

the interaction takes place [3].  
styles, barriers, characteristics (their attitudes and behavior) and conditions in which fundamental role is played by sexual maturity, verbal and non-verbal communication less stable interpersonal relationships between a man and a woman, within which a to the concept of pair bonding. To a certain extent both may be understood as more or in the literature as a „bond“. The term „barriers“, seems to be closer in meaning beyond capable of creating intimacy on different barriers. This is called as a program of various behavioral acts in a child-mindful way. When two adult be (erotic attachment) mainly in the context of parent-child relationships, defined it beyond as well as adult and children [1]. Bowlby [5], who studied bonding (which ing. As understood in psychology, a bond is an emotional relationship between adult. The Paper II discusses the issue of interpretive attachment of disadvantaged pair bond. In the present Paper I, its authors focus on the factors that constitute pair bonding.

## Introduction

homophobia, sexual abuse

Key words: pair bonding, the quality of sexuality, the number of sex partners,

sexually active.

one has had, the more one has been exposed to homophobia and the earlier one became more homophilic was the sexual abuse experienced, the greater the number of sexual partners experienced of sexual abuse, the assessed quality of the current pair bond is the worse, (5) the factors on this assessed quality are studied. Major findings include: (1) the stronger was the the assessment of the quality of sexual life and the influence of the four above-mentioned to homophobia, (4) the age at which one became sexually active. In the research pair, subject- number of sexual partners, (5) whether or not one was subject to sexual abuse, (3) exposition on pair bonding is presented. Four factors constituting pair bonding are discussed: (1) the between adults and some disadvantaged factors affecting the bonds. The literature review This is the first part of a project dealing with both a formation process of pair bonding

## Summary

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## The process of pair bonding formation – selected sexual factors

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- this may induce irrational and desperate searching for experiences needed for further and the earlier it is experienced and the stronger a misdirected drive begins to operate

A regularity is sometimes observed that the greater the deprivation of the needs, including those sharing the sexual bond to another human being.

The consequences of such experiences may lead to unmet and unfulfilled needs, they experienced [2], since these can be associated with impediments to satisfying search for biological/biological needs because of among other things, the abuse and neglect sexually and used the notion of „rejection“ as a key measure of sexual life [3]. People for their individualism e.g. Kinsey who excessively presented a biological approach to sexual functioning [4]. It is worth mentioning that several researchers were criticized negative influence on both bonding, partner also the overall growth of a person and their the following section of the article. The authors assume that the factors, which have possibly by the patients. A more detailed characteristic of those factors is presented in of the present paper consider them essential for therapy since they are raised spontaneously (which sometimes leads to the False Memory Syndrome). The authors they experience in the intimate sphere in adult life to experiences of sexual abuse in how and when they become sexually active. Many persons initially resist biological differences discussing their relationships easily that their previous partners and refer to (4) exposure to homophobia. Clinical observations indicate that patients usually no sexual partners, (5) the age at which one becomes sexually active, (3) sexual abuse, a disqualification and restricting effect on experiencing the bond: (1) the number of differences in both bonding formation and may, under a variety of circumstances, have value of therapy, the authors selected several sexual factors that are of potential relevance on previous sexual experiences. Based on clinical observations and the subjective experience of both bonding on the relationship with the current partner.

The authors of the present study have focused their attention on the effect of attention of pathological both bonding experienced in the past.

[41-48]. According to our information, however, no one has studied the process of in couples and families, which may be conceived of as a model of human behavior. ZLD [51-50]. There is a number of studies on both bonding in animals, in particular [14-50]. Numerous studies on sexual behavior and both bonding refer to AIDS and its relation with many aspects of the sexual relationship and the factors influencing it [10]. Biological [11] neurology [15] as well as psychology [13]. There are many studies, including biological research [9] that involves biological [1, 8], sociology [8], psychology in therapy the issue of both bonding has been considered to be an important area of a disqualification (or biological) bond is created [1].

well as mutual acceptance of both sides. If these are absent or impossible to achieve, marriage and stable both bond is always a result of reciprocity and deep involvement as bond in general, may be harmonious and mature or disharmonious and distorted. A one experience after the breakdown of the relationship). Creating a both bond, and any This concept is broader than that of relationship (which usually starts from what on biological, sexual, biological, social, cultural, spiritual, and religious grounds: a man and a woman that may be created, modified, and experienced by both partners

The concept of both bonding is understood in the current study as mutually between

for about two or three years that, in fact, is a natural guarantee that pregnancy will be in it' and in love with each other. A strong bond continues to make a form of passion

A bond under formation is stronger and lasts longer if both parties are interested formation together with potential threats:

In turn, Schwartz [21] and Mowley [22] described the following phases of bond the partner offers security from pain, rejection, violence, disrespect, and pain:

and images of previous partners to the current one – in order to attain a bond of love, from: for instance: love, sadness, anxiety, stress; 4) transfer of positive traits also make a personal non-sexual in character; 3) consent to sexual relationship resulting level; 5) recognition that, with all circumstances taken into account, the relationship can strengthen the feeling of identification with one's own sex and orientation on a certain willingness to be involved in the experience of a partner's fantasies or relationship which context. Levine [23] defines the following stages of sexual desire development: 1) the

Each person entering a relationship does so in his or her own best way. In this personal case or, as Winnicott put it, 'lack of a "sufficiently good mother," [20]

and a stable and intimate bond is a consequence of lack of experience of a desire in accord with his or her own, many researchers stress [21] that a person's inability to

and Winnicott's ideas [20], underlines the significance of relationships with parents, relation and individualization period (from 6 to 30 months): Sullivan's, 'Crawling', 'Klein's', importance - and for Maslow it is the symbolic period (from 3 to 6 months) and the 'Self-For-Born' [24] the period between the age of 18 months and five years is of particular

According to various researchers, early childhood is crucial for bond formation. Building mature relations [25]

of desire and need for intimacy in order to develop a pattern of heterosexual activity necessary for a bond formation. Sullivan spoke of complementary development just the opportunity to develop certain virtues such as love, and care which are the interpersonal one. According to Erikson at each of the eight stages of life span one from birth to death – Erikson from the biological point of view and Sullivan from feeling. Erikson and Sullivan distinguished and described stages of individuality life span since on others to the capacity for continuing contacts with others and coherent identity character is shaped from the age to the genital stage, passing from the stage of dependence. Freud passed his theory on individuality and heterosexual growth in which the individuality in the history of biological, sexual development stages theories were proposed.

