A distinct formulation of hostile psychopathy is presented, based on analytic clinical experience with psychopathic youth and adults. Two psychodynamic conceptualizations of aggression are presented — one connoting a basic destructive drive, the other portraying aggression as a means of ensuring gratification and countering frustration. Following Meloy's (1988) analysis of psychopathy as a combination of a deficient object relational capacity to bond and high levels of instinctual aggression, hostile psychopathy in general, and sadism specifically, are conceptualized from these two perspectives. Sadism, which features re-enacted events of violence, is posited as a distinct manifestation of hostile psychopathy with ritualized features attributable to object relations disturbances. Other variants of hostile psychopathy are analyzed as derivatives of more direct aggressive instinctual expressions that are not relational in their intent or function, in which destructiveness is an end in itself. Hostile psychopathy is presented as entailing elements of an instinctual propensity toward aggressive discharge. In addition, a more elaborate motif is posited in which the pain and suffering of others is the key factor in sadism. In the latter facet, there is an actual enjoyment of the others' suffering, and unresolved relationships are re-enacted with a reparative intent. A psychosexual developmental hypothesis is suggested, in which drive-based aggressive discharge is linked to the oral sadistic stage, while sadistic relational dynamics are posited to reflect the power-control battles of the anal sadistic stage. As a limitation, it is noted that the sociopolitical aspects of psychopathy are not addressed in this clinical analysis. Moreover, since the data presented are oriented toward the intrapsychic (in contrast to social) aspects of psychopathy, the countertransference aspects of relationships that psychopaths tend to engender are not addressed specifically.

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Psychopathy is one of the most controversial disorders of psychopathology (Lilienfeld, 1998). In our clinical work with psychopaths, we have come to recognize that the inconsistencies in clinical descriptions and prognostics in the field are due in great part to the distinct dynamic and etiological factors of superego deficit (Hare, 1991), poor impulse control and low frustration tolerance (Cleckley, 1978), and the disposition toward hostility. The latter is usually presented in the literature as a behavioral style of interpersonal animosity that includes aggression, violence, and hurting others (Meloy, 1988).

Hostile psychopathy entails a commitment to violence that is qualitatively distinct from poor impulse control. Whereas poor impulse control involves a reaction (however inappropriate) to an affront or perceived threat, hostile psychopathy entails aggression that is directed indiscriminately, unrelated to any threat and not necessarily based on any grievous interaction. More important in conceptual terms, psychopaths with poor superego structures or poor impulse control often show indiscretions in other domains (such as sexuality or dishonesty), while hostile psychopathy is limited to primarily to aggression.

Hostile psychopaths apparently require interpersonal aggression as part of their regular emotional experience. Violence and hostility are standard aspects of daily existence and are not attributable to happenstancial provocations or frustrations. These individuals will often choose roles or jobs that allow them to hurt others. Leisure activities

The author is grateful to Dr. Julie Gross for her invaluable help in contextualizing the acting-out psychopath type within the framework of object relations theory. Her seminal work on sex offenders (Gross, 2007) served as a source for the object relations conceptualization of sadism in this paper. It should be noted that the clinical data for this analysis in this paper were culled from assessments for rehabilitation potential with court-remanded criminals, from diagnostics with urban substance abusers and private acting-out patients, and from ego function research with sociopaths.

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inevitably involve victimization, often of strangers. Some maintain a semblance of adjustment as sub-limiters (e.g. prison wardens, counterinsurgency personnel, etc.) who have a social sanction to “act out.” However, the earlier the developmental insult has occurred in childhood, the less likely it is that such individuals can adapt into a socially acceptable niche for their antisocial dynamics.

Negative care childhood experiences in general, and traumatic early episodes in particular, seem to enhance the likelihood of the development of psychopathy in adulthood. In our clinical work, we have found that this predisposition is most salient to the emergence of sadistic psychopathy. Inevitably, a history emerges featuring horrific tales of protracted victimization or molestation. Often, past trauma are presented nonchalantly, with the attitude that “it is all water under the bridge.” Just beneath the surface, however, there are clear indices of rage, guilt, and themes of retribution. Thus, the American Psychiatric Association's Diagnostic and statistical manual of mental disorders IV requirement of a childhood history of conduct disorder symptoms (violations of the rights of others and age-appropriate social norms) to establish an adult diagnosis of antisocial personality disorder is probably best applied here, rather than a requirement of superego deficit or impulsive disorder. We have found that the predispositional childhood diagnosis of oppositional defiant personality (American
Psychiatric Association, 2000, which stresses the early pattern of consistent negativity toward authority, is more predictive of the type of sadism that is anchored in object relational disturbances. Hostile psychopaths seem to have had childhood antisocial patterns that featured aggressive expressions which were not directed at specific individual adversaries. Examples include children who would set fires indiscriminately, sabotage a public service utility (e.g. train tracks, traffic signals), or hurt house pets.

We begin with an overview of aggression as a basic drive, insofar as it informs our clinical conceptualization of psychopathy. We proceed to elaborate two major modalities of aggression, conceptually and clinically. Finally, we present a detailed analysis of fixational features of the differential development of hostile psychopathy and sadism.

Aggression: A basic instinct or a functional/reactive response?

The instinctual impulse is characterized by a basic tendency to lower excitation levels by discharging tension. Aggression can be conceptualized as a mode that is essentially designed as a subjective release of tension, akin to libidinal discharges, in which the object of hostility is not central. Alternately, aggression can be conceptualized as a relational mode, where the perspective of the object is a necessary ingredient in the very basis of the hostility.

