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AGE, PERSONALITY, AND RELATIONSHIP SATISFACTION AS PREDICTORS OF ERECTILE FUNCTIONING

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Abstract

Introduction: Sexual functioning is defined as "a person's ability to respond sexually or to experience sexual pleasure" (APA, 2022). In the present study, a specific dimension of sexual functioning - erectile functioning -, will be addressed and conceptualized using a biopsychosocial framework. The main objective of this study was to test the predicting role of age, personality factors, and relationship satisfaction on erectile functioning of sexually healthy men from the general population. **Method:** The sample consisted of 167 men from the community, ranging from 18 to 59 years old (*M*=26.98, *SD*=7.88). Inclusion criteria included being 18 years or older and ability to give informed consent. **Results:** Findings showed that age, personality traits, and relationship satisfaction were all correlated with erectile functioning. Age and personality were significant predictors of erectile functioning. Relationship satisfaction lost its statistical significance after using the Bonferroni correction, however, the model itself remained significant. **Conclusion:** Our results provided support for the influence of biological and psychosocial dimensions of male sexual functioning and offer an important contribution towards a better understanding of the different dimensions affecting erectile function.

Keywords: erectile function; erectile dysfunction; age; personality; relationship satisfaction.

Resumo

Introdução: O funcionamento sexual é definido como "a capacidade de uma pessoa responder sexualmente ou experimentar prazer sexual" (APA, 2022). No presente estudo, uma dimensão específica do funcionamento sexual será abordada – o funcionamento erétil -, e conceptualizada segundo uma abordagem biopsicossocial. O objetivo principal deste estudo foi testar o papel preditor da idade, dos fatores de personalidade e da satisfação no relacionamento no funcionamento erétil de homens sexualmente saudáveis da população em geral. **Método:** A amostra foi composta por 167 homens da comunidade, com idades entre 18 e 59 anos (M=26,98, DP=7,88). Os critérios de inclusão incluíram ter 18 anos ou mais e capacidade de dar consentimento informado. **Resultados:** Os resultados que a idade, os traços de personalidade e a satisfação com a relação se correlacionaram significativamente com o funcionamento erétil. A idade e a personalidade constituíram-se como preditores significativos do funcionamento erétil. A satisfação no relacionamento perdeu significância estatística após a aplicação da correção de Bonferroni, porém o modelo em si permaneceu significativo. **Conclusão:** Os resultados obtidos sugerem a influência de dimensões biológicas e psicológicas no funcionamento sexual masculino e oferecem um importante contributo para uma melhor compreensão da influência de diferentes dimensões no funcionamento erétil.

Palavras-chave: funcionamento erétil; disfunção erétil; idade; personalidade; satisfação relacional.

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Introduction

Sexual functioning is defined as "a person's ability to respond sexually or to experience sexual pleasure" (American Psychiatric Association, APA, 2022) and is considered healthy when there is a lack of pain or discomfort during sexual activity, a lack of physiological difficulty in the sexual response cycle, as well as the presence of subjective feelings of satisfaction with sexual desire and behavior, and subjective pleasure during individual and partnered sexual activity (Fielder, 2020). Sexual functioning is multidetermined and it is influenced by biopsychosocial factors, such as age, health (biological), personality traits and cognitions (psychological), norms and values (sociocultural), as well as partner communication and discord (relationship-related factors) (Velten et al., 2018). Sexual functioning includes a range of manifestations, from lack of pain to physical manifestations of arousal. In this study, we will be focusing on erectile functioning, a specific domain within sexual functioning.

1. Erectile Function and Dysfunction

Erectile functioning is considered functional and healthy when men are able to "attain and maintain an erection sufficient to permit satisfactory sexual performance" (Salonia et al., 2021) without compromising the quality of life of themselves or of their sexual partners. Disturbances in erectile function may signal the presence of erectile dysfunction (ED). According to the latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR; APA, 2023), ED is marked by "difficulty in obtaining an erection during sexual activity", "difficulty in maintaining an erection until the completion of sexual activity", as well as a "decrease in erectile rigidity". Regarding etiology, it is currently considered that ED has a mixed etiology, meaning that both biological and psychological factors, as well as social factors, have an effect on the origin and maintenance of this sexual problem. For example, although erectile dysfunction can have a biological origin, such as vascular disease, it is likely that psychosocial factors, such as performance anxiety, play an important role in its maintenance, and for that reason it is important to use a biopsychosocial framework in its conceptualization (Quinta-Gomes, 2012).

The study of the factors involved in erectile function may offer a considerable contribution to the understanding of how erectile dysfunction develops and maintains over time. As a sexual problem affecting men worldwide (10% to 71%; Kessler et al., 2019; Quinta-Gomes & Nobre, 2014) and with a considerable impact on men's overall physical and

mental health and well-being (Eardley, 2013), it is important to understand the dimensions contributing to its etiology and maintenance.

In a review conducted by Chung (2019), difficulties associated with erectile function increased as men became older, assuming, in most cases, clinical relevance (Geerkens et al., 2020). It is important to note that age was not the sole factor contributing to difficulties in erectile function. As an example, as men get older, a higher tendency for medical comorbidities can impact erectile functioning directly or indirectly (e.g., through medication; Chung, 2019).

The Cognitive-Emotional Model developed by Nobre and Pinto-Gouveia (2006; 2010) offers a conceptual framework for understanding erectile function and erectile dysfunction. The authors propose that alterations in sexual function are maintained through the activation of negative cognitive schemas, particularly when individuals are exposed to unsuccessful sexual events, which are then interpreted as personal failures and incompetence, leading to negative emotions, such as sadness, lack of pleasure, and low self-esteem (Nobre, 2010). Research has also shown that, during sexual activity, men with sexual difficulties tend to have less erotic thoughts; instead, they often present automatic thoughts about their sexual performance, particularly related to failure anticipation and its associated potential consequences (Nobre, 2010).