### **Pair bonding formation**

and unnecessary pair bonds from the previous, biological or physiological relations. sexual intercourse and child functioning. It is then needed to attempt disqualification to protect traits of previous partners on the current one, which will affect both men in subordination. It may happen that if the person makes someone, she or he will often tend to be from the person's past, which may eventually result in frustration rather than bond may choose a partner who can be mutually satisfied a re-attachment of an unrequited need or may desire someone else. In long-lasting or short-term relationships, the growth. Unfortunately, in order to satisfy unmet needs, a person may be easily

variables on the process of creating the brain bond makes this study invaluable as essential ones from a clinical point of view. Exploration of the influence of those The authors, as mentioned before, have chosen the four factors. They are considered

### Description of the variables

or personally-related in character. In our work, we deal primarily with the sexual ones. makes clear that brain bonding is shaped by factors that are sexual, relational, emotional, and at which one becomes sexually active, physical practices and barriers. As this list role, dating, seeing each other, breaking off, erotic techniques, contraceptive methods, the Money [25] lists the following erotic aspects of bonds: attracting attention, falling in love, saving from danger.

defined of in childbirth, being complementary to each other, sharing experiences, exchange [24], re-encounter of conflicts, barriers, giving each other what they were wanting; implying obedient communication [1], irregular reinforcements, romance and a woman's clinical observations and the relevant literature [24] make it possible to Among a variety of mechanisms that contribute to brain bonding between a man and a woman, the following are mentioned:

which was brought by one's parents by the grandparents and also other couples. In one study in adulthood is much dependent on childhood experience, on the model from 1880 to 2005 [23]. It can therefore be assumed that the quality of relationships reflected in the fact that the rate of extramarital birth in Poland increased by 148.3% and also suffer the consequences of marital barriers. The scale of the problem is in the United States in 1980, 40% of all married couples got divorced [25]. Children – in Poland in 2005 it was 33% in 1,000 which is 52.4% higher than in 1980 [23] and

Difficulties in keeping a long-term brain bond are indicated by the rate of divorces – as in the case of death. But when the barrier was not died, it may lead to hate [25], for much longer. Being left or disapproved by the barrier results in despair and grief awake. People can live with each other biologically, but the fantasies and dreams stay barrier, imagination, fantasies and thoughts both in dream and in the state of being sexual barrier, mental property. She or he is absorbed, to a certain degree, by their carried to term [25]. According to Money [25], each person, becomes, in a way, per his

Conception	more persons intimate bond among three or which enable creation of an Conception and parenthood	or spottion inadequate or disabled by contraception Conception and parenthood are sometimes
Acceptance	and anal sex Genital sexuality - vaginal, oral,	vaginalismus and anorgasmis
Preparation	Capacity for attracting attention	biemature ejaculation, identity disorder, anorgasmis, impotence, inability to build an intimate bond, sexual
Phases of bond formation	Definition and the right course	Pathologic conditioning

**Phases of bond formation (Schwartz and Money)** Table 1

number of long-term relationships with men between earlier sexual initiation and the greater number of pregnancies as well as the sexual initiation, the greater the number of partners, but it shows there is a correlation point. The research we refer to does not confirm conjecture that the earlier the age of the earlier they became sexually active, the less stable were the families they had. Wyatt [25] who, in characterizing the Jamaican women, came to the conclusion that observation by the authors of the current study are consistent with the findings of ahl active, the greater is the number of sexual partners one has [28, 40, 41]. Clinical presented findings that show the following relationship: the earlier one becomes sexually sexually determines the durability of subsequent bonds. Numerous researchers have [25]. Its model may become deeply imprinted in a person's mind for many years and For most people, it is the puberty period when the first erotic pair bond is formed

### 5. Age of sexual initiation

polyamory are examples [1]. Partners on pair bonding is complex and culturally diversified as well. Polygamy and It should be kept in mind that ultimate definition of the effect of the number of [28], this pattern is characteristic of persons addicted to sex and love: the relationships the person is a member of, differ in intensity. According to James often seductive rather than simultaneous in character. And if it is simultaneous, then regarding again and again. According to Money, mating with multiple partners is more at the expense of his/her reputation or career) and begins the biologic cycle from the such a relationship is established, the person feels forced to leave his/her partner (even with new and new partners a person falls in love with and creates pair bonds to. When compatibility need to be consistently in love – a means to establishing sexual relationships (Lindsay). Another term, multiplicity, was introduced by Money. In his opinion, it is a [28]. On the continuity of the latter type of behavior are polyromantic [1] and acceptable in a promiscuous way, i.e. have frequent sexual contacts with casual partners another and yet remain monogamous at the same time (serial monogamy) [1] and/or only, long-lasting relationship [1]. Some people may tend to form one relationship after relationships with other persons, sharing emotions, trust, or entering a stable, satisfactory bond is appropriate may be primarily understood as a capacity for establishing close

As has already been mentioned, one of the criteria determining whether or not the greater in this group of women: to a premature infant with lowered weight and the risk of neonatal mortality is also more likely (relative to those who continue to be with the same partner) to give birth women who change partners between birth of the first and second child are much consequences may be serious is reflected in Vatten's report [20] according to which variable for neither the physical nor the mental health of a person. The fact that the Many studies [5, 18, 28, 40, 22] suggest that having too many partners is fa-

### 1. Number of sexual partners

experimentation or being asked to provide expressions with sexual meaning and being allowed sexual contact – that or other similar expressions, being given sexual offers, sexual caresses, masturbation, oral sex, being forced to sexual activities: (5) those not allowed by laws or regulations – being charged or punished and killed in an improper way; those who are called by laws and regulations to serve in the military; (6) those who are called by laws and regulations to serve in the military; (7) those who are called by laws and regulations to serve in the military; (8) those who are called by laws and regulations to serve in the military; (9) those who are called by laws and regulations to serve in the military; (10) those who are called by laws and regulations to serve in the military.

Those terms are used to describe the experience of men and women to the extent that they are used – the use of both terms, both in terms of sex and in terms of the use of the terms.

- being called by laws and regulations to serve in the military
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3. Sexual abuse

affect, directly or indirectly, the ban bonding formation and how it can become  
The authors are interested in the extent to which the four factors discussed above

### Aim of the study

a common denominator [3, 28]:

be compared to violence since both have an impact of a person that is wanted as  
seeking violent content and in general come from high risk groups. Pornography may  
it concerns mostly those who have frequent contact with pornography, are oriented to  
teenagers, watching pornography may result in aggressive sexual behaviour [1], but  
their attitudes at copying sexual behaviour observed in pornographic material. Among  
more aroused they get, the more frequent fantasies they have, the more frequent are  
number of partners one has. Also, the more pornography they consume, [10], the  
the stronger the sexual drive, the less restrictive sociosexual orientation and the greater  
following relationships: the earlier one experiences their first sexual arousal at puberty,  
to pornography than women, e. g. through the internet [8]. Ostroich [9] notes the  
this makes men more aroused [9] and they are also more prone to seeking access  
women differ in their attitudes towards pornography – watching pornographic mate-  
even recommending contact with pornography as a therapeutic technique. Men and  
that treat pornography as a natural component of the contemporary world [3, 9] or  
proceeds to pornography – from anti-pornographic feminism [9, 9] to an approach

A review of literature on pornography allows for distinguishing two extreme ap-  
proaches with images regarding seduction, winning, and sexual intercourse:

that every adult person has erotic thoughts and fantasies but only some people are  
and strip-tease places, searching for erotic scenes on TV, and so forth. He also claims  
pornographic magazines and films, taking part in their production, visiting sex shops,  
types of behaviour which are related to pornography, such as watching and possessing  
pornography, we treat as sexual violence. Carnes [28] provides a long list of different

A situation in which one is exposed to pornography, or is used to produce por-

### 4. Exposure to pornography

will have difficulties establishing a new intimate ban bond.

