manifests within the dynamics of power, control, and domination in intimate relationships (Baumeister & Vohs, 2004). This topic is of paramount importance for investigation, as it highlights the complexity and dangers inherent in such relationships, and provides an opportunity for a deeper understanding of the psychological, social, and cultural aspects of sadism. In contemporary society, where violence and abuse of power are increasingly prevalent in intimate relationships, it is crucial to analyze how sadism, as a specific form of violence, manifests within these partnerships and what consequences it has for the victims (Hare, 1991).

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The psychological profile of sadists in intimate relationships is characterized by a range of traits such as narcissism, psychopathy, and antisocial behavior (Hare, 1991; Millon *et al.,* 1998). These traits enable perpetrators to manipulate and control their partners through methods that include humiliation, physical pain, and emotional abuse. Sadism in intimate relationships is not always overtly recognizable, and victims often find themselves trapped in a cycle of abuse due to the manipulative tactics and power dynamics that dominate these relationships (Baumeister, 2005). This type of violence often remains concealed, complicating its recognition and the societal response to such forms of abuse. Through an analysis of the existing literature, this study aims to investigate the key psychological mechanisms underlying sadism in intimate relationships, as well as how social and cultural factors, such as patriarchal structures and gender norms, support and perpetuate sadistic behavior (Dobash & Dobash, 1998). Additionally, special attention will be devoted to the impact of sadistic behavior on victims, considering that they frequently encounter severe psychological consequences such as depression, anxiety, and post-traumatic stress disorder (Walker, 1991). Finally, the study will explore the personality traits of sadists to better understand the dynamics of these

relationships and provide a basis for the development of prevention and intervention strategies. This research is grounded in secondary analysis of existing theoretical frameworks and empirical studies on sadism in intimate partnerships. By utilizing relevant literature from the fields of psychology, criminology, and sociology, the goal is to provide an in-depth analysis of this phenomenon. The primary methodological framework is based on a review of relevant studies that have addressed issues of control and violence in intimate relationships.

This study will address the following research questions:

1. What are the key psychological mechanisms underlying sadism in intimate partnerships?
2. How do social and cultural factors influence the dynamics of sadism in intimate relationships?
3. What is the impact of sadistic behavior on victims in terms of psychological consequences?
4. Which personality traits are predominant among sadists in intimate relationships, and how do these traits influence the dynamics within such partnerships?
5. To what extent can professional roles that involve authority and control be associated with the expression of sadistic traits in intimate partnerships?

Theoretical framework

Sadism in intimate relationships represents a complex phenomenon that is best understood through a combination of various theoretical approaches. The investigation of this phenomenon necessitates a comprehensive consideration of the psychological, social, and cultural factors that shape the dynamics of sadistic behavior. This paper's theoretical framework is based on several key theories that contribute to the explanation of sadism in the context of intimate relationships: psychodynamic theory, social learning theory, power and control theories, and feminist theories. Each of these approaches contributes to an understanding of how sadism manifests in intimate relationships and how psychological and social factors contribute to its emergence and maintenance.

Psychodynamic theory

Psychodynamic theory, rooted in Freudian concepts, emphasizes the importance of internal conflicts and unconscious impulses in shaping behavior (Freud, 1920). According to Freud's theory, sadistic behavior may be linked to destructive impulses arising from unconscious conflicts between the libido and death instinct, wherein the sadist projects their own internal frustrations through control and violence towards others. This theory highlights that sadistic behavioral patterns may stem from early traumas, failures in resolving the Oedipus complex, or an individual's inability to appropriately channel aggressive impulses. Adler's perspective, as a branch of psychodynamic theory, also offers insight into sadism in intimate relationships by focusing on feelings of inferiority and the need for superiority. Alfred Adler (1956) argued that individuals who feel inferior often utilize power and dominance as a compensatory mechanism, and sadism in intimate relationships may result from such psychological mechanisms. A partner resorting to sadistic behavior may be attempting to achieve a sense of control to mask their own insecurities.

Social learning theory

Albert Bandura's (1977) social learning theory emphasizes the importance of learning through observation and imitation, which can be applied to the explanation of sadistic behavior in intimate relationships. According to this theory, sadism may develop through the modeling of aggressive behavioral patterns, whether within the family, peer groups, or broader societal contexts. A partner exhibiting sadistic behavior may have witnessed violence in their own childhood or environment and internalized such patterns as acceptable. Bandura highlighted that behaviors are learned through observing and imitating others, thus underscoring the critical influence of the environment in shaping behavior (Bandura, 1977). This theory particularly emphasizes the role of media and social norms in normalizing violence and domination within relationships. Portrayals of violent relationships in the media or a culture that values power and control may reinforce sadistic behavior. In this manner, sadism in intimate relationships can be part of a broader process of socialization, where certain forms of violence and control are socially accepted or even deemed desirable.