As explained by Nobre (2010), the model is structured according to the principles of Beck's cognitive theory: at the center of the model are the core beliefs about the self and others, and these beliefs are responsible for the interpretation of future events, giving them meaning; alongside these, sexual beliefs are present and conceptualized as conditional rules we have based on previous life experiences and learning processes, and are equally important since they define the conditions necessary for the activation of the schemas; the activation of sexual beliefs and schemas leads to cognitive and emotional responses, as the last component of this model, which result in the activation of automatic thoughts related to failure and its negative consequences, and negative emotional responses. Of note is the fact that this model is not unidirectional; instead, sexual functioning activates cognitive schemas and those schemas will also influence future sexual functioning — "The lower the sexual functioning, the greater the probability of negative schema activation in future situations, feeding back the cycle" (Nobre, 2010). In the scope of this model, a number of psychological dimensions are proposed to act as vulnerability factors for the development and maintenance of ED, such as

high negative trait-affect, low positive affect, and personality dimensions, such as Neuroticism. Neuroticism, as conceptualized under the Five-Factor Model (FFM, Costa & McCrae, 1992a, 1992b), has been shown to play a particularly important role in ED (Quinta Gomes, 2012).

Recent conceptualizations on sexual function and dysfunction highlight the role of different biopsychosocial dimensions, such as age, medical comorbidities, and other biological dimensions, as well as psychological and social dimensions, such as personality, interpersonal relationships, and social expectations (Velten et al., 2018). However, the extent to which each dimension contributes to erectile functioning is yet to be fully determined.

2. Dimensions impacting sexual function and dysfunction

2.1. Personality dimensions

The FFM (Costa & McCrae, 1992a, 1992b) is a dimensional representation of personality structures built upon many years of research. The model proposes that personality can be summarized into five domains, each of which contains six facets related to their respective dimension, all varying in a continuum of higher or lower levels (e.g., a higher or lower level of Extraversion, a higher or lower level of Assertiveness (E3)) (Costa & McCrae, 1992a, 1992b, 2000). The five domains at the basis of this model are Neuroticism (N), Extraversion (E), Openness to Experience (O), Agreeableness (A), and Conscientiousness (C). Neuroticism refers to the emotional adaptation vs. instability of the individual, which translates into a more or less anxious, preoccupied, insecure disposition, often with low self-esteem and marked by negative affect. Extraversion indicates a person's level of sociability, optimism, and positive emotions, as well as assertiveness and high activity or energy levels. Openness to Experience measures a person's imagination and cognition and is related to seeking change, aesthetics, sensory experiences, sentience, free-thinking, among others. Agreeableness measures interpersonal interactions, however, unlike Extraversion, it focuses on the quality of said interactions, thoughts, feelings, and actions, as well as measuring altruism, empathy, and tendency to cooperate. Conscientiousness refers to the need for accomplishment and commitment to work, as well as moral inhibitors and caution, organization, persistence, motivation, and goal-oriented behaviors (Costa & McCrae, 2000).

Despite previous studies having shown the association between sexual function and personality dimensions, the available data is still insufficient to draw consistent conclusions.

A study conducted by Quinta-Gomes (2011), aimed at understanding the role of personality traits (FFM) and psychopathology on male sexual dysfunction, showed that Neuroticism was a strong negative predictor of sexual functioning, while Extraversion was positively associated. In another study aimed at understanding the relationship between personality traits (FFM) and erectile functioning, high levels of Neuroticism and low levels of Openness to Experience were found to discriminate between men with ED and sexually healthy men (Quinta-Gomes, 2012). In other words, a personality profile characterized by a more conservative and vulnerable psychological profile could affect men's cognitive and emotional experience of sexual function and related difficulties (Quinta-Gomes, 2012).

In a study on the effects of individual factors, including Extraversion, Conscientiousness, Agreeableness, and Openness to Experience on actor and partner sexual functioning, Velten and collaborators (2018) have also reported that actor Conscientiousness was positively associated with sexual functioning as a whole, as people high in Conscientiousness tend to face problems head-on and were capable of postponing their own needs in order to resolve a conflict or sexual problem, particularly when in a committed long-term relationship. Therefore, the sexual difficulty is solved rapidly and effectively, and there is concern for both the individual and the partner, leading to maintained or even heightened sexual functioning.

In their meta-analysis, Allen and Walter (2018) reported that Neuroticism was negatively related to sexual functioning in both men and women, while Extraversion, Openness to Experience, and Conscientiousness were all positively related to sexual functioning. However, the relationship between personality and sexual functioning was shown to be moderated by other dimensions, such as cognitive factors (sexual beliefs, cognitive schemas; Nobre, 2010; Quinta-Gomes & Nobre, 2012) and relationship factors (relationship satisfaction; McNulty, Wenner, & Fisher, 2016; Pascoal, 2012).

As exposed above, personality configures one of the potential psychological factors influencing sexual functioning, and particularly erectile functioning. Within the FFM of personality, high scores of Neuroticism have been associated with more sexual difficulties and its higher severity, while Extraversion, Conscientiousness, and Openness to Experience were associated with the decreased experience of sexual difficulties. However, similar to age, personality cannot be considered a sole contributor to sexual problems, and both dimensions should be tested together in order to assess each one's contribution to erectile functioning.

2.2. Relationship Satisfaction

Relationship satisfaction can be defined as one's subjective appreciation of the quality of the relationship (Narciso & Ribeiro, 2009). Following the Interpersonal Exchange Model of Sexual Satisfaction (IEMSS; Byers, 1999), which the GMREL instrument was based on, exchange models analyze what partners put into and get out of relationships, and this social exchange model can be used to, in turn, predict relationship satisfaction. In other words, the global evaluation of the relationship is made through analysis of the negative and positive factors of the relationship (Pascoal, Oliveira, & Raposo, 2015). Narciso and Ribeiro (2009) proposed, in turn, that there are three core domains that influence one another, as well as relationship satisfaction: a centripetal domain, referring to the processes that emerge from the relationship, such as affective (e.g., intimacy, commitment), cognitive (e.g., expectations and other perceptions) and operative processes (e.g., finances, communication, conflict management); a centrifugal domain, referring to contextual (e.g., employment, children and other family) and individual factors (e.g., personality, age, sex); and lastly, a family life trajectory domain, referring to the length of the relationship, relationship status, as well as normative (e.g., transitioning to parenthood) or non-normative events (e.g., divorce, remarriage, unemployment).

It would seem that sexual and relationship satisfaction have a bidirectional relationship, in which setbacks or conflicts in the relationship may hinder sexual functioning, and vice-versa (Brotto et al., 2016; McNulty, Wenner, & Fisher, 2016). Additionally, male performance anxiety may also be associated with relationship satisfaction, as "being a good sexual partner is an important goal in the relationship for the male partners" (Yoo et al., 2014).

