

**ORIGINAL RESEARCH**

# Is the erectile function of a sapiosexual male affected by engaging with an intelligent female partner?

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**Abstract**

Intelligence plays a significant role in socio-sexual relationships, making it highly valued by individuals seeking intelligent partners for sexual satisfaction. We aimed to investigate the influence of a female partner's intelligence on the sexual function of sapiosexual men with normal erectile function. This is a comparative study was conducted between October 2021 and December 2023 to collect data from 79 sapiosexual participants who met the following inclusion criteria: sapiosexual males aged between 30 and 50, in a committed relationship with a single partner for over five years, and had a history of normal sexual activity. The assessment involved history-taking, general and genital examinations, the International Index of Erectile Function, the Sapiosexuality Questionnaire, and the Wechsler Adult Intelligence Scale (WAIS-IV). The patients were categorized based on their female partner's intelligence into two groups: Group A comprised 38 sapiosexual men with highly intelligent female partners, and Group B included 41 sapiosexual men with partners of lower intelligence. Group A had significantly higher mean International Index of Erectile Function (IIEF) global score and Erectile Function scores than Group B. Also, primary orgasmic scores were slightly higher in Group A than in Group B, while sexual desire scores were comparable between both groups. Intercourse and overall satisfaction scores were significantly higher in Group A than in Group B. In addition, all aspects of sexual function, except sexual desire, were statistically significantly higher in Group A compared to Group B. In this regard, sapiosexual males engaged in sexual relationships with highly intelligent female partners exhibited significantly improved sexual function compared to those engaged with less intelligent female partners.

**Keywords**

Sexual function; Sapiosexual; Intelligence

## 1. Introduction

Numerous studies have demonstrated that intelligence is a key factor in sexual attraction, often ranking as one of the most desirable traits in potential partners [1, 2]. In addition, some studies have reported that individuals with higher Intelligence quotient (IQs) are more inclined to engage in sexual activity, implying that intelligence may contribute to the maintenance of sexual function [3]. Nevertheless, it is important to note that intelligence alone may not assure sexual attraction, as various other factors, including physical appearance, personality and shared interests, also have a substantial influence in determining attraction [4].

Furthermore, sexual attraction in regard to intelligence may be associated with the desire for intellectual stimulation and meaningful conversation [1, 3]. Individuals attracted to intelligence often find fulfillment in engaging in profound discussions with their partners, fostering a deeper emotional connection and more satisfying relationships. In a broader context,

intelligence has been shown to be associated with various life outcomes, such as occupational status (*i.e.*, professional, managerial, skilled or unskilled positions), income and overall health [1, 5]. Nevertheless, it is important to acknowledge that intelligence, while influential, is just one of several predictors among many that contribute to the quality of these outcomes [4].

Intelligence test scores have been observed to correlate with numerous significant life factors. Nevertheless, it is crucial to note that these tests were originally developed within educational contexts to predict educational achievements such as performance in higher education, successful completion of educational and training programs, scores on standardized achievement assessments, and the ability to persevere in higher educational pursuits [6]. For many individuals, a high level of intelligence is considered the most sexually attractive trait in a partner, a phenomenon commonly referred to as sapiosexuality [7].

The term "sapiosexual" is defined as experiencing sexual

attraction primarily based on the intelligence of another individual. This term is relatively recent, with its first documented usage dating back to 2004. However, it has gained widespread recognition in 2014 when it was introduced as one of several new categories in sexual orientation and gender identity [7]. Some research suggests that approximately 1% to 8% of young adults can be classified as sapiosexual, and this orientation is not limited by gender, as both men and women can be identified as sapiosexual [7, 8]. Sapiosexual individuals can be identified as straight, homosexual, asexual, or with other sexual orientations, which can coexist with various romantic preferences and gender identifications. Nonetheless, for some individuals, the desire for an intelligent partner extends beyond emotional and intellectual satisfaction [8]. Notably, to the best of our knowledge, no prior studies have sought to evaluate the impact of a female partner's intelligence on the sexual function of male individuals who already exhibit normal sexual function. In this present study, we investigate how the intelligence of a female partner affects the sexual function of sapiosexual men who maintain normal erectile function.