Freud (1905) first conceptualized aggression and sadism as subsidiary to the basic sex drive. As he continued to develop psychoanalytic theory, he came to view aggression as a reactive response to the frustration of libidinal drives. A major digression in this conceptualization came with the publication Beyond the pleasure principle, in which Freud (1920) proposed Thanatos as a self-destructive death instinct that is not oriented at pleasure, but rather at self destruction. Aggression, he posited, might be construed as natural inner-directed destructiveness channeled outward as a defensive maneuver. Essentially, outward aggression was seen as preserving the self from self-destruction. Despite this digression, Freud's writings hardly featured natural self-destructiveness as an independent drive. Except for a minority of analytic theorists expounding the postulates of the British school (e.g. Eidee, 1971; Klein, 1928; Meminger, 1938), few authors in the analytic literature accepted Thanatos as the basis of interpersonal aggression. In our clinical experience with sadism, it seems that the etiological linkage of masochism and sadism — if it exists at all — is actually reversed, self-destructiveness deriving from aggression that is turned inward. As a rule, however, outward aggressiveness was treated as an instinct of equal stature with the libidinal drive (Fenichel, 1953).

The developmental path of the aggressive drive is a point of contention. Melanie Klein (Klein, 1932; Klein & Riviere, 1938) presented strong data from the analysis of children that destructiveness is a natural drive independent of any libidinal linkage. She argued that oral incorporation epitomizes such destructiveness. Carl Abraham (1924/1927a) was particularly convincing in his developmental linkage of aggressive sadism, which is heralded by the eruption of the teeth, and its adaptation into aggressive anal sadism as maturation introduces sphincter control into the child's developmental repertoire. Most analysts, however, adopted Freud's original formulation that aggression develops either in service of the pleasure principle or as a reaction to libidinal frustration. Fenichel (1945, p. 86) argues:

Small children actually destroy objects … not because they have a positive striving for destruction, but rather because they do not care at all … their "aggressive" goal is the end of uncomfortable situations … The goal of positive destruction originates later, probably first as a means to enforce other goals (as a quality with which a goal is pursued in the case of difficulties or frustrations) and then, subsequently, as a goal in itself.

In fact, this reflects Melanie Klein's differentiation between characteristic aspects of the oral position — greed and envy. Greed is seen as a basic libidinal urge that impels the infant to acquire whatever possible. In envy, the infant wants all the contents of the good breast and also attempts to destroy the breast. While greed may also result in the breast's destruction, Klein does not imbue greed without motive.

While not challenging the analytic data of Abraham and Klein, Fenichel champions the prevalent analytic opinion that although these cases may indeed entail physiologically based or pathological manifestations of aggression, they are decidedly atypical and do not represent normal developmental adaptation.

Despite an active debate over whether the typical developmental emergence of aggression is due to a direct independent instinctual motif or is a reaction to libidinal frustration, there seems to be general agreement that each of these loci can be found in some individuals. We assert that the aggressive mode, especially when it is maladapted into characterological hostility, forms the bases of two distinct borderlines (Klein & Riviere, 1938; Klein, 1928). One is sadism, as it is expressed in re-enacted victimization, which features a relational mode toward the victim; the other is hostile psychopathy, where aggression is an end in itself, with (happenstancial, rather than intrinsic) relational components.

Based on our clinical experience, the hostile aspects of psychopathy are best conceptualized within the rubric of an aggressive instinct that seeks expression. Elements of self-loathing that inevitably follow the violent re-enactments of sadistic episodes provide support for the analytic hypothesis that outward aggression may have some roots in instincual self-destructive tendencies (which are projected outward to preserve ego integrity). On the psycho-dynamic level, however, the notion that interpersonal aggression derives exclusively from a basic self-destructive wish — with the corollary that all aggression represents a re-direction of self-destructiveness toward external objects (Freud, 1920) — is not consistent with analytic protocols of basic psychopathy.

Sadism as a mode of object relations

Sadism is a particularly severe form of hostile psychopathy. It does not typify an individual's regular day-to-day behaviors. Rather, it entails an intermittent pattern, often dissociated from normal life routines, in which the individual gets involved in highly structured rituals of re-enactment relating to past traumatic events. These re-enactments are inevitably violent and gruesome. Psychiatrically, there is a distinct borderline quality to the active sadistic mode, as person perception and orientation often become temporarily distorted during the re-enactments. An enigma in sadistic psychopathy is that the crimes are unpredictable, since the perpetrators apparently choose victims
randomly. It is argued that this randomness is deceptive; in fact, the victim chosen often is reminiscent of key players in the primary trauma. As such, it can be understood as a special case of transference.

The concept of transference has its historical roots in the psychoanalytic psychotherapy literature, where patients are described as often replaying old agendas in response to current challenges. Outside of the therapy context, we find spouses who are chosen because they offer the unconscious aim of replaying unresolved conflicts with primary care-givers. Specifically, children who were abused have a tendency to marry abusive spouses as adults (Griffing et al., 2005). Moreover, even after such marriages are dissolved, the next spouse chosen has the abusive potential as well. Similarly, children of alcoholics who repeatedly marry alcoholics (Olmsted, Crowell, & Waters, 2003) are living out the same transference principle. Other scenarios we encounter with patients are those of individuals who keep getting jobs with domineering bosses for whom it is impossible to work, or those who keep forming friendships with people who take advantage of them.