Personality has been shown to constitute an important predictor of the quality of the relationships among partners. As explained by Roberts and collaborators (2007), personality can impact a relationship through three processes: it can influence one's exposure to relationship events, how one reacts to a partner's behaviors, and evoke behaviors from the partner that can be detrimental to the relationship. In their study, Velten and collaborators (2018) found that relationship satisfaction was a strong predictor of sexual functioning, suggesting that personality could indirectly impact sexual functioning through the influence of relationship satisfaction. However, there is a scarcity of studies designed to test this relationship, particularly for erectile functioning.

Relationship satisfaction has been shown to be related to personality and sexual functioning, however, this association has not been sufficiently investigated, nor has it been explored using a biopsychosocial framework. The present study aims to bridge this gap and offer a contribution to the study of the relationship of these variables.

3. Objectives and Hypotheses

Despite the interest in researching the association between personality and sexual functioning, particularly erectile functioning, there are not many studies available on this topic, and most studies have focused mainly on Neuroticism and other psychological factors associated with this domain (e.g., negative affect, depression, and anxiety), and disregarded other important dimensions involved, such as relationship factors. For this reason, the objective of the present study was to contribute to the existing literature by providing a better understanding of how age, personality dimensions, and relationship satisfaction are associated with erectile functioning. By adopting a biopsychosocial perspective, we also aimed to test the predicting role of age, personality factors, and relationship satisfaction on erectile functioning and answer the research question: "What is the predictive effect of age, personality dimensions, and relationship satisfaction on erectile functioning when tested together?". With this study, we expect to contribute to a better understanding of the different dimensions affecting erectile function that may be relevant for a future refinement of the assessment and intervention protocols in clinical settings.

Considering the existing literature, this study aims to test the following research hypotheses:

1. Age is expected to be negatively and significantly correlated with erectile functioning and will constitute a significant and negative predictor of erectile function.

2. Neuroticism is expected to be negatively and significantly correlated with erectile functioning and will constitute a significant and negative predictor of that dimension, while Extraversion and Conscientiousness will be significantly and positively correlated with erectile functioning, and will constitute significant and positive predictors of erectile function.

3. Relationship satisfaction is expected to be positively and significantly correlated with erectile functioning, and to constitute a significant and positive predictor of erectile functioning.

4. When tested together using a biopsychosocial framework, age, personality dimensions as Neuroticism, and relationship satisfaction are expected to be significant predictors of erectile functioning.

Method

1. *Participants*

The sample consisted of 167 men from the community, ranging from 18 to 59 years old (*M*=26.98, *SD*=7.88) (Table 1). Inclusion criteria included being 18 years or older and capacity to give informed consent.

2. *Procedures*

This study was part of a global project aimed at investigating the role of vulnerability dimensions for ED and was approved by the Ethical Board of the Faculty of Psychology and Education Sciences of the University of Porto. Participants were recruited through advertisements on university campuses and in clinics around the country (convenience sample). Participants were directly contacted by the author and informed about the objectives of the study, the guarantee of anonymity and confidentiality of the responses and data protection, and the possibility of withdrawing from the study at any time. Participants who agreed to voluntarily participate in the study signed an informed consent and were provided with the assessment protocol, to which they responded anonymously and autonomously in a private room and returned it to the research team in a sealed envelope. Participants were not paid for their participation.

3. *Instruments*

Sociodemographic Information and Clinical History

The Sociodemographic and Clinical History Form (FSD-HMS; Quinta-Gomes & Nobre, 2010) was used to collect participants' information such as age, marital status, education, sexual orientation, frequency of current sexual activity, current relationship status and its duration, current number of sexual partners, substance use, previous history of sexual abuse and history of medical and psychological illness.

International Index of Erectile Function

The *International Index of Erectile Function* (IIEF) is a brief self-report questionnaire developed by Rosen and collaborators (1997) with 15 items evaluating male sexual functioning regarding erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction. The psychometric tests for the original version of the

instrument showed that it has a good internal consistency (Cronbach's *alpha* was .73 or higher) and temporal consistency (test-retest reliability varying between r = .64 and r = .84) in all subscales. The Portuguese version, adapted by Quinta-Gomes and Nobre (2012), also showed good psychometric properties (Cronbach's *alpha* varying between .72 and .86, test-retest reliability varying between r = .14 and r = .90). Both versions were also shown to be able to differentiate between clinical and control groups (good discriminant validity). In the current study, the dimension of erectile function was used and the Cronbach's alpha found for this dimension was .90.

NEO Five-Factor Inventory

The *NEO Five Factor Inventory* (NEO-FFI; Costa & McCrae, 1992) is a short version of the *NEO Personality Inventory Revised* (NEO-PI-R) comprised of 60 items total, 12 items per factor, and the answer scale ranges from 1 to 5 (or "Strongly disagree" to "Strongly agree"). This version of the NEO Inventory, in the original studies, presented a good level of consistency, with Cronbach's *alpha* varying between .86 and .95, as well as a good level of validity, discriminant validity and test-retest reliability (with r varying between .63 and .81) (McCrae & Costa, 2004). The Portuguese version of the NEO-FFI scale was adapted by Magalhães and collaborators (2014), and was shown to have good levels of consistency, with Cronbach's *alpha* varying between .69 and .81. The Cronbach's alpha found for this study ranged from .53 to .85.

Global Measure of Relationship Satisfaction

The *Global Measure of Relationship Satisfaction* (GMREL) is a measure of relationship satisfaction developed from the *Interpersonal Exchange Model of Sexual Satisfaction* (IEMSS; In Pascoal, Oliveira, & Raposo, 2015). It consists of 5 items with a response scale ranging from 1 ("Bad", "Unpleasant", "Negative", "Unsatisfying" and "Worthless") to 7 ("Good", "Pleasant, "Positive", "Satisfying" and "Valuable"). In its original psychometric studies, it showed good validity (r = .70), test-retest reliability (2 weeks after the initial application: r = .84; 3 months after: r = .78) and internal consistency (Cronbach's *alpha*: .90). The Portuguese adaption used 3 different samples (community, clinical and online sample), showing good validity (r = .79, r = .84 and r = .78, respectively), discriminant validity (r = -.02, r = -.02 and r = -.22, respectively) and fidelity (Cronbach's *alpha*: .95, .95 and .96, respectively) (Pascoal, Oliveira, & Raposo, 2015). The Cronbach's alpha found for this study was .94.