## 2. Patients and methods

A comparative study was conducted between October 2021 and December 2023 on 86 sapiosexual male participants meeting the following inclusion criteria: male participants with a Sapiosexuality Questionnaire score  $\geq 3.8$ , age between 30 and 50 years, had a stable monogamous partnership of more than 5 years and a history of normal sexual function (International Index of Erectile Function score  $\leq 45$ ). Those who were non-sapiosexual males, below 30 or above 50 years of age, sexually inactive individuals, and those with erectile dysfunction or using medication for erectile dysfunction (ED) were excluded. All participants underwent a thorough evaluation encompassing social and sexual history, medication history and physical examinations, including general and genital assessments. Additionally, standardized assessment tools, namely the International Index of Erectile Function (IIEF) (see **Supplementary Table 1**) [9] and the Sapiosexuality Questionnaire (SSQ) (see **Supplementary Table 2**) [10], were used for data collection.

After providing informed consent, both the participants and their respective partners were assessed using the latest iteration of the Wechsler Adult Intelligence Scale (WAIS-IV) [11, 12], which was conducted individually and typically lasted around 30 minutes. Sapiosexual males were evaluated using the International Index of Erectile Function (IIEF), WAIS-IV and Sapiosexuality Questionnaire (SSQ), and their female partners were assessed using the WAIS-IV intelligence test. The participants were categorized into two groups based on the intelligence of their female partners: Group A comprised sapiosexual men involved with highly intelligent female partners (IQ  $\geq 110$ ), while Group B consisted of sapiosexual men in relationships with female partners of lower intelligence (IQ  $< 110$ ). All data were collected from the participants before their enrollment in the study.

### 2.1 International index of erectile function (IIEF) questionnaire

The International Index of Erectile Function (IIEF) Questionnaire (**Supplementary Table 1**), comprising 15 questions, is a validated and comprehensive self-administered assessment tool widely utilized for clinical evaluation of erectile function in both research and clinical trials. It assesses male sexual function across four primary domains: erectile function (six items, with a total score of 30), orgasmic function (two items, with a total score of 10), sexual desire (two items, with a total score of 10), intercourse satisfaction (two items, with a total score of 10), and overall satisfaction (three items, with a total score of 15). Each question is rated on a 5-point scale, and the scoring ranges for each domain are variable, resulting in a total score range of 4 to 75, with a higher IIEF score signifying a higher level of sexual functioning [9, 10].

### 2.2 Sapiosexuality questionnaire (SSQ)

The Sapiosexuality Questionnaire is a recently developed assessment tool designed to assess the concept of sapiosexuality [11]. Comprising nine self-reported items, participants provide responses on a five-point scale (**Supplementary Table 2**): 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. Notably, all nine items directly relate to the assessment of the sexual attractiveness of intelligence [11].

### 2.3 Intelligence scale (WAIS-IV)

WAIS-IV is the latest version of this widely recognized assessment tool that plays a pivotal role in evaluating cognitive abilities. It has become an essential instrument used by a wide range of professionals for various purposes and consists of ten core subtests that generate four-factor index scores, including Verbal Comprehension, Perceptual Reasoning, Working Memory, and Processing Speed, as well as an overall Full-Scale IQ score [12, 13]. Qualified individuals with expertise in IQ classification conducted the assessments based on multi-parameter criteria. To assess the educational level and intelligence scores of the participants' partners, the WAIS-IV test was sent *via* email or WhatsApp under the supervision of a psychiatrist, primarily due to logistical challenges associated with in-person evaluations. Verbal informed consent was obtained prior to conducting these assessments.

### 2.4 Statistical analysis

Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS/IBM Inc., Taiwan Corp., USA), version 17.0. Chi-square analysis was conducted to examine demographic differences between the patient groups. Each aspect of sexual function was considered ordinal level data, and nonparametric statistical methods, including descriptive analysis and the Mann-Whitney U-test, were applied. In addition, we used the total sexual function scores as the independent variable and conducted a *t*-test to assess differences between the two groups. All tests were conducted as two-tailed tests, and significance was defined by a *p*-value  $< 0.05$ .