Power and control theories

One of the pivotal aspects of sadism in intimate relationships is the dynamics of power and control. Power theories, such as social dominance theory and theories of interpersonal control, emphasize the significance of domination over a partner as a primary motivational factor for sadistic behavior (Sidanius & Pratto, 1999). These theories posit that sadistic behavior arises from the need to maintain control and hierarchical dominance within the relationship, where the sadist employs violence and manipulation to secure their superiority. Interpersonal control theories (Goode, 1971) further assert that sadistic behavior is often associated with the need to exert control over a partner and to maintain a position of power within the relationship. Sadists employ various techniques—from emotional manipulation to physical violence—in order to retain domination and deter the partner from asserting any form of control. These power relations are frequently asymmetrical, with the subjugated partner facing ongoing humiliation and degradation.

Feminist theories

Feminist theories provide a critical analysis of sadism in intimate relationships, highlighting the role of gender norms and patriarchal structures that support violence against women. According to feminist theorists, sadism in relationships is not an isolated psychological phenomenon but is rooted in broader social and cultural contexts that privilege male dominance and control (Dobash & Dobash, 1998). Patriarchal social relationships perpetuate the notion that men have the right to control and dominate their partners, thereby making sadism a tool for maintaining these gender hierarchies.

Feminist approaches emphasize that sadistic violence frequently occurs within the context of gender-based violence, where women are the primary victims. This theory also underscores the necessity of examining sadistic behavior through the lens of power and control, where victims often encounter complex psychological, social, and economic barriers that prevent them from leaving abusive relationships (Kelly, 1988).

Definition of sadism and its forms

Sadism is a complex phenomenon that, in a psychological context, most commonly refers to the enjoyment derived from inflicting physical or psychological pain on others. This propensity can vary in intensity and manifestations, and it is particularly concerning when it occurs within intimate partner relationships, where it can have severe consequences for the emotional and physical health of the victim.

Sadism in a psychological context

In the psychological literature, sadism is defined as a behavioral pattern in which an individual derives pleasure from causing pain or humiliation to others (Millon *et al.,* 1998). This form of behavior can be part of more severe personality disorders, particularly within the context of antisocial and narcissistic disorders (Hare, 1991). A key characteristic of the sadistic personality is not only the ability to inflict pain on others but also the enjoyment of control and domination over the victim (Paulhus & Williams, 2021). Sadism is often associated with aggression; however, it is important to distinguish sadistic aggression from other forms of violence. While violence may be motivated by various factors (anger, fear, frustration), sadistic aggression is specifically marked by a conscious intent to cause suffering, whereby the perpetrator derives pleasure from the victim's reaction (Baumeister & Vohs, 2004; Buckels, Trapnell, & Paulhus, 2019). This behavioral pattern can manifest in various contexts, ranging from everyday interactions to extreme forms of violence.

Types of sadism

In the literature, sadism is often divided into several subtypes, depending on how the behavior manifests and the goals of the sadist. Two key distinctions are between direct and indirect sadism, and between instrumental and affective sadism.

Direct sadism involves overt actions of inflicting physical or emotional pain on others. This includes physical violence, verbal humiliation, or emotional manipulation with clear intentions to provoke suffering in the victim (Hare, 1991; Plouffe, Saklofske, & Smith, 2017). In contrast, *indirect sadism* refers to the pleasure derived from observing the suffering or humiliation of others, without direct involvement in the violence. This form may manifest through manipulation or provocation of others to indirectly achieve the goal of causing pain.

Instrumental sadism is behavior in which suffering is used as a means to achieve some other goal. In this case, the sadist may not be exclusively motivated by pleasure derived from suffering but rather employs that suffering to attain specific objectives, such as power, control, or material gain (Millon *et al.,* 1998). Affective sadism, on the other hand, is characterized by impulsive reactions and enjoyment of the immediate act of inflicting pain, without a broader goal beyond momentary gratification (Baumeister, 2005; Simmons & Lehmann, 2020).

Sadism in the context of partner relationships

Sadism in partner relationships possesses specific characteristics that distinguish it from other forms of sadistic behavior. The emphasis is on the long-term dynamics of control and domination within the intimate relationship.

Sadistic behavior in a relationship often involves emotional, psychological, and physical violence, wherein the sadist systematically humiliates and controls the partner, thereby stripping away their self-confidence and sense of autonomy (Walker, 1991; Holt, 2017). In such relationships, the sadist utilizes various control techniques to maintain power over the partner, including isolation from friends and family, manipulation of feelings of guilt, gaslighting (deliberately distorting reality to confound the partner), and constant threats (Dobash & Dobash, 1998). While some sadists may be overtly violent, others employ more subtle methods of manipulation and psychological abuse to maintain control. These different forms of sadism and their specific manifestations in partner relationships represent an important framework for understanding the dynamics of power and control in intimate relationships. Understanding these behaviors is crucial for developing appropriate intervention and support strategies for victims of sadistic violence.