4. Statistical Procedures

For this study, different statistical procedures were employed. For all procedures, significance was considered when *p* values were equal or lower than 0.05 at 95% confidence intervals. Bonferroni correction was used for correlations and hierarchical regressions analyses whenever applicable.The software program IBM SPSS Statistics was used for this study.

We first ran descriptive and frequency analyses, followed by correlation analyses. These correlations used each variable (age, personality factors, relationship satisfaction) separately and analyzed their association with erectile functioning. Correlations were classified following The BMJ (2024), wherein "[...] for absolute values of *r*, 0-0.19 is regarded as very weak, 0.2-0.39 as weak, 0.40-0.59 as moderate, 0.6-0.79 as strong and 0.8-1 as very strong correlation". We also applied the Bonferroni correction whenever applicable.

Finally, hierarchical regression analyses were conducted to test our prediction model. The regression used three blocks of variables: the first block, Model 1, tested age as a potential predictor of erectile functioning; in the second block, Model 2, personality dimensions with significant correlations with erectile functioning were introduced in addition to age to test its individual contribution in predicting erectile functioning; and the third and final block, Model 3, included relationship satisfaction to the analyses.

Results

1. Characterization of the Sample

The sample consisted of 167 men from the community, ranging from 18 to 59 years old (*M*=26.98, *SD*=7.88) (Table 1). Most of the participants were single (75.4%), identified as heterosexual (98.8%) and had completed higher education (46.7%). Participants reported a mean relationship duration of 5.9 years. Participants also reported an average of two sexual partners and that sexual activity happened around four times a week on average (Tables 1 and 2).

Regarding erectile functioning, our sample scored on average 26.58 on the erectile function domain of the IIEF. As for personality, this sample presented a mean score of 1.81 for Neuroticism, 2.50 for Extraversion, 2.27 for Openness to Experience, 2.46 for Agreeableness, and 2.59 for Conscientiousness (Table 3). In terms of relationship satisfaction, the sample score was, on average, 28.16.

Table 1.

Descriptive statistics of sample characteristics.

	N	Mean	Standard Deviation	Min.	Máx.
Age (years)	166	26.98	7.88	18	59
Relationship duration (years)	124	5.91	6.57	1	38
Number of partners	166	2.02	0.63	1	4
Frequency of sexual activity (per week)	166	4.43	1.17	1	6

Table 2.

Frequencies of sample characteristics.

		Frequency	Percentage
Civil Status	Single	126	75.4

	Married/De facto union	34	20.4
	Divorced/Separated/Widowed	6	3.6
Education	First cycle (grades 1 to 4)	4	2.4
	Second cycle (grades 5 and 6)	1	0.6
	Third cycle (grades 7 to 9)	16	9.6
	Upper secondary (grades 10 to 12)	67	40.1
	Higher education	78	46.7
Sexual orientation	Heterosexual	165	98.8
	Homosexual	1	0.6

Table 3.

Descriptive statistics of erectile functioning, personality, and relationship satisfaction.

	Mean	Standard Deviation	Range

	Erectile function (IIEF)	26.58	4.55	8-30
Personality (NEO-FFI)	Neuroticism	1.81	0.67	0.33-3.42
	Extraversion	2.50	0.55	0.92-3.58
	Openness to Experience	2.27	0.53	0.83-3.58
	Agreeableness	2.46	0.37	1.50-3.58
	Conscientiousness	2.59	0.56	1.17-3.92
	Relationship Satisfaction (GMREL)	28.16	5.95	8-35

2. *Correlations between age, personality dimensions, relationship satisfaction, and erectile functioning*

Pearson's correlations were performed for age, personality dimensions, and relationship satisfaction, and are displayed in Table 4. Age and erectile functioning showed a weak, negative and statistically significant correlation (r=-.38, p<.001). Pearson's correlations between personality dimensions and erectile function were also performed. Neuroticism was shown to be moderately and negatively correlated with erectile functioning (r=-.49, p<.001), while Extraversion (r=.35, p<.001) and Openness to Experience (r=.37, p<.001) were both weakly and positively correlated to erectile functioning. Agreeableness (r=.22, p=.004) showed a positive and significant correlation with erectile functioning, but the strength of the association was weak. After Bonferroni correction, Conscientiousness dimension (r=.20, p=.011) lost its statistical significance. Finally, relationship satisfaction was found to be moderately and positively correlated (r=.42, p<.001) to erectile functioning.

Table 4.

Pearson's correlations.

		Erectile functioning	
		Pearson Correlation	Sig.
Age (years)		-0.384**	<.001
Personality (NEO-FFI)	Neuroticism	-0.491**	<.001
	Extraversion	0.346**	<.001
	Openness to Experience	0.367**	<.001
	Agreeableness	0.222*	0.004
	Conscientiousness	0.197	0.011
Relationship Satisfaction (GMREL)		0.416**	<.001

**p<.001; *p<.01

Statistical significance according to Bonferroni Correction when applicable (Personality dimensions).

3. Predictors of Erectile Functioning

The hierarchical regression showed all models to be significant (Table 5).

In step 1 (Model 1), age was included as an independent variable and showed its ability to negatively predict erectile functioning (b=-.39, t=-5.36, p<.001). This model was statistically significant and alone explained 14.5% of the variance [F(1, 162)=28.71, p<.001, R^2=.15; Table 5].

Step 2 (Model 2) [F(5, 158)=16.06, p<.001, R^2=.19] added personality dimensions to the analyses and showed that age (b=-.25, t=-3.71, p<.001) and Neuroticism (b=-35, t=-3.79, p<.001) together predicted erectile functioning. Both age and Neuroticism constituted negative predictors of erectile functioning. Openness to Experience (b=0.16, t=2.22, p=0.028) was initially a positive and significant predictor of erectile functioning, however, significance was lost after applying the Bonferroni correction. This model explained 31.6% of the variance (Table 5) and the variance change (17.1%) was significant (R^2 = .337, ΔR^2 = .186, p<.001).

Step 3 (Model 3) [F(1, 157)=15.08, p<.001, R^2=.03] added relationship satisfaction and showed that the previous variables remained significant, and relationship satisfaction (b=.20, t=2.66, p=.01) was a significant and positive predictor of erectile functioning. After applying the Bonferroni correction to this final model, both Openness to Experience (b=0.16, t=2.24, p=0.027) and relationship satisfaction lost their significance, but the overall model remained statistically significant (Table 5). This model explained 34.1% of the variance and the variance change (2.5%) was significant (R^2 = .366, ΔR^2 = .029, p=.009).