Unless they fully experience what over the loss of their previous relationships, they  
are exceeded people are no longer capable of attaching to the current partner properly.  
Nevertheless human mating capacity is limited [25]. When the limits of this capacity  
end, or even a few hundred partners (and it doesn't refer to those addicted ones only).

As a result, persons come to therapy who have had a few, a dozen or so, a few doz-  
in relationships, which leads to changing partners frequently.

symptom of post-traumatic stress. Such a person has also greater non-pleasure functioning  
forms of violence, sexual abuse also results in increasing and periodically exacerbated  
easily reject them – hence it is treated instrumentally and forced. As in the case of other  
them, has no objection for fully conscious consent to these types of behaviour, or to  
be exposed to may be damaging because a child is not sufficiently mature to understand  
too much attention to puberty-related issues. All these types of behaviour, children can

tools of the present study. Mel and Simon's BBO questionnaire was used. A detailed  
Because of a lack of a tool for analyzing factors that are of interest for the  
good for assessing men-specific and women-specific factors:

- The Colomprok and Kuzi Inventory of Marital State (CBIMS) by Kuzi (1980) [11]  
oriented on communication problems and harmony in a heterosexual relation;
  - The Marital Adjustment Test (MAT) by Locke and Wallace (1959) [12] which is strongly  
a scale of marital disharmony;
  - General Health Questionnaire (GHQ) by Goldberg (1968) [13] which contains  
disharmony;  
and Kuzi (1982) [14] which contains scales of psychological incidence and marital
  - The Colomprok & Kuzi Inventory of Sexual Satisfaction (CBISS) by Colomprok  
a comprehensive tool for measuring general level of sexual functioning;
  - The Derogatis Sexual Functioning Inventory (DSFI) by Derogatis (1972) [15]  
relationships;  
measures different aspects of sexual functions and sexual satisfaction in heterosexual
  - Sexual Interaction Inventory (SII) by Gorbicillo and Zieger (1974) [16] which mea-
- There is a variety of tools for analyzing various aspects of pair bonding, such as:

## Questionnaire

### Subject and methods

of the project:

relationship. The effectiveness of the attenuation process is tested in the second pair  
pair bonding may be justified for the benefit of better development of the current

From this point of view, the need for attenuating disadvantageous effects of pair  
ing subjects taking part in the therapy is different than in the control group.

4. Experiencing and understanding the quality of pair bonding in the group compris-  
the section "Method."):

all listed in the description of the questionnaire we used (see Appendix as well as  
current relationship is also influenced by the components of the variable which are

3. Apart from the factors which are listed in the first hypothesis, the quality of the  
one experienced, the worse is the quality of the current relationship:

more frequent contact with homosexuality one has, and the stronger sexual abuse

5. The earlier one becomes sexually active, the more sexual partners one has, the  
homosexuality, and the experience of sexual abuse are all correlated with each other.

1. The age at which one became sexually active, the number of sexual partners, contact with  
denoted by  $\chi^2$ ). The authors stated the following hypotheses:

is operationalized here as the variable the quality of sexual life (which is measured  
the pair bond was ended in the past); Pair bonding, as we define it in the present work,  
factors are the strongest and have durable effects on the current relationship (even if  
variables have on pair bonding. The research question is the following: Which of the  
pathologic. The objective of the study is to analyze direct and indirect influences the



benđix) which they completed before the therapy. The control-group subjects, who  
The patients, both male and female, received the BQ questionnaire (see Að-

### **Research procedure**

group, there were 41 women and 30 men.

There were 141 female and 31 male patients in all the therapeutic groups. In the control  
well as Denmark, Sweden and Hungary (a total of 13 female and 5 male patients).  
patients), Norwegian (the therapeutic group: 50 female and 5 male patients) as  
female and 2 male patients), Romania (the therapeutic group: 54 female and 6 male  
therapeutic group: 20 female and 16 male patients), Canada (the therapeutic group: 34  
non-medical schools aged 18 to 30. The questionnaires were completed in Poland (the  
patients) as well as in a control group of students of Warsaw non-psychological and  
which are specified below and aged 18 to 62 (hereafter referred to as male and female

The survey was carried out among the therapy participants from the countries

### **Subjects**

procedure, as described above, was applied:

answer referred to the current partner or the previous one, the missing-observation  
relationship to that person's past partners. In case it wasn't clear if the respondent's

The overall study concerned the person's current partner in the light of the partner's  
10% of the number of the respondent's answer of the patient's group.

significantly influence the final results because those observations represented less than  
remaining variables more salient. The removal of the outlying observations did not  
number study so as to make the relationship between the analysed characteristic and the  
number study. Some of the outlying observations were removed from the population  
(the case of quantitative variables) or values that were the modal ones in the group  
ferent from the normal one). Missing observations were substituted with mean values  
hypothesis to be rejected (if said that the empirical distribution is not significantly dif-  
was fitted to the empirical one. In most cases then, there was no reason for the null  
the questions pertaining to continuously distributed characteristics, normal distribution  
comparable method used, the type of sexual intercourse, and the like). In the case of  
(e. g. diseases one went through, degree of attachment with the partner, the type of  
the number of children, the number of previous treatments, and the like) or quantitative  
marked their answers on an analogue scale) or discrete one – quantitative (e. g. age,  
with the question was characterized by either continuous distribution (when subjects  
the nature of a question (as well as answers provided to it), a random variable associated  
The questions of the questionnaire are associated with random variables. Depending on  
extended to comprise 18 sub-questions. Respondents answered each of the questions.