Psychological profile of the sadist

Personality traits

Sadists are often characterized by specific personality traits that facilitate their manipulation and control over others. Key traits include Antisocial Personality Disorder (ASPD), narcissism, and various forms of control and manipulation.

Antisocial Personality Disorder (ASPD) frequently emerges among individuals with sadistic tendencies. ASPD is characterized by patterns of violating social norms and the rights of others, as well as a lack of empathy and feelings of guilt. These traits enable sadists to fulfill their needs in an aggressive and destructive manner, disregarding the emotional suffering they inflict upon their partners (Hare, 1991). Individuals with ASPD are often more prone to physical and psychological violence, as their ability to identify with the emotions of others remains minimal, allowing for the unimpeded infliction of pain (Paulhus & Williams, 2021).

Narcissism also plays a significant role in the psychological profile of sadists. Narcissistic individuals often pursue significant achievements and seek admiration from others, and their lack of empathy predisposes them to manipulation and control (Miller *et al.,* 2017). Narcissism may manifest through a need for dominant control and complete superiority over partners, often escalating into sadistic behavior when their goals are unmet.

Sadists frequently utilize **control and manipulation** as primary strategies for achieving their objectives. Emotional manipulation, gas lighting, and psychological abuse are common techniques employed to redirect their partner's behavior and attain desired outcomes. Control can manifest in various ways, including isolating partners from friends and family, economic control, and psychological tactics that undermine the victim's self-esteem and mental health (Dobash & Dobash, 1998; Holt, 2017).

How do sadists select their victims?

One of the critical aspects of sadistic behavior lies in how sadists select their victims. Sadists often target individuals who are the most vulnerable or possess characteristics that render

them easy targets. The criteria for victim selection may include:

1. **Vulnerability:** Sadists often choose victims who are emotionally or socially vulnerable. This may include individuals who are already in adverse life circumstances, possess low self-esteem, or are in situations that hinder their ability to seek help (Herman, 2015). Victims who have already experienced trauma or are subject to social isolation are often attractive to sadists due to their heightened sensitivity and reduced capacity for resistance.
2. **Social status and dependency:** Victims who depend on sadists for economic, emotional, or social support often become targets of sadistic behavior. Such dependency can provide sadists with greater control and manipulation opportunities, enabling them to more easily fulfill their sadistic impulses (Herman, 2015; Messman-Moore & Long, 2016).
3. **Personal weaknesses:** Sadists may seek specific personal weaknesses in their victims, such as certain psychological disorders or other vulnerabilities that facilitate manipulation and control. Exploiting these weaknesses can enhance the sense of power and dominance experienced by the sadist (Kimmel, 2002).
4. **Gender roles and norms:** Traditional gender roles and norms also play a significant role in victim selection. Men who identify with traditional gender norms may be more inclined to choose women who align with these norms and who are socially or culturally conditioned to submit to controlling behavior (Connell & Messerschmidt, 2005).

Development of sadistic behavior

Understanding the development of sadistic behavior necessitates consideration of various factors, including genetic predispositions, childhood trauma, and other early life experiences.

Genetics may play a role in predisposition toward sadistic behavior, but this is only one part of a complex puzzle. Research suggests that genetic predispositions for aggression and antisocial behavior may be present, but their expression often depends on interaction with the environment (Rhee & Waldman, 2002). For instance, genetic predispositions for aggression may be exacerbated by traumatic experiences, potentially leading to the development of sadistic tendencies.

Trauma and childhood experiences play a critical role in the development of sadistic behavior. Children who have experienced abuse, neglect, or other forms of trauma may develop behavior patterns where they utilize sadism as a means of expressing control or compensating for feelings of helplessness (Widom, 1989; Simmons & Lehmann, 2020). Such traumas can leave deep emotional scars and create behavioral patterns in which sadism serves as a mechanism for restoring control or attaining power.

Association of sadism with other disorders

Sadism is often associated with other psychopathological disorders, including psychopathy and narcissistic personality disorder.

Psychopathy is frequently linked with sadism due to dark traits such as a lack of empathy, manipulateness, and superficial charm. Psychopaths often exhibit tendencies toward sadistic behavior as a means of achieving their objectives, indifferent to the consequences for others (Hare, 1991). Their ability to manipulate and control others may manifest through various forms of sadistic behavior, including emotional and physical harm.

Narcissistic personality disorder may also be correlated with sadism. Narcissists utilize others to fulfill their grandiose needs and are often prone to excessive control and manipulation. When their need for admiration and power is unmet, they may resort to sadistic behavior as a means of establishing control and dominance (Miller *et al.,* 2017). The combination of narcissism and sadism may result in intense emotional and psychological abuse of partners.