The transference phenomenon is more insidious and threatening in borderline patients, where reality-testing is strained. In sadism, transference that triggers the repetition compulsion often usurps reality-testing for the duration of the re-enactment. These psychopaths actually disengage from reality parameters when they relive their troubled past.

The general maxim stating that psychopathy (as an axis II disorder) does not involve a violation of reality-testing (Samenow, 2004) may be said to be valid in all of the various types of psychopathy except for the re-enactment facet of sadism. When in the clutches of a sadistic episode, the perpetrator is in fact dynamically detached from reality and psychically living in a past horror scene.

Far from the individuals' crime being motiveless, object relations theory conceptualizes psychopathic offenses as repetitive “replays” of an irresolvable trauma, where the victims are functionally players who have been designated to “stand in” for key figures in the past, in a drama intended to repair severe attachment and interpersonal damage. We refer to this mode as re-enactment.

Re-enactment — in which old relationships and aggressive interactions are recreated in the here-and-now — is dynamically a defensive or ameliorative maneuver. Cognitively, it imbues current reality with historical artifacts. Clinically, it eventually comes to entail individually designed scenarios, with occasional distortions or misinterpretations, which stretch reality-testing. If constant, it might be described as delusional. In effect, it confuses representation with substitution. The characteristics of classical repetition compulsion are evident in the reiterative form of the symptoms. Patients have described themselves as finding themselves “addicted to the same event over and over again.”

It is not surprising that aggression is sometimes triggered by the offender’s “perception of certain characteristics of his victims that are of symbolic significance to him” (Douglas, Ressler, Burgess, and Hartman, 1986, p. 403). We may find that these perpetrators call victims by another's name as they re-enact scenarios in which the victims are accused of crimes perpetrated (whether real or imagined) upon the sadist by figures of the past. Victims are then tortured until they “confess” prior to retribution. Inevitably, the sadist leaves the re-enactment with only a momentary sense of relief, before he or she is trapped again in an unconscious script demanding yet another re-enactment. This results in a continuous replay of unresolved events, where the patients are doomed to relive old problems indefinitely. Although the repetition compulsion is intended to ameliorate, it is never effective because "the past is gone" and cannot be undone (Mann, 1994).

In his popular presentation of the forensic case of Dennis Rader, a prominent serial killer, Alexander (2005, p. 167) quotes a co-worker's description of this gruesome sadistic psychopath:

One time he had just taken his kids on a vacation and seemed to be thrilled about it. I could tell he really cared about his family.

This rather mundane description of a father and family person is not evidence of the gullibility of the lay person colleague of the killer. Indeed, it is certain that sadistic psychopaths do experience responsibility and show guilt and superego indices in specific family relations. Instead, the sadistic activities are mentally dissociated from the remainder of the perpetrator's appropriate (and even conscientious) interpersonal experiences.

Projecting aggression onto others is the primary mode of object relations in sadistic psychopathy. It is hypothesized that an early attachment to an abusive caregiver has resulted in a perverse linkage between abuse and feelings of closeness. Furthermore, the early abuse engendered guilt (since the child presumes that the abuse was well deserved), prompting self-loathing, which is then projected onto others. The thrill at the humiliation of others is a function of this linkage that becomes satisfying when the role of abused is converted to that of the abuser, allowing the psychopath to relive his troubling history in a satisfying manner.

Some theorists argue that it is the emotional absence of the parent, rather than actual abuse, which forms the foundation of future psychopathy (Bach, 1994). Early maternal deprivation results in sadism and self-loathing that is projected outward. As a result of this deprivation, the criminal unconsciously projects his sense of deserving punishment by punishing others, as a means of negating his own punishment (Glover, 1960; McDougall, 1972).

Kernberg (1992) argues that the absence of non-exploitive object relations in psychopathy yields an inability to empathize coupled with a devaluation of others as a defense against envy; as a result, psychopaths view good objects as weak and morality as weakness in others. It is stressed that a more damaging facet of sadism, in particular, is the lack of object relational capacity other than as a re-enactment instrument of earlier unresolved cathexes.

Much of the literature about criminality focuses on the psychopath who commits his crimes as a personal re-enactment of a disturbing trauma. The dynamics that drive this mode of psychopathy are clearly sadistic in their execution. Freud (1916) suggested that the criminal's environment is internalized into a harsh superego, creating an oppressive feeling of guilt due to unconscious unresolved conflict in sexual development (the Oedipal wish). As Freud sees it (1916, p. 332), the criminal is:

suffering from an oppressive feeling of guilt, of which he did not know the origin, and after he had committed a misdeed this
oppression was mitigated. His sense of guilt was at least attached to something.

Similar to Bach's theory of distraction from the original source of pain, Freud views the misdeeds as more tolerable than the feelings associated with the original critical or emotionally detached caregiver.

There is a marked phenomenological similarity between the re-enactment of trauma in psychopathy and the (more passive) reaction to trauma manifest in post-traumatic stress disorder (PTSD; American Psychiatric Association, 2000). Patients with PTSD experience their past trauma unwittingly and passively. Their subjective experience is that they are confronted with situations which evoke unresolved disturbing past events. Never do they actively evoke or recreate these events. Moreover, there is no ameliorative motive or intent in the experience of the trauma. Essentially, patients with PTSD see

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themselves as victims of “mind games” that their (unconscious) mind plays on them. The condition is certainly ego-dystonic. PTSD patients, in fact, usually present for treatment wishing they could rid themselves of the disorder. The psychopath takes this phenomenon a step further, as he or she contrives his or her current reality to re-enact past troubling events.