Table 5.

Hierarchical regression model (R, F, significance values).

Model	R Square	Adjusted R Square	F	Sig.
Model 1	0.151	0.145	28.712***	<.001
Model 2	0.337	0.316	16.058***	<.001
Model 3	0.366	0.341	15.079***	<.001

****p*<.001; ***p*<.05; **p*<.01

Table 6.

Hierarchical regression model (beta, t, significance values).

Model	Beta	*t*	Sig.
Model 1 Age	-0.39	-5.36***	<.001
Model 2 Age	-0.25	-3.71***	<.001

Neuroticism	-0.35	-3.79***	<.001
Extraversion	0.03	0.34	0.735
Openness to Experience	0.16	2.22	0.028
Agreeableness	-0.01	-0.19	0.851
Model 3 Age	-0.21	-3.07**	0.003
Neuroticism	-0.29	-3.17**	0.002
Extraversion	0.03	0.30	0.768
Openness to Experience	0.16	2.24	0.027
Agreeableness	-0.05	-0.66	0.511

Relationship satisfaction	0.20	2.66	0.009

***p<.001; **p<.008; *p<.01; Statistical significance according to Bonferroni Correction applied to Models 2 and 3

Discussion

As extensively demonstrated in previous studies, erectile functioning is influenced by a number of factors (Velten et al., 2018). Biological, psychological and social dimensions have been shown to influence erectile functioning (Velten et al., 2018; Quinta-Gomes, 2012). The present study aimed to test the effect of age, personality dimensions, and relationship satisfaction on erectile functioning, using a biopsychosocial framework.

Our first hypothesis aimed to test the role of age in erectile functioning. In accordance with previous studies, our results showed age to be significantly and negatively correlated with erectile functioning and regression analyses indicated age to constitute a significant and negative predictor of erectile functioning. As extensively reported in the literature, erectile function tends to decline as men grow older (e.g., Chung, 2019). The expected physiological changes occurring with age, along with associated comorbidities (e.g., cardiovascular diseases, diabetes) and medications, may contribute to this decrease and hinder erectile functioning. Chung (2019) stated that polypharmacy due to health complications is common in older adults, and drug interactions often cause sexual problems, alongside changes in the blood flow, hormonal pathways, and muscle tissues.

Our second hypothesis was related to personality factors following the FFM (Costa & McCrae, 1992a, 1992b), where we expected Neuroticism to be significantly and negatively correlated, as well as to constitute a significant and negative predictor of erectile functioning, while Extraversion and Conscientiousness were expected to be significantly and positively correlated with erectile functioning and in predicting it. The results were in line with our initial expectations regarding Neuroticism and indicated that higher scores in the Neuroticism dimension were associated with decreased erectile functioning. These findings suggest that men with more anxious and insecure propensities are more vulnerable to experiencing difficulties in sexual functioning. This association has been extensively documented in previous literature, with studies showing that high Neuroticism can lead to decreases in sexual responses, such as performance anxiety (Allen & Walter, 2018; Quinta-Gomes, 2012) and negative self-assessment (Jirjahn & Ottenbacher, 2023). In addition, as expected, higher scores in Extraversion were associated with higher levels of erectile functioning. This result corroborates previous studies indicating that Extraversion is associated with higher sexual satisfaction, higher frequency of sexual activity, and more positive perceptions about being a good sexual partner (Jirjahn & Ottenbacher, 2023), as well as with lower sexual dysfunction

(Allen & Walter, 2018). Campos, Wittmann, and Costa (2021) proposed that this association may be due to higher Extraversion increasing the chances of a better mood. Indeed, people with higher Extraversion scores tend to be more sociable and active, displaying a high level of energy, cheerfulness, and optimism (Costa & McCrae, 1992a). Furthermore, these people also tend to be more willing to improve sexual communication by expressing their own preferences and needs, as well as fulfilling their partner's sexual desires and needs, which in turn contributes to a mutually beneficial and enjoyable sexual life (Jirjahn & Ottenbacher, 2023). However, when tested together along with age, Extraversion was not predictive of erectile functioning. In addition, Conscientiousness also lost its significance after the Bonferroni corrections. This result was not unexpected as existing literature shows that this personality dimension has been more associated with relationships and how individuals interact with one another rather than with erectile functioning (Allen & Walter, 2018; Quinta-Gomes, 2012). Future studies should include other relational dimensions, such as sexual communication, to better explore and understand the intricacies and influence of these variables on sexual functioning.

Our third hypothesis tested the association between relationship satisfaction and erectile functioning. The results showed that men who were more satisfied with their relationship presented higher levels of erectile functioning. However, there was no such effect when relationship satisfaction was considered alongside age and personality dimensions, as the significance level for this factor was slightly higher than the threshold defined by the Bonferroni correction. Still, relationship satisfaction is relevant for sexual arousal, as indicated in previous studies (Brotto et al., 2016; McNulty, Wenner, & Fisher, 2016). Future studies should include more diverse samples in order to test for this relationship.

Finally, another hypothesis of this study explored the effects of the previous factors when considered together as a model. As we have been presenting, the results showed that the erectile functioning of the men in our sample was suggested to be influenced by these dimensions, which interact and influence one another. When tested together, the most prominent factors in our model were age and Neuroticism. These findings may reflect the negative impact of age on erectile functioning, but also the impact of dispositional vulnerability to experience negative mood and distress, and possibly reflecting insecurity as a sexual partner, as well as reluctance in exploring new aspects of sexuality (Velten et al., 2018; Yoo et al., 2014). Despite the loss of significance for relationship satisfaction, the model as a whole remained significant, showing that it may be important to take relationship satisfaction

and other contextual factors into account, particularly regarding the current state of social factors and relationships, be it romantic or sexual in nature. Similarly to how personality heightens the effects of age, relationship satisfaction seems to have the same effect regarding erectile function. These results can point to a possible buffering effect of relationship satisfaction, but future studies are needed to draw more robust conclusions. The importance of considering the effects of these dimensions together is clear and may have important clinical implications on the assessment and intervention on sexual problems. Future studies should further explore these topics.