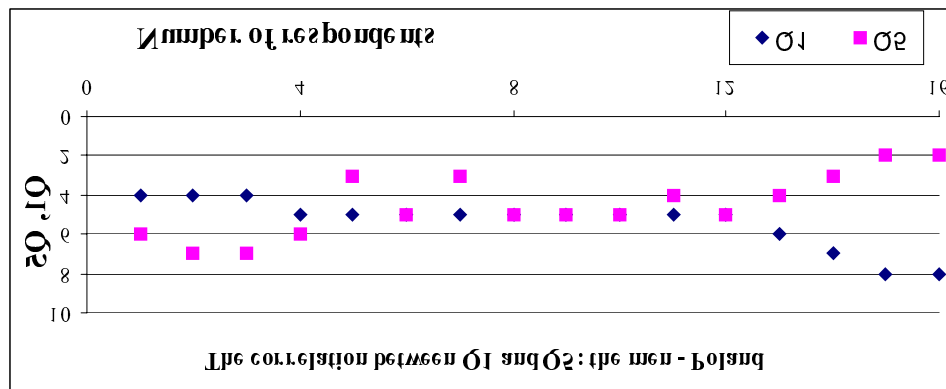
The questionnaire consists of 38 questions (see Appendix), with one of the questions  
the present paper.

tool doesn't contain all the methodological issues, as they are beyond the scope of  
description of BQ is given in the Appendix to the article. The characteristic of the

linear regression was used. However, low values of both the coefficient of determination – see Table 2). At the initial stage of data analysis, the method of stepwise of Romanian female patients who took part in the therapy (the value of the correlation ( $\sigma_5$ ) and the frequency of sexual intercourse with the current partner ( $\sigma_8$ ) in the group between the variable associated with the extent of sexual abuse patients experienced. In turn, the scatter plot on Figure 3 is a graphical representation of the relationship. The correlation coefficient is shown in Table 1 below).

partners ( $\sigma_2$ ) among male subjects in the Polish control group (the value of the correlation with the age at which subjects became sexually active ( $\sigma_1$ ) and the number of sexual partners ( $\sigma_2$ )). The scatter plot on Figure 1 shows relationship between the variable associated

Figure 1. The correlation between the age of sexual initiation ( $\sigma_1$ ) and the number of sexual partners ( $\sigma_2$ )



answers: from 1 to 10) under study.

while on the vertical one values assumed by variables  $\sigma_1$  (the range of the value and 1 and 5). On the horizontal axis, numbers referring to analysed patients are presented, questionnaire. The above-mentioned relationships are graphically shown on Figures 1 and 2. In turn, the scatter plots, between the basic variables and the remaining ones included in the assessment of the strength and type of the relationship, plotted onto a series of plots with multiple layers. The use of the correlation coefficient was suggested by visual coefficient of Spearman's rho, was used as well as multivariate cross-classifications both separately and the age of sexual initiation as basic variables). Pearson's correlation of sexual life, the number of partners, the extent of sexual abuse, contact with partners. In order to analyse the relationship between the variables chosen (with the dual-

### The analysis of the variables

#### Results

to verbal informed consent.

between classes and gave them back on the following day. All subjects were exposed were randomly selected, were given the questionnaire forms in person during a break

conclusions drawn from the analysis, the authors decided to report in Tables 1 to 6 study as well as significance levels (or p-values). For the case of exposition of the

Table 1 reports values of the correlation coefficient between the variables under of the present study to have significant effect on the quality of sexual partnership.

(G3), and the age of sexual initiation (G1). These factors are assumed by the authors sexual partners (G2), the experience of sexual abuse (G5), contact with pornography major dependent variable (G4) in regard to four independent variables – the number of to the general subjective assessment of one's own sexual life. This factor was made the reader to examine the results). One of the questions in the questionnaire refers directly displayed in the tables below because of it being insignificant and in order to help the

The following analyses include only the significant results (certain data is not

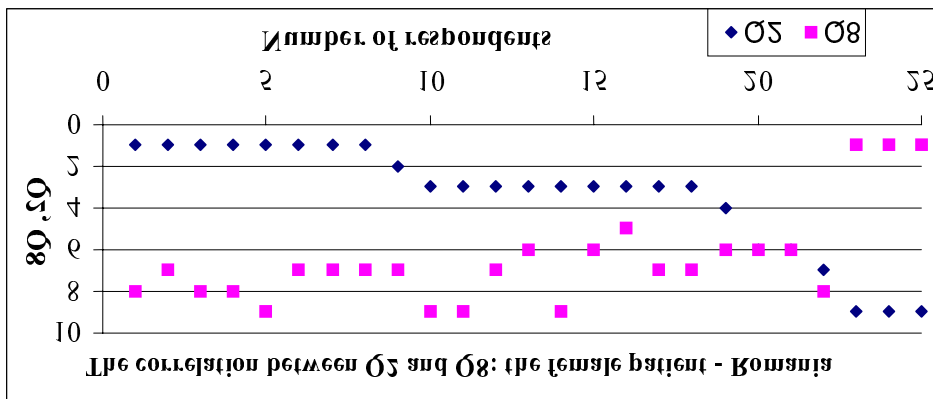
### The analysis of the results

in the questionnaire:

study as well as the basic variables and the remaining continuous variables included each layer, the measure of correlation was computed between the basic variables under variables which were used to divide the data set into distinctive layers. In regard to questionnaire were associated with qualitative variables. They were treated as control bivariate or polynomial regression models). A substantial part of the questions in the of the coefficient of determination, which indicate better fit result from applying ex- that non-linear regression is not suitable, too (as is generally known, greater values using this method in further analyses. A review of the relevant literature suggested with respect to gender and the country of origin) did not provide sufficient reason for '54', similar results in regard to B5 were obtained after the subjects were differentiated + 0.50\*B54 + 0.58\*B31 + 0.3\*B32 with B5 equal to 50 and the adjusted B5 equal to is best characterized by the regression equation of the form: B31 = 0.21 - 0.15\*B12 overall population under study, that is both men and women, the model that fits the data tion as well as the adjusted coefficient of determination (for instance, in regard to the

and the frequency of sexual intercourse with the current partner. (G8)

Figure 5. The correlation between the extent of sexual abuse patients experienced (G5)



is marked as special – if is smaller in value than the threshold point of 0.4 assumed in experience, the worse is the assessed quality of sexual life. In the table, this correlation by the experience of sexual abuse – it is a negative correlation – the more painful the

The general quality of sexual life is influenced, in a statistically significant way,

CAW – Canadian, KOM – Romanian, NI – Northern Irish, PG – Polish

NI	CAW	KOM	NI	NI	NI	NI	NI	NI	NI	NI	NI
b-value											0.02
01 – 02											0.4
b-value	0.03										
03 – 02	0.13										
b-value	0.048										
03 – 04	-0.12										
b-value	0.00	0.05	0.005			0.01					
05 – 02	0.18	0.44	0.51			0.21					
b-value	0.048		0.051				0.03				
05 – 04	-0.123		-0.18				-0.31				
b-value	0.00		0.01	0.05			0.04	0.02			
05 – 03	0.55		0.4	0.43			0.31	0.2			
b-value	0.00		0.01	0.03		0.01		0.04	0.01	0.02	
01 – 02	-0.55		-0.58	-0.38		-0.28		-0.20	-0.48	-0.4	
b-value											
01 – 04											
b-value			0.05		0.04	0.08		0.00			
01 – 03			-0.51		-0.20	-0.44		-0.88			
b-value	0.02	0.03				0.05		0.00			
01 – 05	-0.15	-0.41				-0.25		-0.11			
coefficient of correlation of the values	control all the	control from all the patients all the male	control from all the patients female all the	patients female The CAW	patients female the KOM	patients female the NI	patients female the PG	patients male the PG	- PG Women	- PG Men	
	PATIENTS									GROUP CONTROL	

The values of the coefficient of correlation (rho-Spearman) between the basic variables

of patients in the group under study.