The sadistic psychopath who re-enacts previous trauma, by contrast, does not usually present for treatment. He or she is not bothered by the sadism, because the behavior is intentional. Although doomed to fail as amelioration, it is designed to correct past pain and to relieve built up tension and anxiety. Both the re-enacting sadist and the PTSD patient, however, relive their past traumas when they are in the grip of the symptomatology.

Repeat offenders express their object relations inadequacies within the dynamic rubric of sadistic psychopathy. The psychodynamic literature attributes this phenomenon to the mechanism of reenactment. This offense does not solve or minimize the impact of the original stressors (e.g. self-loathing, guilt, anxiety, etc.). For this reason, it is not a lasting solution, and the anxiety is only briefly placated. Particularly in sexual perversions, the compulsive need to enact the fantasy works in tandem with the ability to see the victim as nonhu-man, thus allowing the victim to represent a part of himself (Bach, 1994). This process is facilitated by victim anonymity.

Yochelson and Samenow (1976) see manifestations of this guilt, which they hypothesize to stem from shame around the Oedipal wish, in the foolish risks, self-neglect, and self-defeating behavior in confinement that they have observed in criminals. We argue that acting out may be dynamically intended not only to produce guilt as punishment by the sadistic superego (masochism), but also to utilize such guilt to forestall the instinctual reactions to the original cathexed object. These dreaded instinctual impulses may entail extreme hostility toward the parent, or they may entail Oedipal wishes.

Elaborating the object relations perspective, Bach (1994) describes such aggression as necessary for offenders who must see the object of their offense as a nonperson. This is termed part-object relations because the offender does not see the object as a whole person. The victim is dehumanized so that he or she becomes unworthy of compassion. Anonymity of the victim enables the offender to act out his fantasies without being distracted by reality. It is not surprising that studies of serial murderers show them to be isolated and to lack meaningful enduring relationships (Ressler, Burgess, and Douglas, 1998). Implicit in this approach is that the superego is not only present (albeit in a contorted manner), but is crucial in driving the very dynamics of sadistic psychopathy.

From a deterministic perspective, aggression as a primary mode of object relations results from early emotional neglect, causing the person to resort to sadism or aggression “in an effort to deny the loss and to buttress a failing sense of self” (Bach, 1994, p. 5). The developmental link between poor attachment styles and criminality (Allen, Hauser, and Borman-Spurrell, 1996; Stoller, 1987) is thus not surprising.

A pathognomic aspect of sadism that distinguishes it from the more general form of hostile psychopathy is that the manifest drive is not merely oriented at tension release via aggression. Rather, it is more important to the psychopath that the victim experience pain and discomfort than it is important for the perpetrator to release his aggressive feelings. In that sense, there is a palpable transaction here of object relations quality. The ultimate intent in hurting another person — even in the extreme case of murder — is not the result, per se, of the victim being disabled or dead, but the particular pleasure experienced by the perpetrator as a direct function of the victim’s experience of discomfort or pain. Were there to be only the option of killing others, for example, where the death is sudden and does not involve suffering on the part of the victim, it would satisfy the general drives of the hostile psychopath, but it would not satisfy the object relational needs of the sadist to engage in a tormentor-tormented interaction with the victim. In a more basic differential formulation, hostile psychopathy entails the tendency to hurt others because it releases aggression, while sadism involves pleasure in inflicting pain, because the victim’s suffering (in as much as it is absolutely linked to his or her “relationship” with perpetrator) is the desired end.

Often, there is a distinct aspect of sadism that is not object relational in nature, but rather a function of a harshly punitive superego. The general understanding among experts of serial perpetrators (e.g. Fox & Levin, 2005) is that these psychopaths may show adequate interpersonal engagement and values toward family and friends, whereas “strangers mean nothing to them” (Alexander, 2005, p. 170). We argue that the aggression against the strangers is actually motivated — not because “they mean nothing to them” but because of the rigid superego that characterizes the dynamics of the perpetrator. The atrocities that are committed engender the same powerful guilt that they would engender in other people — in fact, the guilt is even more severe. Dynamically, it is actually a sadistic superego which

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is triggered so that the powerful guilt is experienced in a masochistic way. A key result is that the perpetrator wallows in guilt and self-degradation. The resulting humiliation and self-recrimination (or self-degradation) is an important ingredient of the punishment administered by the harsh superego. A cycle becomes fixed in which the repetition of criminal aggression is designed to engender a steady and consistent reaffirmation of poor self-worth. Any attempts to extricate himself from vice of the sadistic superego trigger an almost involuntary compulsive repetition of a horrific sadistic act that stifles any exoneration and affirms the hopeless mire of eternal damnation.

http://www.pep-web.org/document.php?id=ifp.018.0011a&type=hitlist...
as a subhuman entity.

It should be stressed, however, that the experience of guilt in psychopathy exists exclusively in a mode that is dissociated from consciousness. As such, the psychopath never experiences the constructive effects of a functioning superego mediated through the conscious manifestations of guilt. Instead, a profound degree of guilt rages in the unconscious, achieving expression in violent behaviors that remain unelaborated emotionally and cognitively.