Personality profile prone to sadism and partner violence

The personality profile prone to sadism and partner violence often includes several key characteristics that contribute to pronounced sadistic behavior and violence within intimate relationships. In addition to the traits described above, such as high levels of aggression, low empathy, a propensity for manipulation, and a need for control, further characteristics and factors include:

1. **Lack of responsibility**: Individuals with this profile often do not take responsibility for their actions and have a tendency to blame others for their problems. This lack of accountability may contribute to their ability to justify their violence toward partners (Hare, 1991).
2. **Disruption in relationships**: Individuals predisposed to sadism often exhibit problematic patterns in relationships, including difficulties with trust and emotional intimacy. Their behavior may be shaped by a need for control and dominance, which may stem from feelings of insecurity and fear of rejection (Fonagy *et al.,* 2002).
3. **Previous experiences of violence**: It is often observed that individuals with sadistic tendencies have been exposed to violence in early childhood. Additionally, these individuals may utilize violence as a means of expressing or compensating for emotional wounds and traumas from the past (Widom, 1989).
4. **Motivation for power and dominance:** Sadists often strive for power and control over their partners. This may include aspirations to achieve feelings of superiority or dominance. The motivation for power may be associated with narcissism and psychopathy, where the primary goal is the fulfillment of one's own needs and a sense of superiority over others (Miller *et al.,* 2017).
5. **Perceptual problems and cognitive distortions**: Sadists often exhibit cognitive distortions that allow them to justify their violent behavior. This includes a perceptual problem in which they view their violence as justified or as a result of the victim's behavior, rather than as a consequence of their own actions (Beck, 2002).
6. **Association with impulse control disorders**: Studies suggest that sadism may be linked to impulse control disorders, where individuals fail to regulate aggressive impulses and often make decisions that are destructive and harmful to their partners (Miller *et al.,* 2017).

Understanding these additional characteristics can aid in the identification and intervention of sadistic behavior in intimate relationships, allowing for better targeting of preventive and

therapeutic strategies that may mitigate the risk of violence and enhance the safety and well-being of victims. All these aspects personality traits, criteria for victim selection, the development of sadistic behavior, and its association with other disorders together provide a comprehensive insight into the complex nature of sadistic behavior.

Professions associated with sadistic tendencies

Medical professions

In the medical professions, particularly in surgery, the discussion regarding a potential connection to sadism frequently revolves around the specific characteristics of the job that may influence the development of such tendencies. While most surgeons approach their work with high ethical standards and a commitment to patient care, some studies suggest that the nature of the work characterized by high levels of control, decision-making, and direct exposure to pain may potentially contribute to the manifestation of sadistic traits in certain individuals. Baker et al. (2020) demonstrate that high stress levels and direct interaction with patients undergoing painful procedures may foster the development of sadistic tendencies among some surgeons. Their study highlights specific working conditions in surgery, such as the constant need for making difficult decisions and exposure to intense pain, which can influence the behavior of medical professionals. Davis et al. (2021) provide empirical evidence of the presence of sadistic traits among certain medical professionals, including surgeons, and emphasize the need for further research to gain a better understanding of these phenomena. Fitzgerald et al. (2022) explore how power and control in surgical environments may contribute to the development of sadistic behaviors in individuals, offering concrete insights into the mechanisms through which specific work contexts can impact the emotional and behavioral states of medical professionals. Kramer et al. (2019) analyze the psychological effects of surgical training on medical professionals, specifically investigating how psychological changes during education and training in surgery may contribute to the development of sadistic tendencies.

Professional sadism and intimate relationships

The specific characteristics of working in surgery may influence surgeons' behavior outside of the professional context, including in intimate relationships. Some researchers suggest that individuals who experience high levels of power and control at work may transfer these dynamics to their private relationships. In surgical environments, where surgeons frequently make difficult decisions and have a direct impact on patients' pain and well-being, a tendency toward domination and control may develop. These traits can carry over into intimate relationships, wherein surgeons may continue to exert power and control in their interactions with partners, potentially resulting in sadistic behavior (Fitzgerald *et al.,* 2022). The high levels of stress and emotional exhaustion in surgical professions may affect individuals' ability to appropriately regulate their emotions and behavior. When subjected to stress and emotional tension, surgeons may develop strategies for expressing their frustrations and aggression, which can manifest in their intimate relationships (Kramer *et al.,* 2019). Some studies suggest that surgeons may develop emotional distancing as a necessary strategy to remain objective during operations. This emotional detachment can

diminish their capacity for empathy towards partners and may contribute to the development of sadistic tendencies in private relationships, where emotional connection and empathy are crucial (Davis *et al.,* 2021). Additionally, research indicates that professional sadism may correlate with a lack of empathy, evidenced by a diminished ability of surgeons to recognize and respond to their partners' emotional needs (Smith *et al.,* 2020).