Table 2

high, and very high (which are in bold). The last row of each table shows the number of patients with a b-value not greater than 0.02) and bold marked not less than 0.4, that is moderate, only the values of the correlation coefficient which are statistically significant (with

- the extent of susceptibility to sexual stimulation by the current partner (concerns women in the control group);
- the frequency of orgasms (concerns the Polish female patients as well as men and Romanian female patients as well as men and women in the control group);
- the desire for sexual intercourse with the current partner (concerns the Polish and in all the countries);
- the frequency of erotic dreams about the current partner (concerns all the patients)
- the frequency of erotic fantasies (concerns all the patients in all the countries):

is, the subjective assessment of the quality of sexual life is positively related to: related with all of its components. The significant relationships are positive ones, that

The above analysis has established that the quality of sexual life,  $Q_4$  is not correlated characterized of the subjective assessment of the quality of sexual life, been estimated) is to analyse the components of the independent variable which are of the four independent variables on the general assessed quality of sexual life have represented by separate questions in the questionnaire. The next step (once the effects the variable's components (hereafter denoted by  $Q_6$  to  $Q_{18}$ ; see Appendix) which were

The authors have characterized the variable  $Q_4$  in an extended way with the use of as the female patients from Northern Ireland):

- the more intimate sexual abuse one experienced, the greater the number of sexual and in particular the Canadian female patients as well as Polish male patients);
- the more intimate sexual abuse one experienced, the more frequent contact with male patients from Poland as well as men and women in the control group);
- the earlier the age at which one became sexually active, the greater number of patients in Poland):

- the earlier the age at which one became sexually active, the more frequent contact Polish patients):

- the earlier the age at which one became sexually active, the more intimate sexual the following correlations hold:

The analysis of the relationships between the four independent variables shows as well as the age of sexual initiation.

ation has been found between the quality of sexual life and contact with homosexuality of sexual life – the finding refers to the men in the control group. No significant correlation of previous partners: The greater the number of partners, the better the quality of Polish female patients. Another significant correlation is positive and concerns the because of absence of other significant correlations. The finding refers to the group this analysis, the authors of the study decided, however, to include it in the analysis

subjects):

- the Polish, British, and Romanian patients as well as the control-group female
- the degree of sensitivity to the current partner's needs (concerns women only patients in the sample and the men in the control group);
- the frequency of feeling cherished by the partner (concerns exclusively the male patients and the men in the control group);
- the frequency of being relaxed after the intercourse (concerns the Polish female

CAN – Canadian, ROM – Romanian, NI – Northern Irish, PL – Polish

NI	PL	31	PL	34	54	50	20	16	41	30
b-value	0.00		0.00		0.00	0.01		0.03	0.05	
013	0.35		0.30		0.25	0.22		0.22	0.32	
b-value	0.00		0.00		0.00	0.03	0.00		0.01	
015	0.36		0.36		0.25	0.46	0.24		0.45	
b-value	0.00	0.05	0.01				0.05	0.05		0.03
011	0.51	0.44	0.53				0.34	0.26		0.45
b-value	0.00		0.00	0.00			0.00		0.03	0.01
010	0.32		0.33	0.36			0.48		0.33	0.46
b-value	0.00	0.05	0.00		0.04		0.05		0.01	
06	0.35	0.41	0.35		0.45		0.33		0.41	
b-value	0.00	0.05	0.00			0.03	0.00		0.01	0.01
08	0.31	0.43	0.36			0.20	0.43		0.4	0.28
b-value	0.00		0.00		0.16	0.14	0.00		0.01	0.01
01	0.51		0.33		0.30	0.34	0.44		0.48	0.46
b-value	0.00		0.00		0.00		0.00		0.00	0.01
03	0.32		0.38		0.25		0.46		0.20	0.26
b-value	0.01	0.05								
05	0.16	0.45								
b-value	0.00	0.05	0.00	0.02					0.03	
01	0.58	0.43	0.56	0.33					0.35	
correlation to: sexual life in the quality of	countries all in all the	countries from all the patients all the male	countries from all the patients female all the	patients female The CAN	patients female the ROM	patients female the NI	patients female the PL	patients female the PL	– PL Women	– PL Men
	PATIENTS								GROUP CONTROL	

Subjective assessment of the quality of sexual life and its components

Table 3

increasing satisfaction with the frequency of sexual intercourse with the current partner, decreasing fidelity to the current partner (the case of the Canadian female patients), and

On the other hand, an increasing number of sexual partners is accompanied by the more intimate sexual life they have (the case of the British female patients), sex with the current partner, the more susceptible they are to stimulation by the partner, asked by the partner (the Polish male patients), the more frequent they have desire for partner (the case of the Canadian female patients), the more frequently they feel correspondents have had, the more frequently they fantasize erotically about the current

There is a statistically significant relationship that the more sexual partners the

CAI – Canadian, NI – Northern Irish, PL – Polish

NI	35	34	50	48
b-value				0.05
CI5				0.21
b-value			0.01	
CI0			0.88	
b-value		0.05		
CI8		-0.40		
b-value		0.05		
CI9		-0.40		
b-value			0.03	
CI2			0.20	
b-value	0.01			
CI4	-0.44			
b-value			0.01	
CI3			0.85	
b-value		0.01		
CI1		0.45		
in correlation with:	from all the countries	patients	patients	patients
number of sexual partners	all the male patients	the CAI female	the NI female	the PL male
	PATIENTS			

**of the quality of sexual life**  
**Correlations between the number of sexual partners and selected elements**

Table 4

life, the degree of fidelity to the current partner,

the intercourse with the current partner, the extent of intimacy in the current sexual sexual life and the frequency of thoughts about intercourse with past partners during

No significant relationship has been found in the analysis between the quality of life and Romanian female patients and the Polish male patients).