**Drive theory perspective**

Other than the particular dynamic of sadism, hostile psychopathy is, as a rule, not restorative in intent. Dynamically, it entails the direct expression of id-derived aggression. Behaviorally, it is perceived by analysts as representing aggression for its own sake. Hostility seems to be an end, rather than a means to resolve a problem or to effect change. Although it features aggression toward others, aggressive psychopathy has its dynamic roots in instinctual impulse expression, and is best conceptualized within the context of drive theory:

The aim of an instinct is its satisfaction or, more precisely, the very specific discharge action which dispels the physical condition of excitement and thus brings about satisfaction (Fenichel, 1945, p. 55).

In this perspective, drives originate from energy that pushes for release. This formulation is monolithic regardless of the “type” of drive that is being considered. Moreover, different types of drive do not differ dynamically. Whether we focus on a sexual instinct, a need for food, anal stimulation, or aggression, the one underlying dynamic is that they all entail a state of tension, whose release “feels good.” Indeed, the drive “types” actually constitute a single id tendency. Of particular relevance to our understanding of sadism, those called aggressive drives are structurally indistinct from any other drive. Their classification as hostile is merely deduced from their results.

Some of the early retrospective histories of hostile psychopaths feature a variety of antisocial activities. They may also include acting-out behaviors such as brutalizing younger peers, terrorizing feeble adults, tormenting animals, or destructiveness of property and the environment. Analyses of the dynamics of those activities show that there is usually no fixed relational component in the aggression directed toward others. Instead, the key dynamic involves drive discharge (where violence becomes part and parcel of their personalities), with the choice of objects (whether animate or not) being rather unelaborated.

Aggression is a built-in human tendency, whose function is self-protective. To keep hostility within normative bounds, society has established socialization algorithms, beginning in childhood, to curb aggressive tendencies, curtailting their expression to socially sanctioned venues. The latter process is eventually internalized into a superego structure that combines with individual life experiences into a highly personalized sense of conscience. The aggression that cannot be expressed directly is expressed indirectly in socially sanctioned sublimations. Healthy functioning is very much dependent on the sublimation of aggression (i.e. redirection of aggression to a constructive outlet such as sports).

Psychopaths often seem to have a specific sublimation deficit. This may result in a serious threat toward ego disintegration. Hartmann, Kris, and Lowenstein (1964) describe sadism as an adaptation of personality that serves the purpose of self-preservation. Ego strength and a positive perspective on the self require the neutralization of aggression to avoid internalizing it into self-loathing. Aggression that is not discharged may be internalized by being attached to the superego (the source of family and societal morals and rules) and transformed into guilt, and result in a self-destructive wish. By externalizing the aggression as sadism, internalization is avoided, but permanent positive relationships with others are imperiled.

Impulses seek expression. Unexpressed impulses cause inner tension. People with healthy egos can tolerate moderate levels of inner tension that are caused by impulses whose expression are not adaptive. Those with weak egos risk the chance that containing such harmful impulses may result in their internalization and yield ego disintegration. Internalized aggressive impulses, in particular, become unconscious self-destructive wishes. Indeed, studies demonstrate a relationship between violence and suicidality in the criminal population, indicating that

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those who aggress are at greater risk of suicide attempts (Hillbrand, 1995; Van Praag, Plutchik, and Apter, 1990). One option in such cases is to externalize such wishes and to project them onto others in the form of aggression.

For the offender whose ego is too weak to contain violent impulses, aggression erupts as a way of avoiding ego disintegration (Hartmann et al., 1964). A study by Gough and Bradley (1992) found there was a significant empirical relationship between low ego integration (an inability to balance impulses and consequences) and violent criminal behavior. Smith (1922, p. 110) explains the ego role in discharging violent impulses thus: “The impulse is, at first, resisted, the resistance gives rise to mental pain, the resistance is usually ineffective, the performance of the act is followed by a sense of relief.”

Aggressive tendencies do not become subject to consistent control in all individuals. In distinction to the psychopathic condition of poor impulse control, where reactions to frustration leads to aggressive behavior, hostile psychopaths seek out violence toward others. This occurs even in situations where there is no underlying motif of self-protection and when it is not a reaction to a perceived threat. Indeed, violence is exhibited even when it results in self-endangerment. Expression of aggression is intrinsically pleasurable to these psychopaths.

A stark description of hostile psychopathy (New York Times, 2003) illustrates the visceral excitement received from raw aggression:

Jurors in Virginia heard an audio-taped confession in which Lee Malvo described the sniper shootings that left 10 people dead in the Washington last fall with ittering, chuckling and giggling … Malvo revealed a chilling sense of humor, letting go with yips and giggles and prodigious belly laughs as he described the attacks … He whistled “Joy to the World.” At one point, it sounded as if he literally slapped his knee … The juxtaposition between tone and substance was chilling.

It is stressed that we are not dealing here with low frustration tolerance. Indeed, negativity becomes an end in itself. Moreover, it
often seems that even when there is no reality-based context for conflict, a situation will be contrived to provoke and instigate others, so that defiance can be expressed. Dynamically, it can be said that the sadist “lives for” such negative and aggressive encounters, and that oppositionalism is the only mode of engagement he or she has mastered.

The clinical flavor of the adult expression of hostile psychopathy suggests that the disturbance is more basic, and that it is rooted primarily in pathological drive expression. One need only read a description of Lee Malvo’s court appearance, or observe these individuals get a thrill from running small animals down as they drive on the road, to appreciate the pronounced damage that has been visited on these individuals’ id structure.