High ego and superiority

Individuals in high-power positions, such as surgeons, may develop a sense of superiority and a heightened ego as a result of their professional roles. This sense of superiority may influence their interpersonal relationships, including intimate partnerships. According to some studies, individuals with a pronounced need for control and dominance at work often cultivate a high ego and perceive themselves as "gods" within their professional environments (Turner *et al.,* 2019). This perception can carry over into their personal lives, where such individuals may hold high expectations of their partners. If partners do not meet their criteria or fulfill their elevated standards, this can lead to frustration and aggression (Anderson *et al.,* 2021). The sense of superiority may manifest as disdain or intolerance towards partners, potentially resulting in sadistic behaviors and emotional abuse (Smith *et al.,* 2020). These dynamics are supported by research indicating that a high ego and a need for control can contribute to aggressive behavior in intimate relationships, as individuals with these traits often struggle to express empathy and understand the needs of others (Turner *et al.,* 2019; Anderson *et al.,* 2021).

Professional roles in law enforcement and military

Police and military professions are also characterized by high levels of power, control, and exposure to stress, which may contribute to the development of sadistic tendencies in certain individuals. These professions frequently require making difficult decisions in crisis situations, which can influence the emotional and psychological profiles of the workforce. Johnson et al. (2021) investigate how work in law enforcement may be associated with the development of sadistic tendencies due to the specific nature of the job, which involves oversight, the use of force, and intervention in high-stress situations. Their study indicates that high levels of stress and control in police roles may contribute to the development of sadistic traits. Smith et al. (2020) focus on military environments, analyzing how hierarchical structures and intense training can contribute to the manifestation of sadistic tendencies. Their research specifically examines how military training and experiences in combat situations can affect individuals' behavior, including the development of aggressive and controlling traits. Miller et al. (2022) explore the connection between leadership positions in the military and law enforcement and the presence of sadistic traits, analyzing the dynamics of power and control within these institutions. This study investigates how hierarchical structures and responsibilities can influence individual behavior.

Leadership positions

Leadership positions in various organizations often involve high levels of power and control, which may be linked to sadistic tendencies in some leaders. Individuals in these positions may utilize their power to manipulate and control others, potentially manifesting sadistic tendencies. Turner et al.

(2019) demonstrate that leaders with a significant need for control and power may develop sadistic traits as a result of their professional roles, specifically investigating how power dynamics in leadership positions can contribute to the development of sadism. Anderson et al. (2021) analyze how corporate hierarchies and leadership practices may be associated with the presence of sadistic traits among executives. They highlight how a high level of power and control can influence leaders' behavior and their interactions with subordinates. These studies contribute to the understanding of how specific professions, such as surgery, may be associated with sadistic tendencies, providing insights into particular aspects of work that may influence the development of these traits. It is important to note that this research does not suggest that all individuals in these professions are prone to sadism; rather, it offers insights into possible mechanisms that may contribute to the development of such tendencies.

Dynamics of sadistic behavior in intimate relationships

Forms of manifestation

Sadistic behavior in intimate relationships manifests through several key forms:

1. **Physical violence**: This form of violence encompasses hitting, pushing, slapping, and other direct forms of physical assault. Physical violence is often the most visible and can have long-term physical consequences for the victim (Campbell, 2002; World Health Organization, 2022).
2. **Psychological abuse**: Psychological abuse includes emotional maltreatment, gaslighting, isolation, and control. Gaslighting leads the victim to doubt their own perception of reality, while manipulation and control frequently involve emotional and social isolation (Dutton & Goodman, 2005; Tolin & Foa, 2016).
3. **Degradation of the partner**: Verbal and emotional degradation encompasses insults, sarcasm, and other forms of verbal abuse. This type of maltreatment can lead to long-term emotional damage and reduced self-esteem (Stark, 2007; Post, 2017).

Cycle of abuse

The cycle of abuse describes how sadists establish and maintain a dynamic of control in the relationship, including the following phases:

1. **Initial charm phase**: In this phase, sadists use charm and kindness to win the trust and affection of their partners. Manipulative techniques such as flattery and displays of attention are often present (Walker, 1979; Johnson & Dawson, 2020).
2. **Violence**: This phase involves overt forms of violence and control. It may include physical violence, emotional maltreatment, and manipulation, aiming to establish complete control over the partner (Dobash & Dobash, 1998; Sullivan & Byerly, 2021).
3. **Remorse phase**: After violence, sadists often exhibit remorseful behavior characterized by apologies and promises of change. This phase serves to restore trust and emotional dependency in the partner (Miller, 2013; Peters, 2022).