### 3. Results

Of the initial 124 highly educated sapiosexual male participants, 98 individuals met the specified inclusion criteria. However, 12 were subsequently excluded due to incomplete data, making our final sample comprising 79 participants: 38 sapiosexual males with a mean age of 38.1 ( $\pm 5.9$ ) years (ranging from 32 to 48 years) engaged in sexual relationships with highly intelligent female partners, and 41 sapiosexual males with a mean age of 40.2 ( $\pm 6.1$ ) years (ranging from 33 to 50 years) engaged in sexual relationships with less intelligent female partners (Fig. 1). All participants possessed a high level of education and demonstrated proficiency in the English language, with mean IQ scores ranging between 110 and 119.

The baseline characteristics of the two enrolled groups were not statistically different between both groups (Table 1). Both groups demonstrated a high level of education, which served as an indicator of intelligence, and no statistically significant distinctions were identified between them (Table 1). Additionally, there were no statistically significant differences in the baseline characteristics of the female partners of all participants in both groups (Table 2).

The IIEFQ data were evaluated and compared in both groups (Table 3). The results showed that in Group A, the mean IIEF global score was significantly higher than that in Group B ( $62.3 \pm 7.9$  vs.  $47 \pm 11.6$ ,  $p < 0.05$ ). The subdomains of the IIEF score, specifically the Erectile Function (Domain A), were significantly higher in Group A compared to Group B ( $25.6 \pm 4.2$  vs.  $19.8 \pm 4.1$ ,  $p < 0.05$ ). Comparatively, the scores for Primary Orgasmic or Ejaculatory Function (Domain B) were slightly higher in Group A than in Group B ( $8.1 \pm 1.8$  vs.  $7.2 \pm 2.1$ ,  $p < 0.05$ ), the scores for Sexual Desire (Domain C) were similar between both groups, and the scores for Intercourse Satisfaction (Domain D) and Overall Satisfaction (Domain E) were significantly higher in Group A compared to Group B ( $22.2 \pm 1.9$  vs.  $15.4 \pm 1.8$ ,  $p < 0.05$ ). Overall, all domain scores, except for the desire domain, were found to be statistically significantly higher in Group A than in Group B. The desire score was not statistically different between the two groups ( $8.3 \pm 1.4$  vs.  $8.2 \pm 1.5$ ,  $p \geq 0.5$ ) (Table 3).

### 4. Discussion

Numerous researchers have extensively explored the association between intelligence and sexuality in adults and reported a significant positive correlation between them. Intelligence is ranked among the top three traits sought by individuals when seeking a potential mate [3, 5]. From a scientific perspective, several studies have proposed various explanations for the phenomenon of sexual attraction to intelligence. One such explanation posits that intelligence is linked to possessing advantageous genetic traits. Another suggests that intelligence correlates with creativity, problem-solving abilities, and the ability to devise innovative solutions [4, 6]. Furthermore, research has indicated that individuals drawn to intelligence tend to place a high value on education and intellectual pursuits and that intelligence may be perceived as a symbol of social status and achievement, further enhancing its attractiveness to potential partners [5, 6].