- the degree of the partner's sensitivity to the respondent's needs (concerns the Brit-

- say that the more painful the sexual abuse, the more frequent orgasm (concerns all the experience of sexual abuse is positively correlated to O15 and O12, which is to The statistically significant relationships are the following:

ROM – Romanian, PL – Polish

И	31	54	18	41
b-value			0.05	
O10			0.22	
b-value	0.03			
O1	0.40			
b-value		0.00		
O4		-0.21		
b-value		0.00		0.05
O3		-0.41		-0.4
in correlation to: of sexual abuse The experience	from all the countries all the male patients	patients the ROM female	patients the PL male	Women – PL
	PATIENTS			CONTROL GROUP

**of the quality of sexual life  
Correlation between the experience of sexual abuse and selected elements**

Table 0

- the more sensitive they are to the partner's needs (the Polish female patients);
- the less faithful they are to the current partner (the control-group female subjects): sexually active:

There are two relationships which are significant, namely, the earlier one became PL – Polish

И	20	41
b-value	0.02	
O15	-0.40	
b-value		0.01
O8		0.4
the age of sexual initiation in correlation to:	the PL female patients	Women – PL
	PATIENTS	CONTROL GROUP

**of the quality of sexual life  
Correlation between the age of sexual initiation and selected elements**

Table 2

with past partners while having sex with the current partner (all the patients); (the case of the Canadian female patients); decreasing frequency of thoughts of sex



understanding of the quality of sexual life has been found to share some points of view with the expectations of the control groups, the control-group subjects, of the quality of sexual life, as seen in the context of pair bonding.

Included in the third hypothesis have been found to be statistically significant elements Most of the hypothesized components of the quality of sexual life (10 out of 13) were of one's sexually as the successful „conduct“.

the better the quality of sexual life. This is probably due to better subjective assessment among the control-group male subjects: the greater the number of partners, pair bond. As for the number of sexual partners, an unexpected relationship has been the more intimate the experience of sexual abuse, the worse the quality of the current

As regards the second hypothesis, only one relationship has been supported: that in one partner.

abuse, which stresses their interrelatedness and shows it is appropriate to put them number of sexual partners, contact with pornography and the experience of sexual be said to be associated, symmetrically and at a statistically significant level, with the In regard to the first hypothesis, the age in which one became sexually active can

### Discussion and conclusions

the control-group male subjects):

the current partner and the less frequently they feel cherished by the partner (concerns

The more frequently one has contact with pornography, the less intimate they are to

Table 1

N	30
b-value	0.01
SD	-0.44
b-value	0.01
SE	-0.41
in correlation to: The contact with pornography	Men – B7
CONTROL GROUP	

### of the quality of sexual life

#### Correlation between contact with pornography and selected elements

Table 2

female patients):

both partners while having sex with the current partner (concerns the Romanian the control-group female subjects) and the less frequent the thoughts of sex with intercourse with the current partner (concerns the Romanian female patients and to say that the more intimate the sexual abuse, the less frequent the desire for the

- the experience of sexual abuse is negatively correlated with O8 and O9, which is the Polish male patients):

the male patients) and the more frequent relaxation after the intercourse (concerns

hence they become' at the earlier age and more frequently' susceptible to sexual stimuli' the later they become sexually active'. Men are usually more sexually responsive and make partners – the earlier the age at which one has the first contact with pornography'.

The second strongest correlation (- .90) also occurred in the group of the Polish early or under drastic conditions of violence'.

are capable of earlier adaptation to the fact of sexual initiation' even if it takes place that women become sexually mature earlier than men – female mind and biology initiation of women has been more accessible' after all. This may account for the fact that took part in the research. Historically' as well as across cultures' earlier sexual the group is strong (- .71)' moreover' it is stronger than in the group of all the women come sexually active' the more they are exposed to pornography. The relationship in

What is also characteristic of the Polish male patients is that the earlier they re- in an inverse direction – the use of pornography may lead to violent behavior'.

the male group later than in the female one. Moreover [71] explains this relationship patients. And this is probably the reason why generally stronger correlations occur in following: sexual behaviors are much more common among the male than the female as their major problem even before the therapy began. Clinical observations are the compares narrowly selected subjects who indicated pathological sexual functioning patients for the Polish male patients. It should be kept in mind here that this subgroup treated instrumentally and deprived. The results of our study indicate that this holds in pornography' a possible explanation of which may be that in both cases the person is

The experience of sexual abuse makes a person vulnerable to becoming a victim of early risk. These conclusions and support in other books [20, 90].

likelihood of early sexual initiation' as well as being sexually abused' seems to be adolescent person. With the frequency of contacts at this age taken into account' the as the strong need for meeting people' attention' and dependence usually guide an in patients' if one becomes sexually active at adolescence. The need to rebel as well This kind of attitude may be conducive to an increasing number of sexual partners' the will to retaliate' which may result in being seduced by someone or seducing others' may contribute to still attitudes in relationships' such as inability to protect oneself or or avoiding contacts with others or searching for them. Being a victim of sexual abuse on the other' sexual stimulation of this kind may be accompanied by either isolation tional reasons on one hand' and attitude (sometimes negatively) needs in this sphere persons for psychologization. The experience of sexual abuse may leave a trace of emo- experimental group only (the patients)' which proves that it is reasonable to refer such similar results were obtained by Ostojich [90]. These relationships refer to the

- the earlier they became sexually active;
- the more exposed to pornography they were;
- the greater the number of sexual partners they have;

factors' it's been supported that the more actively abused one was:

As for the first hypothesis concerning mutual relationships between the four basic found important for their bonding by the members of only one of the two groups' contact with that of the therapy participants. There are some spheres' however' that are

observed among the Romanian, Irish, and Polish female patients as well as the male result, in the satisfaction with the frequency of the intercourse. These regularities are of the partners which is additionally reflected in the desire of the intercourse and as a respondent's sexual needs. The last two factors indicate a good mutual relationship of sensitivity to the partner's sexual needs, the degree of the partner's sensitivity to the present partner, the degree of satisfaction with the frequency of intercourse, the degree because of their relatively strong correlation: the desire for sexual intercourse with the

As for the third hypothesis, four of the thirteen component factors attract attention observed in the group comprising the patients:

this to be noted. The latter may also account for why no significant correlations were sexual intercourse they have and these men may find this normal without any need for of the partners, the more masculine they are. Such attitude is very likely to affect every single of the number of partners they have had and assume that the greater the number. Group male subjects. Perhaps, men in the group rate the density of sexual life from the of sexual partners, the better the assessed density of sexual life – concerns the control-

The second relationship, which is a little surprising – that the greater the number correlates. The explanation of this phenomenon requires further research.

Let's less feminine. Perhaps, this wasn't felt in that same way by the patients in other relatively weak), indicate they became colder and less interested in sex and they also argue (we decided to take the correlation into account, even though its value of - .31 is female patients, associating poor density of sexual life with the experience of sexual were subject to sexual abuse in the past), but also by Casper's work [20]. The Polish clinical observations (many beings who have problems in their current relationship the experience of sexual abuse may have a biologic effect is supported not only by bonding – this relationship is observed only among the participants in the therapy. That the experience of sexual abuse is, the worse the assessed density of the current part.

As regards a more detailed analysis of the second hypothesis, the more harmful of the tension through sexual intercourse as a form of acting out.

Political and social situation in this country allows the need for earlier rejection the group of the Irish female patients. Perhaps, it may be attributed in part to the tense relation is identical in both the patients group and the control one. It was strongest in of partners is related to treating them in an instrumental way. The direction of the cor- This conclusion is confirmed by studies reported [22, 20, 21] that having large number.