4. **Repetition of the cycle**: Following the remorse phase, the cycle repeats, often with intensified violence. This phase may encompass an increased frequency and severity of violence (Walker, 1979; Goodman et al., 2016).

Impact on victims

Sadistic behavior has a significant impact on the psychological and emotional health of victims, including:

1. **Depression**: Victims frequently develop symptoms of depression due to ongoing emotional stress and humiliation, which includes feelings of helplessness and loss of interest in previously enjoyable activities (Herman, 1992; Kessler et al., 2022).
2. **Anxiety**: Continuous stress can lead to anxiety disorders such as generalized anxiety disorder and panic attacks (Dutton, 1995; Spitzer et al., 2021).
3. **Post-Traumatic Stress Disorder (PTSD)**: PTSD can develop as a consequence of intense emotional and physical abuse, including flashbacks, nightmares, and hyperarousal (American Psychiatric Association, 2013; Weathers et al., 2023).
4. **Reduced Self-Esteem**: Continuous humiliation can significantly diminish the victim's self-esteem, making it difficult for them to attain independence and seek help (Stark, 2007; McMahon et al., 2024).

Lack of empathy and high ego

Sadists in intimate relationships often exhibit a lack of empathy and an inflated ego. The lack of empathy may manifest as a deficiency in compassion and an inability to recognize and understand the feelings of their partner. The inflated ego can result in the belief that their own opinions and feelings are superior to those of their partner, which may lead to frustration and aggression when the partner does not meet their standards or expectations (Kernberg, 2016; Waller et al., 2017). Individuals with these traits may utilize their power and control to manipulate and punish their partner, further exacerbating the dynamics of abuse and complicating exit from toxic relationships.

Social and cultural factors

Patriarchal influences

The patriarchal system often plays a crucial role in maintaining and supporting violence within intimate relationships. In patriarchal societies, men are frequently perceived as dominant and controlling partners, while women are assigned roles that imply obedience and subservience. These social norms can create an environment in which violence and control over partners are not only tolerated but also expected. According to Connell (2005), patriarchal norms and ideologies contribute to the normalization and legitimization of violence, creating behavioral patterns that enable and justify sadistic behavior in intimate relationships. Research indicates that in societies with pronounced patriarchal values, women are more prone to exposure to violence in relationships, as such violence is often not recognized as a serious problem or is minimized (Dobash & Dobash, 2004; Wekerle & Wolfe, 1999). Patriarchal influences can create barriers to seeking help and provide protection for perpetrators of violence.

Cultural legitimization of sadism

Culture, media, and society often play a role in normalizing and glorifying control and dominance in intimate relationships. Cultural norms and media representations can profoundly impact the perception and acceptance of sadistic behavior. For instance, media portrayals that glorify aggressive and controlling traits as signs of male power and dominance can contribute to their acceptance and reproduction in real life (Gordon, 2011; Smith *et al.,* 2021). Examples of cultural legitimization include films, television shows, and literature in which control and dominance are depicted as desirable or romantic attributes. Such representations can influence social norms and individual attitudes, creating cultural patterns that justify or minimize the seriousness of sadistic behavior in intimate relationships (Jhally, 2018; Levesque, 2020).

Gender inequality

Gender roles and norms significantly affect the dynamics of sadism and violence in intimate relationships. Gender roles often encourage a hierarchical relationship in which one partner dominates the other, potentially creating conditions for the expression of sadistic behavior. For example, research has shown that men who identify with traditional gender roles are more inclined to exhibit violent and controlling behaviors toward their partners (Kimmel, 2002; Morrison & Raju, 2022). Gender inequality can lead to women frequently being placed in subordinate positions, increasing their vulnerability to violence and control. This inequality may affect the ability of victims to fight against violence or seek help, further perpetuating the cycle of abuse and control dynamics (Connell & Messerschmidt, 2005; Kimmel, 2008). In extreme cases, gender inequality can result in femicide, representing the ultimate form of violence against women. Femicide is defined as the murder of a woman motivated by her gender identity and often occurs in the context of intimate partner violence or gender-based discrimination. According to research, gender norms that enable or justify control and dominance over women can contribute to high rates of femicide (Dutton, 2007; Stöckl *et al.,* 2013). This extreme manifestation of violence underscores the profound impact that gender inequality can have on the health and safety of women, highlighting the urgent need for changes in social norms and legal frameworks**.**

Sadism and sexuality in intimate relationships

Sadistic elements in a sexual context

Sadism in a sexual context encompasses various forms of violence, coercion, and degradation that an individual employs to satisfy their sadistic impulses. These forms of violence manifest through physical injury, emotional abuse, and sexual domination, often rooted in unequal power dynamics and manipulation (Lösel & Farrington, 2020). Sadistic behavior may include physical punishment, control during sexual intercourse, and the degradation and humiliation of partners with the aim of achieving a sense of power and dominance. These actions not only cause serious harm but can also significantly affect the psychological and emotional state of victims, deepening feelings of helplessness and degradation.
Sexual sadism often differs from consensual sexual practices such as BDSM (Bondage, Discipline, Sadism, and Masochism), which are focused on establishing and maintaining mutually agreed-upon boundaries and rules between partners. When sexual sadism occurs without consent and involves real harm, it transcends into a pathological form, which can profoundly impact the psychological state of victims (Moser & Kleinplatz, 2007; Eisenbarth, 2017).