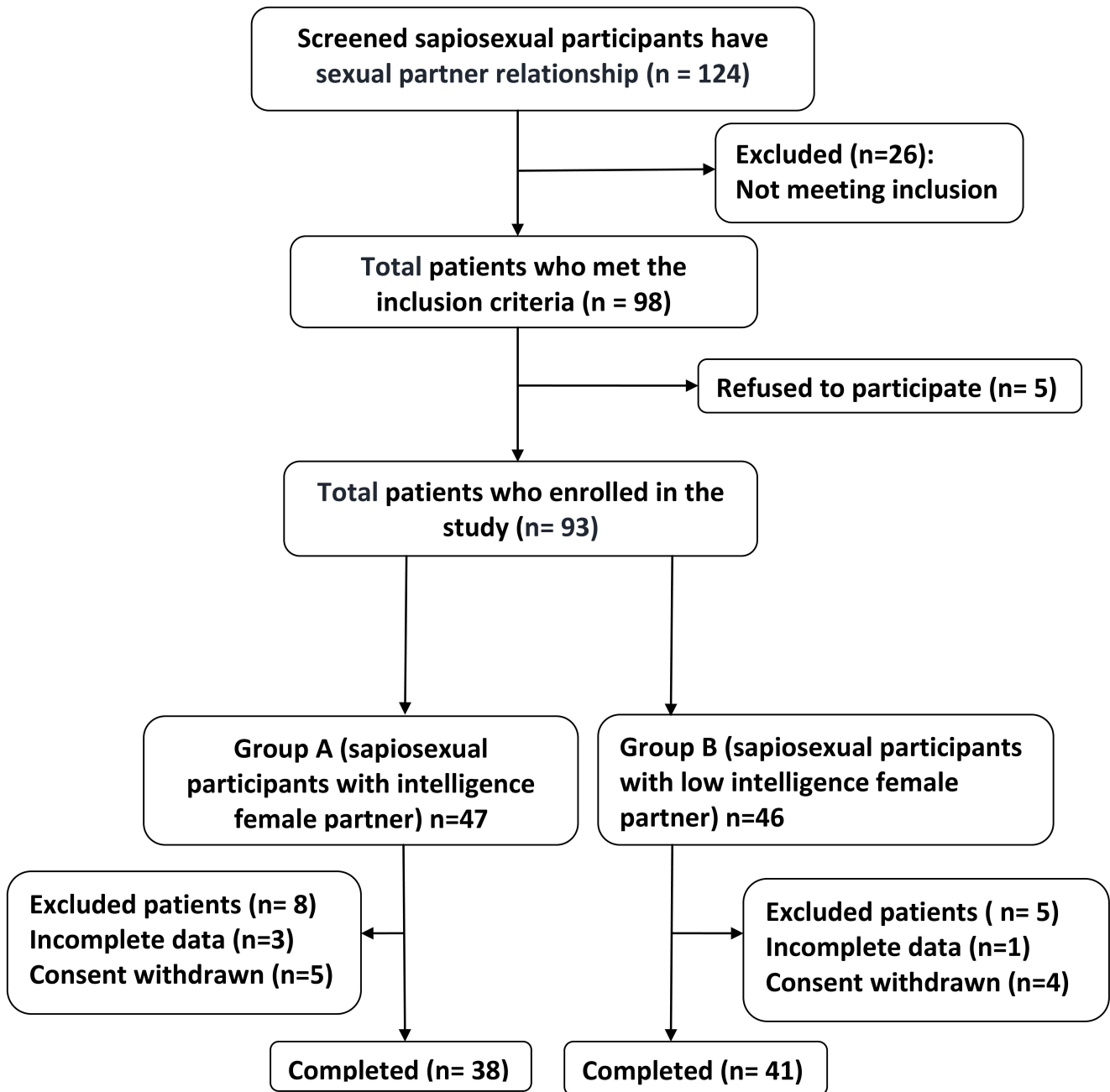
To the best of our knowledge, there exists empirical evidence pointing to associations between intelligence and socially significant variables, which can potentially have profoundly positive implications. In general, intelligence is considered a sexually attractive quality trait in a mate because it serves as an indicator of biological, emotional and social fitness. Prokosch *et al.* [3] have suggested that the positive correlation observed between physical symmetry and intelligence could contribute to the perception of intelligence as a sexually attractive trait, extending beyond its potential benefits for survival and parenting [6], indicating that intelligence, being a valid indicator of “good genes”, could be inherently sexually attractive [4, 6].

In a qualitative inquiry conducted by Jansen *et al.* [6], it was reported that certain men considered intelligence to be a sexually appealing attribute in women. It is worth noting, however, that this information was gathered through informal discussions within groups of men on the subject of sexual attraction rather than through structured measurement [14–16]. Additionally, some individuals may experience intelligence as the most sexually stimulating trait in another person, a phenomenon often referred to as sapiosexuality [16, 17].

Education is a key factor in attraction to intelligence. Highly educated individuals tend to value intellectual conversations and seek partners with similar educational backgrounds. However, sexual attraction to intelligence is influenced by various factors beyond education, including personal experiences, cultural influences, and individual preferences [18, 19]. Despite limited empirical support, there has been scant research directly examining the hypothesis that a partner’s intelligence holds a specific sexual appeal and contributes to the maintenance of sexual functions in sapiosexual relationships [20, 21].