Although analysts are emphatic that severe deprivation and attachment histories are necessary prerequisites for the development of psychopathy in an individual, such predispositions are not consistent in producing this personality. It is not clear what early constitutional factors enable one person to tolerate early noxious experiences when others cannot (Stoller, 1987). It has been suggested that the individual who acts out on impulses has an impoverished fantasy life and an incapacity to neutralize aggression though conscious fantasy (McDougall, 1972). While acting-out is temporarily restorative to the ego by relieving some anxiety, the lack of awareness of the unconscious link to the trauma keeps the person in a desymbolized state and engenders a compulsive aggressive pattern in the personality structure.

Hostile psychopathy falls short of sadism according to the classical de Sade (1966/1996) prototype. The person is devoted to discharge of aggressive impulses. The impulses are termed aggressive because of their functional design. They are intended to insure survival by hurting or destroying others. Phenomenologically, however, what is experienced by an aggression-driven individual involves only his or her own subjective need to release these impulses outward. Although these do cause hardship and suffering, that is not the intent of the release, as such. While it can be argued that even when aggression is directed against animals, there is intent to elicit actual feelings of suffering in those animals (in addition to the discharge of the aggressive drive), how do we construe the aggression of such individuals against nature and inanimate objects? Clearly, the subjective suffering of the victim is not an intrinsic part of the psychopathy. It might be argued that the aggression-driven psychopath who is intent on killing a person or a group of individuals is intent on destroying his victims and neutralizing them, but has no particular pleasure from making them suffer or feel pain. How victims perceive him or her, or the resulting power constellation between perpetrator and victim — is far from the perpetrator’s mind (and unconscious) when aggression is expressed.

In contrast, the re-enactment sadist does not vent his fury on inanimate objects or even at animals. It is the suffering of the victim that is the main intent. The simple defeat of the victim would not serve the purposes of the pathology. Indeed, the ultimate demise of the victim is merely part and parcel of the “package” designed to evoke subjective feelings of pain and suffering in the victim, toward the end of a re-evoked hostile relationship that has soured in the perpetrator’s past. How victims perceive him or her, or the resulting power constellation between perpetrator and victim, is indeed the main dynamic in the re-enacted aggression. A quick death — where the victim does not cringe and (symbolically) regret (alleged) past inequities — would not be functional. Subjective suffering of the victim is the key goal here.

**Psychosexual components of sadism**

A comparative analysis of the development of the sadistic drive in early childhood elucidates its characteristics and its partial overlap with object relations. Psychosexual development postulates that as the body progresses through a series of physical sensitivities and physical modes, there is a parallel development of psychological or interpersonal modes that are assimilated. Although commonly formulated as a unitary concept, there is a distinction in the dynamics of sadism as they manifest in successive developmental stages.

The prelatency stages are most relevant here. Anchored in personality connotations of adulthood, the chain is represented by the following sequence: oral dependence, oral sadism, anal expulsiveness, anal retentiveness, and finally the phallic stage. The division of development into phases is merely practical, since “all phases gradually pass into one another and overlap” (Fenichel, 1945, p. 62). Developmentally, sadism bridges the two stages of orality and anality. Although sadism is measured psychometrically in the projective research literature by summing all aggression regardless of its psychosexual components (Juni, 1993), the loci of these two foci have significant differential implications in the etiology of psychopathic sadism.

The relational modes that typify these stages are distinct. In the oral stage, physical pleasure is driven by the need to ingest food as sustenance. The oral stage begins with an instinctual need for oral stimulation, which initially manifests as a consistent drive to suck. This progresses into a uniform mode of seeking sustenance. The psychological mode assimilated is that of dependency, with the motif of harvesting needs from a world. Object relations here are primarily passive (as active facets appear gradually), with the orientation of “getting” as the major focus (Juni, 1984). In the anal stage, physical control of the sphincters translates into a psychological sense of self-government and directed actions. Object relations foci develop in the areas of self-control versus being controlled (Juni, 1992). Even as the concept of the object (the potential provider) begins to emerge, the importance of the object is not intrinsic. Indeed, the other is important only insofar as he or she is the source of sustenance (or, more basically, instinctual stimulation/gratification).

There is a developmental continuum in the evolution of sadism as the child matures from early infancy. As the oral dependent phase yields to the oral sadistic phase, frustrations often pit the child against the potential provider. Aggression (biting) can now evolve from its archaic incorporative mode, which is designed to ensure closeness (Fenichel, 1945), into an aggressive adversarial tool facilitating sustenance. As oral sadism progresses toward anal sadism, the oppositional mode begins to characterize more and more of the interaction. Yet, the aim of the child is to get sustenance (drive satisfaction) despite the impediments of the (sometimes) frustrating object. It is only as anality evolves from expul-siveness toward retentiveness that there is a shift from the stance of getting satisfaction in spite of opposition, to the point at which “spite” actually becomes the central aim. Dynamically, the tenor of this continuum entails a role progression of the
object from first being a source of drive satisfaction, then a likely impediment to satisfaction, and finally a relational adversary. At the final stage, the child’s perspective is not only to win the battle in order to gain drive satisfaction; he or she now has the additional caveat that the defeat of the frustrator is now an aim in itself.