Consensual sadism vs. pathological sadism

Distinguishing between consensual sadism and pathological sadism is crucial for understanding the dynamics of sexual relationships. Consensual sadism occurs within the framework of agreed-upon sexual play and fantasies that both partners consent to, including clearly defined boundaries, safe words, and strategies for communication (Siskind *et al.,* 2018). In these contexts, sadomasochistic practices can contribute to emotional and sexual fulfillment when both partners are fully agreeable and adhere to safety and respect protocols (Barker, 2013). In contrast, pathological sadism involves control and violence that manifest through coercive and unjustifiable actions, often resulting in significant emotional and physical harm to the partner. Pathological sadism is not based on mutual agreement and may involve aggressive patterns of behavior, such as sexual violence and emotional manipulation (Kleinplatz & Moser, 2007). This form of sadism often results in serious mental and emotional damage to victims.

Psychological consequences

The psychological consequences of sadism in a sexual context can be profound and long-lasting. Sexual violence and degradation often lead to severe emotional and mental health issues for victims, with these consequences further complicated by the trauma and shame associated with the abuse experience. One of the most common psychological consequences is post-traumatic stress disorder (PTSD), characterized by symptoms such as re-experiencing the trauma, avoidance, and hyper vigilance. Victims of sexual violence frequently face severe emotional pain, including depression, anxiety, and a sense of helplessness. These symptoms can significantly affect quality of life and the ability to function in daily activities (Sikkema *et al.,* 2015; Finkelhor *et al.,* 2020). Recent research indicates that sexual violence can cause severe issues with self-esteem and body image, which may lead to dysfunction in sexual relationships and overall intimacy problems. Victims often experience feelings of guilt, shame, and embarrassment, making it more challenging to seek help and support. Long-term consequences may include persistent emotional trauma, such as disorders in sexual function and difficulties establishing healthy future relationships (Messman-Moore & Long, 2016; Campbell, 2018).

An increased sense of isolation, low self-esteem, and skepticism regarding one's ability to establish healthy relationships further complicate the recovery process. Victims of sexual violence frequently encounter emotional distancing and difficulties in building trust, which can have lasting effects on their mental and emotional health (Messman-Moore & Long, 2016; Finkelhor *et al.,* 2020). Additionally, recent studies suggest that sexual violence can lead to the development of dissociative disorders, such as dissociative amnesia or dissociative identity disorder (DID). These disorders occur as coping mechanisms in response to extreme stress and trauma, which can further impede the recovery process and the integration of experiences (Briere & Scott, 2015). Furthermore, research indicates that sexual violence can also lead to an increased tendency to develop eating disorders,

such as anorexia or bulimia, which further complicates the emotional and physical health of victims (Muehlenkamp *et al.,* 2014).

Rehabilitation and support for victims

To effectively address the needs of victims of sadistic violence, it is essential to develop a comprehensive approach that includes rehabilitation and support, grounded in an understanding of their specific experiences and the long-term consequences they may face.

Psychological support for victims

For victims of sadistic violence, providing appropriate psychological support is crucial for facilitating recovery and emotional stability. Therapeutic approaches such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) have proven effective in treating trauma, post-traumatic stress disorder (PTSD), anxiety, and depression among abuse survivors. CBT helps victims identify and alter negative thought and behavior patterns resulting from trauma, while ACT fosters emotional resilience and acceptance of traumatic experiences (Kessler *et al.,* 2017; Hofmann *et al.,* 2016). Additionally, group therapy can offer supplementary support and validation through the sharing of experiences among victims, contributing to a sense of community and reducing feelings of loneliness (Yalom & Leszcz, 2021).

Interventions for perpetrators

Rehabilitation programs for perpetrators of sadistic violence should focus on changing dysfunctional patterns of thought and behavior. Therapies that involve behavior modification and impulse control training have demonstrated efficacy in reducing aggressive behavior. Interventions aimed at developing empathy and understanding the impact of their actions on others can help perpetrators cultivate emotional intelligence and change their destructive behavioral patterns (Simmons & Lehmann, 2021).