All participants in the current study achieved notably high scores on the SSQ, which could be indicative of a propensity toward sapiosexuality among some individuals. It is challenging to entirely rule out the possibility that a few high-scoring participants may have completed the questionnaire less seriously. Nonetheless, the fact that only two participants responded “strongly agree” to all six positively worded items suggests that most participants likely approached the questionnaire thoughtfully. It is essential to acknowledge that the study sample was drawn from a highly educated and intellectually inclined population, and therefore, generalizability to other demographics cannot be assumed. Further research with cross-cultural investigations is encouraged.

In our current study, we employed the self-report IIEF questionnaire, a validated and comprehensive tool widely utilized for the clinical assessment of erectile dysfunction and treatment outcomes in clinical trials. This questionnaire has also been employed effectively to evaluate sexual functions in male sapiosexual patients. Our findings revealed a significant difference in the average total IIEF scores, with sapiosexual males engaged in sexual relationships with highly intelligent female partners scoring higher compared to those involved with less intelligent female partners, suggesting a potential passive impact of having a less intelligent female partner on the sexual functions of sapiosexual males, across all items except the frequency of desire. Our present study also assessed IIEF item scores that have not been previously evaluated in other



**FIGURE 1. Patient randomization and disposition.**

studies, making direct comparisons with previous research challenging.

Mechanisms linking high-intelligence female partners with the improvement of erectile function appear to be complex and can be explained *via* psychosocial analyses. Improvements in erectile function may be due to intellectual people having more ability to overcome social and/or emotional difficulties and, thus, being more inclined to meet their partner's needs and expectations. This finding aligns with prior research that has established a higher prevalence of sexual issues among sapiosexual male patients engaged in sexual relationships with less intelligent female partners when compared to the general population [11].

Our study has several limitations. Firstly, the sample primarily consisted of highly educated individuals,

predominantly postgraduate university students, which may have led to correlations between objective intelligence and preferences for intelligence being attenuated due to the limited range of educational backgrounds in our sample. Secondly, we could not assess the intelligence test scores of the partners involved in this study. Thirdly, there might have been a certain level of selection bias as a substantial number of participants were personally known to the researchers, which could have influenced their willingness to participate. Lastly, it is important to acknowledge that the measurement of sapiosexuality using the SSQ may be influenced by individual differences in overall sex drive. Some individuals inclined toward sapiosexuality may not necessarily score significantly higher on certain SSQ items compared to non-sapiosexual individuals, possibly due to differences in their overall level

**TABLE 1. Patient characteristics: demographic data of study patients.**

Characteristics	Group A (n = 38)	Group B (n = 41)	p value
Age (mean ± SD)/years	38.1 ± 5.9 (32–48)	40.2 ± 6.1 (33–50)	0.604
<b>BMI</b>			
Normal (18.5 to 24.9)	33 (86.84%)	34 (82.92%)	0.818
Overweight (25.0 to 29.9)	22 (5.26%)	33 (7.31%)	0.818
Obesity (≥30.0)	33 (7.89%)	4 (9.75%)	0.604
Current smoker	13 (34.21%)	16 (39.02%)	0.676
<b>Medical disease</b>			
Hypertension	4 (10.52%)	5 (12.19%)	0.591
Hyperlipidemia	4 (10.52%)	6 (14.63%)	0.505
Diabetes mellitus	33 (7.89%)	4 (9.75%)	0.818
Cardiovascular	2 (5.26%)	2 (4.87%)	0.891
<b>Educational profile</b>			
Associate's academic degree	8 (21.05%)	10 (24.39%)	0.574
Bachelor's degree	10 (26.31%)	9 (21.95%)	0.705
Master's degree	11 (28.94%)	12 (29.26%)	0.814
Doctoral degree	9 (23.68%)	10 (24.39%)	0.705
SSQ (mean ± SD)	4.1 ± 3	4.2 ± 2	0.614
IQ (mean ± SD)	110 ± 15	111 ± 15	0.704

BMI: Body mass Index; SSQ: Sapiosexuality Questionnaire; IQ: intelligence quotient; SD: standard deviation.