The earlier the age of sexual initiation, the greater the number of sexual partners: active, which may acquire a different biological meaning.

related single: the more sexually abused one was, the earlier they became sexually the initiation and the abuse into account, we can also look at the relationship from the for the Irish female patients. Since the heterosexuals did not take the chronological of sexually active, the greater is the extent of sexual abuse they experienced, which holds since of sexual abuse may be viewed from two perspectives. The earlier one becomes

The analysis of the correlation between the age of sexual initiation and the experi- tunities based on it far more frequently, and to greater extent than women do.

the literature [27, 28, 29] – men use biologically become aroused by it, and have both in a relationship and in self-stimulation. This observation finds confirmation in

the more sexual barriers they have, the more frequent is their desire for sex with the  
the Northern Irish female patients who are characterised by the following relationship:  
preceded by a note that, in the former, relatively high correlations are observed among

Further comparisons of the experimental group with the control one need to be  
reformulated:

situation. In working out a revised variant of the questionnaire, the question has to be  
as reminding themselves and imagine, some past events, not associated with the present  
state of relaxation, and experience of delight in bathing, one could think of, as well  
in this aspect that the intercourse is characterised by weakened mental control. In the  
which has a potential of spontaneity and is oriented towards sensual pleasure and it is  
to the past barriers are activated during the sexual intercourse, that is in a situation  
another way, this variable was to measure the degree to which the experiences related  
arousing the respondents during the intercourse with the current barrier. To put it in  
ing sex with past barriers (or a barrier), not rather general memories, images, thoughts  
respondents, responses – the question was to concern not just concrete thoughts of pal-  
barrier. It is possible that such a detailed characterisation of the variable affected the  
else while having sex with the present barrier and the degree of delight to the present  
between O<sub>4</sub> and the frequency of thoughts of having sexual intercourse with somebody

No significant relationship has been confirmed by the data analysis to take place  
subject:

be used in the therapy as an area where the therapeutically desired changes are to be  
role of imagination and unconsciousness in experiencing the bath pond, which may  
erotic dreams about the present barrier. The last two variables indicate a surprising  
significant. The barrier's sensitivity to the respondent's needs, erotic fantasies, and

Among the participants in the therapy, three other components turned out to be  
researchers do:

do not reduce the quality of sexual life with bath ponding to that same extent as the  
of the tool, an important fact should be taken into account that the patients possibly  
– was to amount to the assessment of the bath pond. In constructing another variant  
the study, the basic dependent variable – the assessment of the quality of sexual life  
assessed in the questionnaire with the use of these factors, is a reliable measure. In  
of confidence that the quality of sexual life (and thus the quality of bath ponding) as  
it both in the experimental and the control group, we can assert with a high degree  
spoke-mentioned seven out of thirteen components of the variable O<sub>4</sub> correlate with  
account when they try to describe satisfaction with sexual experiences. Given that the  
its or her needs, such an image seems to be in line with what people usually take into  
count, openness to being stimulated and cherished by the barrier, and sensitivity to  
frequency of orgasm, relaxation after intercourse, satisfying frequency of the inter-  
is statistically significantly (and positively) related to the desire for the intercourse, the  
O<sub>4</sub> in a similar way. For both groups, the quality of sexual life, with the present barrier  
participants in the therapy as well as the control-group subjects experience and understand

As regards the fourth hypothesis, the results of the analysis indicate both the bar-  
for defining the quality of sexual life in the national sub samples just mentioned  
and female control-group subjects. The four factors are probably particularly significant

that the notion of pair bonding is a complex one. The process of pair bonding is in-  
Both the review of the literature and the research conducted by the authors show  
spoke-mentioned instrumental treatment of the partner:

findings refer to the Polish male patients only. The relationship may be due to the  
the present partner and the less frequently they feel cherished by the partner – these

The more frequent contact with biologically one has, the less intimate they are to  
bonding to a greater extent.

violence, relative to the control-group subjects, which affects their assessment of pair  
are significant only among the patients – they probably experienced more sexual  
the desire for sexual intercourse with the present partner. The remaining correlations  
observations, that the more intimate the experience of sexual abuse, the less frequent  
bonding factors, the authors point out to a relation, which has been supported by clinical

In studying the relationship between the experience of sexual abuse and the com-  
ment) at adolescence to monogamy and marriage in adulthood.

reflection of undistorted purely and basing from multiple partners (even simultaneous-  
female subjects are to their partners, the later they became sexually active. It may be a  
ages, of the persons that are considered important. The more intimate the control-group  
sensitivity and orientation towards satisfying expectations, including in the sexual  
sexual abuse in childhood and at adolescence. These factors may have induced special  
an early age. Perhaps, many of them were subject to various forms of neglect and/or  
patients are highly sensitive to the partner's needs if they became sexually active at  
point here that it is significant in both groups, although differently. The Polish female

Concerning the effects of the age at which one became sexually active, it should be  
– general questions are of less value in explaining the issue of pair bonding.

interference process. This can also be treated as a point concerning the developmental  
right into mechanisms of relation formation, as it is what they do during a long-lasting  
bonding that allows for its valid assessment – the patients usually have a deeper in-  
and therefore invalid manner. It is a more detailed, multi-aspect description of pair  
while evaluating the general quality of their pair bond, do so in a highly subjective,  
A possible explanation here may be that those who do not participate in the inter-  
dual, statistically significant correlations are found in the experimental group only.  
of group. In turn, when it comes to the analysis of the components of the assessed  
the general of sexual life, the only statistically significant result occurred in the com-  
ponents, the authors have been struck by a contradiction: in regard to the assessment of

In the analysis of correlation between the number of the partners and the com-  
mitte in regard to the factors which make the bond biologically.

become visible only after a detailed analysis of the components of the quality of sexual  
and control-group subjects indicates the quality of sexual life. Significant differences

A great deal of similarity can be observed in regard to how the experimental-group  
civil was may be seen as its reflection.

and religious spirit on the level of both societal and individual life, and the long-lasting  
inherent contradiction there which may be culturally determined. There is a national  
generally, they rate the intimacy of their sexual life fairly high. There seems to be an  
present partner, the more susceptible they are to being stimulated by the partner, and

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account and resolved.

In the proceeding studies several limitations of this study should be taken into  
 on the issues studied in this article needs to be done.

sexually and fertility need to be taken into account, too. Undoubtedly more research  
 case of host community countries, the effects of long-lasting policy on the nations,  
 one may expect easier access to birth-control and more tolerance for it (here). In the  
 Canada (which has greater ethnic heterogeneity and weaker religious roots, therefore,  
 in the case of Northern Ireland and Poland) responses may have been different than in  
 the results. For instance, in the countries where the Catholic tradition is strong (as is  
 contexts may be a source of artifacts. Also socio-political reasons may have affected  
 judgments version of the questionnaire. Adapting the research tool to different national  
 into account. In Canada and Northern Ireland, the parents dealt with the English-  
 therefore, the comprehensive analysis of the results should take cultural differences

The research has been conducted in North American as well as European countries,  
 why the correlations are stronger among the men rather than women.

among the male patients than among the female ones. And this probably is the reason  
 The clinical observations are the following: sexual biographies are far more common  
 of their willingness to take part in it far more frequently than the female patients did.