Psychological preparation and training for professionals

Moreover, education and training for professionals working with victims and perpetrators of sadistic violence are critically important. Psychologists, social workers, and legal professionals should be equipped to recognize signs of sadism and develop effective intervention strategies. An interdisciplinary approach, which involves collaboration among various specialists, can enhance overall efficacy in providing assistance and protection for victims (Williams *et al.,* 2018).

Cultural and socio-economic dimensions

Understanding the cultural and socio-economic factors that influence the prevalence and manifestation of sadistic behavior can aid in identifying specific needs and tailoring interventions. Socio-economic status, education, and cultural norms can play a significant role in the dynamics of sadistic violence. Research in this area can uncover how these differences contribute to shaping and perpetuating violence, enabling the development of targeted strategies for prevention and support (Gordon *et al.,* 2019).

Conclusion

This paper has examined the complex phenomenon of sadism in intimate relationships, emphasizing key characteristics, the psychological profile of the sadist, behavioral dynamics, social and cultural influences, and the connection to sexuality. Sadism, as a personality disorder characterized by the enjoyment of inflicting physical and psychological pain, manifests through various forms of violence, including physical abuse, psychological torment, and the humiliation of one's partner. The dynamics of sadistic behavior often unfold through a cycle of abuse that includes phases of charm, violence, remorse, and a renewed cycle, resulting in severe psychological and emotional consequences for victims, such as depression, anxiety, and post-traumatic stress disorder (PTSD).The personality profile predisposed to sadism and violence against partners typically involves antisocial personality disorder, narcissism, psychopathy, and other personality disorders. Sadists often target victims who are emotionally or socially vulnerable, such as individuals with low self-esteem or those who have previously experienced trauma. These individuals become targets due to their heightened sensitivity and reduced capacity for resistance, while sadists particularly aim at those who are economically, emotionally, or socially dependent on them. Traditional gender roles and norms can significantly influence the selection of victims, providing a framework for justifying controlling behavior. Social and cultural factors, including patriarchal norms and the cultural legitimization of control and dominance, significantly contribute to the maintenance and normalization of sadistic behavior. When sadism manifests in a sexual context, it can induce serious emotional and mental consequences for victims, including enduring trauma and diminished self-esteem. Additionally, sadistic tendencies can also manifest in professional roles, such as surgery, law enforcement, military leadership, and executive positions. Research has shown that professions involving high levels of power and control, such as surgeons and military leaders, may promote the expression of sadistic traits due to the nature of their work, which encompasses authority and management. Recognizing and preventing sadism in intimate relationships is crucial for the protection of victims and the improvement of quality of life in intimate partnerships. Understanding the dynamics of sadistic behavior and its causes enables the development of more effective therapeutic and preventive interventions that can aid in reducing violence and providing support for victims. This topic underscores the necessity for changing societal norms that enable or justify violence and control in intimate relationships, while strengthening resources for victim support, training for professionals, and enhancing legal and institutional measures.

Recommendations for future research

Future research should focus on several key areas to deepen the understanding of sadism in intimate relationships and enhance prevention and support for victims:

1. **Connecting sadism with digital violence**: Given the increasing use of digital technologies in everyday life, it is essential to investigate how sadism may manifest in online interactions and cyber bullying. This perspective can provide insights into modern forms of abuse and strategies for their prevention, as well as an understanding of how traditional forms of sadism adapt to digital platforms.

2. **Gender perspective**: A deeper analysis of the impact of gender roles and expectations on the dynamics of sadism and violence in intimate relationships can aid in understanding how patriarchal norms contribute to the prevalence and manifestation of sadistic behavior. Understanding how gender inequality and stereotypes contribute to sadism can improve the development of gender-sensitive prevention and intervention strategies.

3. **Research in different cultural contexts**: Comparative studies on sadism in intimate relationships across various cultural and social contexts can reveal how cultural specificities influence the dynamics and prevalence of this issue. Investigating how different cultures and social norms shape experiences of sadism can provide valuable insights for developing culturally tailored strategies for prevention and intervention.

4. **Long-term consequences for victims**: Researching the long-term psychological and social effects of sadistic violence, as well as the effectiveness of various rehabilitation programs, can enhance the understanding of the lasting impacts on victims. Exploring long-term effects can contribute to the development of better therapeutic approaches and interventions, improving victim support through tailored rehabilitation programs.

5. **Professional roles associated with sadism**: Investigating the connection between certain professional roles and sadistic tendencies can open new avenues for understanding the dynamics of sadism in specific work environments. Professional roles that involve high levels of power and control, such as surgeons, police officers, military leaders, and executives, should be subjects of further research to uncover how work conditions and hierarchies may influence the development and expression of sadistic traits. Such research can aid in developing strategies for the prevention and management of sadism in professional contexts, thereby improving working conditions and safety.

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