Despite the findings presented, this study has some limitations. One of the limitations regards the lack of men with diverse sexual orientations in our sample. Our sample consisted of men who self-identified as heterosexual, and future studies must assess the effects of the variables under study in men with sexual diversity. In line with this, it would also be interesting and important to study these men with gender diversity (e.g., transexual and intersex populations). Similarly, it would be important to test other dimensions, such as the impact of the number of sexual partners and the frequency of sexual activity in sexual functioning. The duration of the relationship can impact relationship satisfaction, thus, a study exploring the influence of relationship duration on sexual functioning would be equally interesting and important. Paired with relationship satisfaction, sexual satisfaction is also an important variable that should be considered in future research. It would also be important for future studies to take cognitive dimensions (such as body awareness, body image, self-confidence, performance anxiety, rumination, amongst others) into account, as they can be moderating and/or mediating variables of erectile and general sexual functioning, and were not included in the present study. Finally, it would be important to study how these factors impact sexual functioning in women as well. It is also important to note that this study used self-report instruments which could introduce bias in the self-rating responses of participants.

Despite the limitations of this study, our findings have important implications. Firstly, despite losing its significance, we can consider relationship satisfaction to be an important topic to explore in further research. As mentioned before, it may be the case that this factor was not relevant in this sample, but will be so in different and more inclusive samples. If this is proven true, then such results would have implications on clinical practice as well, showing that approaching sexual functioning issues from a couples therapy point of view may help achieve better results for the client, for example.

Second, the regression model, which was designed to fit the biopsychosocial framework, was shown to be significant in this study, further supporting the vast previous literature showing sexual functioning has a biopsychosocial character. In other words, these findings offer additional evidence to the need to tackle sexual functioning needs from a multidisciplinary perspective, where the biological, psychological, and social aspects of the client's difficulties have to be taken into account for a more efficient, personalized, and effective solution.

In a clinical setting, these results may also help provide a more personalized approach to the intervention process. Alongside the possibility of including a partner in the therapeutic process due to the relevance of relationship factors, an evaluation of personality traits may also provide helpful insight to the therapist on how to better support the client. Existing literature has shown the relevance of personality assessment for general therapeutic settings. For example, Miller (1991) reported that individuals with higher levels of Agreeableness were more open to an immediate and long-lasting therapeutic alliance. Based on the present study, as well as existing literature on the influence of personality on sexual function, we can draw similar conclusions. For example, clients with high Neuroticism levels will likely display doubts about their own sexual performance, low self-confidence, and, consequently, high distraction during sexual activity (Nobre, 2006, 2010). By assessing personality in the early stages of therapy, the healthcare provider will know what to expect during therapy and be able to better prepare and mobilize resources to support the client. It may also be relevant to take the different facets of each domain into account for a more in-depth assessment.

Overall, this study points to the importance of raising awareness and educating men about the impact of age and normative periods of transition in life on bodily functions, particularly sexual and erectile functioning. There is also evidence of the impact of personality traits, social, and contextual factors. On the one hand, people with higher Neuroticism scores tend to develop performance anxiety, negative cognitive schemas, and negative affect, amongst others, which may hinder the achievement of the desired erectile response. On the other hand, this difficulty will further hinder future sexual encounters where a particular erectile response is expected, turning this into a recurring cycle. As mentioned previously, relationship factors can have a protective or buffering effect on difficulties, thus making for an important asset in the clinical context.

Conclusion

This study aimed to understand the influence of age, personality traits, and relationship satisfaction on erectile functioning of men by adopting a biopsychosocial view of sexual functioning. Consistent with previous research, we found that age and Neuroticism were significant negative predictors of erectile functioning, while relationship satisfaction was initially correlated with better erectile functioning, though its significance was lost when considered with age and personality. Our results provided support for and highlight the influence of biological, psychological, and social aspects, making for an important piece of evidence for this framework. Sexual functioning and sexual health must be seen as multifaceted phenomenons that are influenced by multiple factors of different natures. Only by adopting this perspective can we provide better support and help to people who suffer from sexual difficulties and dysfunction, particularly through a clinical context, but also by raising awareness and educating towards a more comprehensive approach. Future research should explore more diverse populations and additional variables, such as cognitive dimensions, for a better understanding of erectile functioning.

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Appendix A.

Consentimento Informado

Os questionários que se seguem fazem parte de um Projecto de Doutoramento em Psicologia da Universidade de Trás-os-Montes e Alto Douro/Unidade Laboratorial de Investigação em Sexualidade Humana - Universidade de Aveiro.

Pedimos-lhe o favor de preencher os questionários, assegurando que não deixa nenhuma questão por responder. Não há respostas certas nem erradas, pedimos apenas que responda com a maior **sinceridade** e que assinale as respostas que melhor traduzem a sua realidade.

As respostas são **anónimas** e **confidenciais**, e servem apenas para fins estatísticos. No final do estudo os dados serão totalmente destruídos. É livre de desistir do estudo a qualquer momento, caso seja esse o seu desejo.

Depois de preenchidos, deverá colocar os questionários no **envelope** que foi destinado para o efeito e devolvê-lo à Investigadora, devidamente **selado**.

Por favor, não coloque o seu nome ou outro dado que o identifique em qualquer parte dos questionários.

Agradecemos desde já a sua preciosa colaboração.

Aceito participar neste estudo: □ Sim □ Não

Data: ……

Appendix B.

Questionário Sócio-Demográfico

Ana Luísa Quinta Gomes, & Pedro Nobre

Idade: …… anos

Estado Civil: □ Solteiro □ Casado □ União de Facto □ Divorciado

□ Separado □Viúvo

Caso mantenha uma relação com um companheira/o, há **quanto tempo** dura? ….…… **anos**.

Habilitações Literárias:

□ 1º Ciclo (até 4ª Classe) □ 2º Ciclo (5º e 6º Ano) □ 3º Ciclo (7º, 8º e 9º Ano)
□ Secundário (10º, 11º e 12º ano) □ Licenciatura/Mestrado
□ Outro .....

Problemas psiquiátricos (anteriores ou actuais) diagnosticados por médico ou psicólogo:

□ Depressão □ Doença Bipolar □ Ansiedade □ Esquizofrenia

□ Dependência de Drogas □ Alcoolismo
□ Outro: …….....…….