Oral sadism is merely a discharge of energy that is functionally, although not intentionally, aggressive. At this stage of primary narcissism preceding the concept of object representation (Freud, 1914), there is little knowledge yet of other entities as being independent of the self. As such, we take exception to Klein’s (1932) and Rickman’s (1936) object relations conceptualization that biting the breast during feeding is predicated on the infant’s mental splitting of the breast into good and bad components, coupled with directed aggression solely toward the frustrating breast. In fact, the biting response predates any relational motif and simply entails a discharge of energy. The feelings and experiences of the “other” are not part of the infant’s world view, and certainly do not figure in his intent or “decision” to bite.

As a working clinical postulate, we tend to confirm Fenichel’s (1945) formulation that the oral mode of taking in can become sadistic/incorporative when significant frustration occurs, engendering hostility toward the frustrating provider. It is noteworthy that, the developmental progress wherein the infant comes to realize the concept of an external object enables the response of incorporative sadism, and this coincides with the development of teeth. This is adopted as an icon of oral sadism (Abraham, 1924/1927a), supported by early analytic evidence that

sadists are actually fixated in the latter phase of oral development (Van Ophuijsen, 1929).

The dynamics during the anal stage are qualitatively distinct from those of orality. Whether in the expulsive or the retentive mode, there is a palpable relational flavor to the anal character expressions. The concept of the significant other as an interested, intrusive, and dominant protagonist is the defining attribute of this stage. Whether the infant chooses to withhold or expel in the physical mode, or to defy or comply in the psychological, the relational aspects of this decision are definitive and crucial.

In the oral sadistic (sub)stage, the biting mode entails aggression toward the source of sustenance —literally, the breast, and figuratively, the caretaker. This is a straightforward expression of instinctual aggression. As this unadulterated drive is later modified by emerging superego components and socialization vectors, biting becomes an icon that represents aggression which is linked first to a response to frustration (i.e. retaliation; e.g. biting the breast because the supply is not “good enough”), and later to a defensive mode against threat (e.g. using biting as a mode of attack, with the aim of minimizing threats from others). The original form of the biting mode — rooted in direct aggression that is not motivated by any ends or a result of any negative input from the environment — typically recedes to the unconscious and remains repressed, only to appear much later in sublimated prosocial expressions that bear tell-tale signs of Thanatos.

Biting by the infant is sparked by an instinctual (noncognitive) physical urge to close the teeth forcefully. When the concept of “other” (as distinct from the self) is assimilated, the sensation is enhanced by the infant’s realization that an object is being bitten. Gradually, there is a sense that the other person (object) is being hurt or incapacitated, perhaps in retaliation for not providing enough nurture. Klein (1930) goes as far as viewing oral sadism as a desire to totally destroy the mother at this point. That coincides with the instinctive intent of the release of energy as a means of destroying predators or competition.

In the evolutionary sense, this drive is object-cathedcted by design. Although this unconscious motif can become incorporated into the biting mode, the reactions and feelings of the object are not part of its dynamics. In essence, then, all we have here is a drive-release mode, and not a relational one. Oral sadism in its true form — the pleasure derived from causing “pain” to others (Abraham, 1924/1927a, 1924/1927b) — has not yet been achieved, because the intent is either the release of energy or the destruction or incapacitation of the object, while the actual sensations or cognitions of the other are irrelevant. When hostility first becomes a viable response in oral phase, its manifestation entails a mode of rejection (spitting out), not one of destruction of an object. At some point, the discomfort of the object does become a partial purpose, particularly when the purpose of the aggression is not so much to destroy the threatening object (which may not always be feasible or a prudent use of limited aggressive resources), but to inculcate enough discomfort and pain in the object to dissuade further threats. Eventually, the aggression of the oral stage acquires an orientation in which the intent is to cause pain and suffering to the object as an end in itself. Klein invokes the motif of oral incorporative destruction here, in addition to the hostile biting response. This is where the label of sadism accurately depicts the alleged intent of the aggressive phenomenon.

We posit that biting, as the prototype of oral sadism, is not relational in its etiology from the infant’s perspective. Rather, it merely represents a discharge of drive, most likely one of generalized unbridled aggression. Certainly, the discharge is not functional, and there is no particular object relational goal inherent in the aggression. The infant does not bite the breast because of frustration or anger. Certainly, biting is not directed at the mother as a person. Rather, it is a primitive libidinal expression of an inborn aggressive behavior that is not intrinsically object-directed (Juni, 1992). The breast is merely the most likely (and probably the only) available object to express this aggression. Even in the classic interpretation of oral sadism by Klein, the construct of splitting the good breast and the bad breast should not be construed as implying that the perception of a “bad breast” is the cause of biting. Rather, it entails a post hoc attempt by the infant to reconcile apparently antithetical drives —incorporative and hostile — directed at the same object. Splitting is a method of deluding oneself that the two drives are actually directed at two different part-objects, reducing dissonance-based anxiety.

From a pragmatic clinical perspective, one could argue that the Kleinian approach is more relevant to the developmental etiology of aggression than to the actual understanding of its dynamics in adult functioning. Granted that sadism may well originate from greed that is aimed at incorporating the other to insure possession of the “good” as a means of securing gratification, there is no doubt that aggression then becomes a tool of attacking agents who are identified with painful stimuli. In its final manifestation, it is argued, aggression becomes an instinctual aim in itself.