**TABLE 2. Basic characteristics of sexual partner of study patients.**

Characteristics	Partner Group A (n = 38)	Partner Group B (n = 41)	p value
Age (mean ± SD)/years	36.4 ± 6 (26–47)	33.9 ± 8 (24–46)	0.604
<b>BMI</b>			
Normal	35 (92.10%)	36 (87.80%)	0.818
Overweight	2 (5.26%)	3 (7.31%)	0.818
Obesity	1 (2.63%)	2 (4.87%)	0.604
Current smoker	5 (13.15%)	2 (4.87%)	0.676
<b>Medical disease</b>			
Hypertension	3 (7.89%)	2 (4.87%)	0.591
Hyperlipidemia	5 (5.26%)	6 (14.63%)	0.505
Diabetes mellitus	3 (7.89%)	4 (9.75%)	0.818
Cardiovascular	2 (5.26%)	1 (2.43%)	0.591
IQ (mean ± SD)	119 ± 15	91 ± 15	0.047*

BMI: Body mass Index; IQ: intelligence; \*p value ≤ 0.05: significant; SD: standard deviation.

of sexual desire.

Taken together, caution should be exercised when clinically considering the findings of this study. It is important to note that we focused on patients with normal sexual function for a relatively short duration, and therefore, the results may not be extrapolated to long-term follow-up in the general population or in cases involving specific medical conditions. Future research should aim to conduct large-scale studies with long-term follow-up to validate and expand upon these results, and it could be beneficial to incorporate one or more items to account

for individual differences in overall sex drive.

## 5. Conclusions

In conclusion, our study reveals a significant increase in sexual function among sapiosexual males engaged in sexual relationships with highly intelligent female partners compared to those engaged with less intelligent female partners.

**TABLE 3. IIEF data of study patients.**

Domains and items		Group A	Group B	<i>p</i> value
		(N = 38)	(N = 41)	
		Mean ± SD	Mean ± SD	
<b>IIEF</b>				
Domain A	Erectile function (14–30)	25.6 ± 4.2	19.8 ± 4.1	0.049*
Domain B	Orgasmic function (5–10)	8.1 ± 1.8	7.2 ± 2.1	0.060
Domain C	Sexual desire (5–10)	8.3 ± 1.4	8.2 ± 1.5	0.091
Domain D	Intercourse satisfaction (5–15)	13.2 ± 1.5	9.3 ± 1.4	0.043*
Domain E	Overall satisfaction (5–10)	9.0 ± 0.1	6.1 ± 1.7	0.040*
Total scale	Total scale	62.3 ± 7.9	47.0 ± 11.6	0.047*

*IIEF: International Index of Erectile Function; \*p value ≤ 0.05: significant difference; SD: standard deviation.*

## ABBREVIATIONS

IIEF, International Index of Erectile Function; IQ, Intelligence quotient; SSQ, Sapirosexuality Questionnaire; WAIS-IV, Wechsler Adult Intelligence Scale IV.

## AVAILABILITY OF DATA AND MATERIALS

The datasets used and analyzed during the current study are available from the corresponding author upon reasonable request.

## AUTHOR CONTRIBUTIONS

ASA, EFA and MAS—were shared in the conception and design of the study. EFA and MAS—were shared in the generation, collection, assembly, analysis and interpretation of data. ASA and MAS—were shared in the drafting and revision of the manuscript. ASA and EFA—designed the manuscript according to the journal's guidelines and submission. All authors read and approved the final version of the manuscript.

## ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study was approved by Institutional Ethical committee of Aljedani hospital and monitored by the hospital's institutional review board on 09 September 2021, under localized approval number 87-JDH 603. A consent form informed participants that there were no physical, social or legal risks involved in the research and that participation was voluntary and all collected data will be high confidentially.

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## CONFLICT OF INTEREST

The authors declare no conflict of interest.

## SUPPLEMENTARY MATERIAL

Supplementary material associated with this article can be found, in the online version, at <https://oss.jomh.org/files/article/1806565081688752128/attachment/Supplementary%20material.docx>.

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