Ano do diagnóstico: …….....……. (por exemplo, 2001)

Orientação Sexual:

□ Heterossexual □ Homossexual □ Bissexual

Número de parceiros sexuais actuais:

□ Nenhum □ Um parceiro sexual □ Dois parceiros sexuais

□ Múltiplos parceiros sexuais

Frequência de actividade sexual (qualquer prática sexual):

□ Nenhuma □ Raramente □ 1 vez por mês □ 2/3 vezes por mês

□ 1/3 vezes por semana □ Quase sempre

Alguma vez foi vítima de abuso sexual? □ Sim □ Não

É consumidor de:

Tabaco: □ Sim □ Não **Quantidade por dia:** .....

Álcool: □ Sim □ Não **Quantidade por dia:** .....

Outras drogas (haxixe, cocaína, etc): □ Sim □ Não **Qual:** .....

Quantidade por dia: .....

Apresenta alguma das seguintes situações ou toma algum tipo de **medicação** para:

□ Tensão Arterial Elevada □ Diabetes □ Colesterol □ Problemas Cardíacos

□ Doença Neurológica □ Deficiência de Hormonas □ Problemas Urológicos

□ Acidente Vascular Cerebral □ Cancro □ Problemas na Coluna

□ Ansiedade □ Depressão □ Outros: …….....…….....

Alguma vez procurou ajuda para dificuldades sexuais (ex: Viagra, Terapia Sexual, etc.)?

□ Sim □ Não **Qual?** ..... …….....……

Há **quanto tempo** duram as suas dificuldades sexuais? .....meses.

Considera que a sua companheira/o actual apresenta algum tipo de dificuldade ou problema sexual?

□ Sim □ Não **Qual?** ..... …….....……

Appendix C.

ÍNDICE INTERNACIONAL DE FUNÇÃO ERÉCTIL

(IIEF; Rosen et al., 1997, traduzido e adaptado por Pedro Nobre, 2001)

Coloque uma cruz na resposta que mais se adequa à sua situação, tendo em conta as **últimas quatro semanas**

1. Com que frequência foi capaz de conseguir uma erecção durante a sua actividade sexual ?
- ❑ 0-Não tive actividade sexual
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais de metade das vezes)
- ❑ 5-Quase sempre/sempre

2. Quando teve erecções com estimulação sexual, qual a frequência em que estas erecções foram suficientemente rígidas para permitir a penetração ?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais metade das vezes)
- ❑ 5-Quase sempre/sempre

3. Quando tentou ter relações sexuais, quantas vezes foi capaz de penetrar a sua companheira ?
- ❑ 0-Não tentei ter relações sexuais
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais de metade das vezes)
- ❑ 5-Quase sempre/sempre

4. Durante as relações sexuais, quantas vezes foi capaz de manter a sua erecção depois de ter penetrado a sua companheira ?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais de metade das vezes)
- ❑ 5-Quase sempre/sempre

5. Durante as relações sexuais, qual a dificuldade que teve para manter a sua erecção até ao fim da relação sexual ?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Extrema dificuldade
- ❑ 2-Muita dificuldade
- ❑ 3-Dificuldade moderada
- ❑ 4-Ligeira dificuldade
- ❑ 5-Nenhuma dificuldade

6. Quantas vezes tentou ter relações sexuais ?
- ❑ 0-Não tentei
- ❑ 1-Uma a duas tentativas
- ❑ 2-Três a quatro tentativas
- ❑ 3-Cinco a seis tentativas
- ❑ 4-Sete a dez tentativas
- ❑ 5-Onze ou mais tentativas

7. Quando tentou ter relações sexuais, qual a frequência com que se sentiu satisfeito
- ❑ 0-Não tentei ter relações sexuais
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais metade das vezes)
- ❑ 5-Quase sempre/sempre

8. Qual o grau de satisfação que teve com as suas relações sexuais ?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Nenhuma satisfação
- ❑ 2-Pouca satisfação
- ❑ 3-Satisfação moderada
- ❑ 4-Grande satisfação
- ❑ 5-Muito grande satisfação

9. Quando teve estimulação sexual ou relações sexuais, com que frequência ejaculou ?
- ❑ 0-Não tive estimulação/relações sexuais
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais de metade vezes)
- ❑ 5-Quase sempre/sempre

10. Quando teve estimulação sexual ou relações sexuais, com que frequência teve a sensação de orgasmo ou clímax ?
- ❑ 0-Não tive estimulação/relações sexuais
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais metade vezes)
- ❑ 5-Quase sempre/sempre

11. Com que frequência sentiu desejo sexual ?
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes
- ❑ 3-Algumas vezes
- ❑ 4-A maior parte das vezes
- ❑ 5-Quase sempre/sempre

12. Como classifica o seu desejo sexual ?
- ❑ 1-Muito baixo/nenhum
- ❑ 2-Baixo
- ❑ 3-Moderado
- ❑ 4-Elevado
- ❑ 5-Muito elevado

13. Qual a sua satisfação com a sua vida sexual em geral ?
- ❑ 1-Grande insatisfação
- ❑ 2-Insatisfação moderada
- ❑ 3-Igualmente satisfeito e insatisfeito
- ❑ 4-Satisfação moderada
- ❑ 5-Grande satisfação

14. Qual a sua satisfação com o relacionamento sexual com a sua parceira ?
- ❑ 1-Grande insatisfação
- ❑ 2-Insatisfação moderada
- ❑ 3-Igualmente satisfeito e insatisfeito
- ❑ 4-Satisfação moderada
- ❑ 5-Grande satisfação

15. Qual a confiança que tem em conseguir atingir e manter uma erecção ?
- ❑ 1-Muito baixa
- ❑ 2-Baixa
- ❑ 3-Moderada
- ❑ 4-Elevada
- ❑ 5-Muito elevada

16. Quando teve erecções com estimulação sexual qual o grau de dificuldade que teve para atingir o orgasmo ?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Extrema dificuldade
- ❑ 2-Muita dificuldade
- ❑ 3-Dificuldade moderada
- ❑ 4-Ligeira dificuldade
- ❑ 5-Nenhuma dificuldade

17. Qual o seu nível de satisfação com a sua capacidade para atingir o orgasmo durante a actividade sexual ?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Nenhuma satisfação
- ❑ 2-Pouca satisfação
- ❑ 3-Satisfação moderada
- ❑ 4-Grande satisfação
- ❑ 5-Muito grande satisfação

18. Durante as relações sexuais, com que frequência ejaculou sem o desejar, antes ou logo após a penetração?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Quase nunca/nunca
- ❑ 2-Poucas vezes (muito menos de metade das vezes)
- ❑ 3-Algumas vezes (cerca de metade das vezes)
- ❑ 4-A maior parte das vezes (muito mais metade das vezes)
- ❑ 5-Quase sempre/sempre

19. Durante as relações sexuais qual a dificuldade que teve para controlar a sua ejaculação ?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Extrema dificuldade
- ❑ 2-Muita dificuldade
- ❑ 3-Dificuldade moderada
- ❑ 4-Ligeira dificuldade
- ❑ 5-Nenhuma dificuldade

20. Qual o seu nível de satisfação com a sua capacidade para controlar a ejaculação durante a actividade sexual?
- ❑ 0-Não tive relações sexuais
- ❑ 1-Nenhuma satisfação
- ❑ 2-Pouca satisfação
- ❑ 3-Satisfação moderada
- ❑ 4-Grande satisfação
- ❑ 5-Muito grande satisfação

MUITO OBRIGADO PELA COLABORAÇÃO

Appendix D.