Abraham (1924/1927a, 1924/1927c) sees the primary instinctual drive in the anal defecating
function as destructiveness (of the feces). Abraham conceptualizes the development of anality as beginning with a sadistic (sub)phase, in which pleasure in defecation entails the “pinching off” of feces, followed by a retentive (sub)phase that is not sadistic in its orientation. Whereas the sadistic phase of anality has no elements of regard for the object, the retentive dynamic was originally construed by Abraham as being aimed to conserve the loved object (represented by feces). Developmentally, it is noteworthy that the anal sadistic phase immediately follows the oral sadistic phase, so that the two can be bridged conceptually within a larger rubric of sadism regardless of somatosexual components.

Gradually, the dynamics of the anal sadistic (sub)stage become independent of the somatosexual locus and grow to entail the interpersonal caveat of vying for control with the socializing agents. (In the psychoanalytic literature, this is reflected by the entire anal stage being identified as “anal sadism,” regardless of whether expulsive or retentive dynamics were at play.) This elicits another mode of aggressive expression. In the battles over toilet training and parallel issues of behavioral control, defying authority and using the emerging capacity for self-directed behavior to hurt and frustrate others derive, as in oral sadism, directly from the aggressive instinct. Here, too, the oppositionalism and anger expressed by the toddler are not motivated by ends, nor do they stem from any negative input from the environment. As this unadulterated drive is later modified by emerging superego components and socialization vectors, oppositionalism and control-related aggression are transformed first into a response to frustration (e.g. a reaction to feeling inappropriately dominated or “pushed around” by others), and later to a defensive mode against threat (e.g. using oppositional aggression and hostility as a mode of attack, with the aim of minimizing threats from others).

Anal sadism — whether expulsive or retentive — is most evident developmentally as a relational style. The interactional concomitants of the anal stage rooted in toilet training and disciplinary efforts by adult caretakers, juxtaposed with the emerging needs of autonomy and efforts at self-control by the child, serve as the cornerstones of conflict in the anal stage. Aggression, which gradually coalesces into anal sadism, builds on this antithetical conflict situation. As such, it is engendered reactively in response to frustration. Rather than a direct expression of underlying hostility that is bereft of context, it represents a functional response that is intrinsically object-oriented against the agents which impose external limitation and interfere with autonomy. Moreover, the goal of this aggression is tangible — the cessation of frustration.

The anal phase brings with it sadistic components in its very psychosexual design. Essentially, demands by the caregivers are such that they engender powerlessness and impotence. The ego is forced to renounce autonomy in favor of compliance with the powerful other. Anal sadism, when it erupts, emerges as a combative aggressive dynamic designed to fight this oppression. For once, the child is presented with perceived power, entailed in his or her decision whether to relinquish the feces, which carries connotations ranging from control to delinement and disruption. The aggression associated with this stance is certainly not a manifestation of the physical release of energy. Rather, it is intrinsically object-related, and, moreover, it is created as a reaction to the infringement on the ego’s autonomy by that object.

Furthermore, it should be noted that the nature of the aggression in anal sadism differs qualitatively from the aggression in oral sadism. Biting is painful and can pose a veritable threat to objects (especially living organisms). Anal contrariness and oppositionalism is a threat primarily on the interpersonal level. The initial anal response to toilet training and other forms of control at this psychosexual stage is oppositional, rooted in the toddler’s attempt to maintain autonomy and freedom of action (Fischer & Juni, 1981, 1982). When a straightforward position is realized to be untenable based on the balance of power, sadism comes into play. At this point, causing discomfort and pain becomes an interm goal in the power-competition goal. Although this involves a relational battle, the feelings engendered by the object as a result of aggression are not ends, but rather means to the end of dissuading the caretaker from threatening and oppressing the developing ego of the toddler. What is crucial at this stage is that in no way is the anal sadism oriented at, nor does withholding or expelling feces ever have the potential for, actually hurting the perceived aggressor or oppressor in the physical sense. The discomfort engendered by the anal sadistic response is essentially interpersonal and object relational variety. Caretakers feel discomfort by the anal sadistic response of the toddler because they feel frustrated, defeated, embarrassed, and exasperated. It can thus been understood why anal sadism is rooted in the domain of object relations.

As conceptualized in drive theory, the basic elements of sadism originate from the need to express aggression as a drive-reduction mechanism. In the oral sadistic biting mode, the feelings that ensue on the part of the object of the aggression are not central to this process. As development proceeds, however, object relational concomitants are inevitable. Particularly in the anal (sadistic) stages, the dynamics become intrinsically interpersonal in their motivation (i.e. battling for control and power), and are direct repercussions from the process in terms of attachment styles and interpersonal relationships.

It is hypothesized that the continuum of hostile psychopathy — ranging from an extreme aggressive disposition to a sadistic mode whose aim is the infliction of suffering — derives from these two stage-related components of psychosexual sadism. Specifically, aggression driven sadism is seen as dynamically most consistent with oral sadistic components, whereas the intent of the aggression is drive discharge. No ameliorative or reparational efforts are involved here. Re-enactment sadism, by contrast, is proposed to derive primarily from the later aspects of anal sadism, whose dynamics are object relational. The force behind the aggression derives from the frustrated interactions with significant others that damaged the ego severely. The intent of the expressed aggression is reparative, mediated by the repetition compulsion. Despite its futility, sadistic behavior is nonetheless directed at an object relations goal of maintaining contact with an alienated loved one, although guilt and masochism distort this effort into a gruesome caricature that dooms its mission.

References
work published 1924)


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