NEO-FFI Lima & Simões (2000)

Leia cuidadosamente cada uma das afirmações que se seguem e assinale com uma cruz o que melhor representa a sua opinião. Responda a todas as questões.

Discordo Fortemente 0	**Discordo 1**	**Neutro 2**	**Concordo 3**	**Concordo Fortemente 4**

	0	**1**	**2**	**3**	**4**
1. Não sou uma pessoa preocupada.					
2. Gosto de ter muita gente à minha volta.					
3. Não gosto de perder tempo a sonhar acordado(a).					
4. Tento ser delicado com todas as pessoas que encontro.					
5. Mantenho as minhas coisas limpas e em ordem.					
6. Sinto-me muitas vezes inferior às outras pessoas.					
7. Rio facilmente.					
8. Quando encontro uma maneira correcta de fazer qualquer coisa não mudo mais.					
9. Frequentemente arranjo discussões com a minha família e colegas de trabalho.					
10. Sou bastante capaz de organizar o meu tempo de maneira a fazer as coisas dentro do prazo.					
11. Quando estou numa grande tensão sinto-me, às vezes, como se me estivessem a fazer em pedaços.					
12. Não me considero uma pessoa alegre.					
13. Fico admirado(a) com os modelos que encontro na arte e na natureza.					
14. Algumas pessoas pensam que sou invejoso(a) e egoísta.					
15. Não sou uma pessoa muito metódica (ordenada).					
16. Raramente me sinto só ou abatido(a).					

17. Gosto muito de falar com as outras pessoas.					
18. Acredito que deixar os alunos ouvir pessoas, com ideias discutíveis, só os pode confundir e desorientar.					
19. Preferia colaborar com as outras pessoas do que competir com elas.					
20. Tento realizar, conscienciosamente, todas as minhas obrigações.					
21. Muitas vezes sinto-me tenso(a) e enervado(a).					
22. Gosto de estar onde está a acção.					
23. A poesia pouco ou nada me diz.					
24. Tendo a ser descrente ou a duvidar das boas intenções dos outros.					
25. Tenho objectivos claros e faço por atingi-los de uma forma ordenada.					
26. Às vezes sinto-me completamente inútil.					
27. Normalmente prefiro fazer as coisas sozinho(a).					
28. Frequentemente experimento comidas novas e desconhecidas.					
29. Penso que a maior parte das pessoas abusa de nós, de as deixarmos.					
30. Perco muito tempo antes de me concentrar no trabalho.					
31. Raramente me sinto amedrontado(a) ou ansioso(a).					
32. Muitas vezes, sinto-me a rebentar de energia.					
33. Poucas vezes me dou conta da influência que diferentes ambientes produzem nas pessoas.					
34. A maioria das pessoas que conheço gostam de mim.					
35. Trabalho muito para conseguir o que quero.					
36. Muitas vezes aborrece-me a maneira como as pessoas me tratam.					
37. Sou uma pessoa alegre e bem disposta.					
38. Acredito que devemos ter em conta a autoridade religiosa quando se trata de tomar decisões respeitantes à moral.					
39. Algumas pessoas consideram-me frio(a) e calculista.					
40. Quando assumo um compromisso podem sempre contar que eu o cumpra.					
41. Muitas vezes quando as coisas não me correm bem perco a coragem e tenho vontade de desistir.					

42. Não sou um(a) grande optimista.					
43. Às vezes ao ler poesia e ao olhar para uma obra de arte sinto um arrepio ou uma onda de emoção.					
44. Sou inflexível e duro(a) nas minhas atitudes.					
45. Às vezes não sou tão seguro(a) ou digno(a) de confiança como deveria ser.					
46. Raramente estou triste ou deprimido(a).					
47. A minha vida decorre a um ritmo rápido.					
48. Gosto pouco de me pronunciar sobre a natureza do universo e da condição humana.					
49. Geralmente procuro ser atencioso(a) e delicado(a).					
50. Sou uma pessoa aplicada, conseguindo sempre realizar o meu trabalho.					
51. Sinto-me, muitas vezes, desamparado(a), desejando que alguém resolva os meus problemas por mim.					
52. Sou uma pessoa muito activa.					
53. Tenho muita curiosidade intelectual.					
54. Quando não gosto das pessoas faço-lhe saber.					
55. Parece que nunca consigo ser organizado(a).					
56. Já houve alturas em que fiquei tão envergonhado(a) que desejava meter-me num buraco.					
57. Prefiro tratar da minha vida a ser chefe das outras pessoas.					
58. Muitas vezes dá-me prazer brincar com teorias e ideias abstractas.					
59. Se for necessário não hesito em manipular as pessoas para conseguir aquilo que quero.					
60.Esforço-me por ser excelente em tudo o que faço.					

Appendix E.

Medida Global de Satisfação Relacional

(GMREL; Lawrence & Byers, 1995; tradução e adaptação de Pascoal e Narciso, 2006)

Em geral, como descreveria a sua satisfação global com o/a seu/sua companheiro/a? Para cada par de palavras abaixo, circule o número que melhor descreve a sua relação como um todo.								
Muito boa	1	2	3	4	5	6	7	**Muito má**
Muito agradável	1	2	3	4	5	6	7	**Muito desagradável**
Muito positiva	1	2	3	4	5	6	7	**Muito negativa**
Muito satisfatória	1	2	3	4	5	6	7	**Muito insatisfatória**
Muito valiosa	1	2	3	4	5	6	7	**Sem valor**