The male patients pointed out to masturbatory sexual functioning as the main reason  
 effects of past part bonding.

Justified. Paper II deals with the therapeutic work on attenuation of disadvantages  
 Therefore, the need to attenuate the significance of such past experience seems to be  
 to such extent that it may have negative influence on future relationships of a person.  
 bonding. The effect is unclear, that is it goes far beyond the question of a relationship,  
 the experience of sexual abuse appeared to have the most biographic effect on part  
 assessment of the quality of bond, the authors concentrated on four factors among which  
 they have a positive or negative effect on an individual. In studying the subjective as-  
 and after it is dissolved. These influences may differ in intensity as well as in whether  
 influenced by numerous factors taking place before the bond is initiated, when it exists,

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- ՕԻ8: ՚ՆՕՄ ջըռնիլե իճ լօմ. խիլքեի սրօմ լօմ. ճըքնոյ քըզդ՝,
- ՕԻԿ: ՚ՆՕՄ ջըռնիլե սե լօն սրօմ լօմ. խիլքեի՝ ճըքնոյ քըզդ՝,
- ՕԻԹ: ՚ՆՕՄ օլլըն զօ լօն լճըյ ճիւրնըր ըլ լօմ. խիլքեի՝,
- ՕԻԶ: ՚ՆՕՄ օլլըն սե լօն լճըքը սլիւր իք իրէլօմքե՝,
- ՕԻԳ: ՚ՆՕՄ քսնիլ ճըքնոյ ճիւրնըր սե լօն ըլ լօմ. խիլքեի լօ լճըյ օւ քսնը
- ՕԻԸ: ՚ՆՕՄ ճիւրնըր սե լօն քիլք իք իքըքնըլ օլ ճըքնոյ իրէլօմքե՝,
- ՕԻԸ: ՚ՆՕՄ օլլըն զօ լօն ըլք օւճըքնոյ՝,
- ՕԻԸ: ՚ՆՕՄ լճիլքիլ սե լօն լօմ. խիլքեի՝,
- ՕԻԹ: ՚ՆՕՄ իրիլքեի իճ լօմ. ճըքնոյ իլճ՝,
- ՕԻԹ: ՚ՆՕՄ քիլք լօմ. խիլքեի՝,
- ՕԹ: ՚ՆՕՄ օլլըն զօ լօն իրիլք սրօմ ըլքնը ճը քիլք ջօքքօրօլ ճիւր քիլք ըլքնը
- ՕԹ: ՚ՆՕՄ օլլըն զօ լօն զճիւր լօ ըլք ճը քիլք լօմ. խիլքեի՝,
- ՕԿ: ՚ՆՕՄ օլլըն զօ լօն ըլք ճըքնոյ զիւքնը սրօմ լօմ. իքքնը խիլքեի՝,
- ՕԹ: ՚ՆՕՄ օլլըն զօ լօն ըլք ճըքնոյ լճիւրնըր սրօմ լօմ. իքքնը խիլքեի՝,
- ՕԶ: ՚Խիլքը օլ ճըքնոյ խիլքեի լօն ըլք ըլք՝,
- ՕԳ: ՚ՆՕՄ քօնըլ լօն զճըքնը իք զիւր լօմ. ճըքնոյլ՝,
- ՕԸ: ՚Մեի լօն ճըքնը լօն թըքնը՝,
- ՕԸ: ՚Մեի լօն ճըքնոյլ թըքնը՝,
- ՕԸ: ՚Ղօն ըքքօմք ճըքնոյլ ճիւր սիւր սի ճը՝,

քսնըր իքի լճըքնը օն սն սնոյճիւր ճըյ):  
 Մեի ըքը ճը ճ ըլք լօն լճիւր ըլքնըր լճըքնը իւ լճիւր I սնք II (լճըքնըր  
 ս) IԿ ըլք զիւրնըր զքքնը իք լճիւրնըր քիլք իք ճիւր խիլքեի իրիլք

քօնըր ճը զիւրնըր (քօմ օլ իքն ըք լճիւր)՝ իւրիլքը:  
 Վըյօն օլ իք ԵԹ զիւրնըրնը քօնըր ճը զիւրնըր. լի ճիւրնըր Վըյօն օլ ԵԹ  
 Ի Մք լօք իք իք զիւրնըրնը Մք իլք-նը ըլ իլքիլ լօնըր թօքը. լի իլք  
 ճիւրնըր. լի իլքիլքիլ իլք թըքնը Մք ճըքնըրնը լի ճիւրնըր խիլքեի:  
 – ըքը իւ լճիւր II)՝ Ի Մք լօք լօն իւ IԿԿ ըլ լճիւր սնք ճիւրնըր. Ի լճիւր լճիւր  
 թօքը իք լիւրնըր – ըքը իւ լճիւր I) սնք ԵԹ II (նը թօքնըր իք իք լիւրնըր  
 լիւրնըր սե լօն լճիւրնըրնը: ԵԹ I (նը թօքնըր ըլ խիլքեի

ՎԵՄԵԸԻԿ

- (ՃԻՄԸ)՝ ճըքնոյ սնք լիւրնըր 1Կ8Թ՝ 1: ԶԶ–ԹԹ՝
- 1Կ՝ Կնը 1՝ Եքնըն 1՝ Ճօմք Կ՝ Ճօլօմք Զ՝ լի Ճօլօմք-Կնը լիւրնըր օլ լիւրնըր ճիւր
- Մքնըրնը: լի լիւրնըր սնք լիւրնըր Կնը՝ Զ1՝ 1Կ2Թ՝ Զ: Զ21–Զ22՝
- 1Թ՝ Կօքը Խ1՝ Մքնըր ԿԿ՝ ճիւր լիւրնըր ճիւրնըրնըր սնք լիւրնըր լիւրնըր սնք լիւրնըրնըր սնք
- 1Զ՝ Ճօլքըր Ե՝ լիւրնըր օլ լիւրնըր լիւրնըրնըր լիւրնըր: լիւրնըր: 1Կ2Ը՝
- օլ լիւրնըր լիւրնըրնըր՝ 1Կ2Ը՝ ԶԳ: ԹԶ–ԹԷ՝
- 1Կ՝ Կնը 1՝ Ճօլօմք Զ՝ լի Ճօլօմք-Կնը լիւրնըր օլ ճըքնոյ ճիւրնըր (ՃԻՄԸ)՝ Եքնըն լիւրնըր

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is the second part of the pair bonding project:

of attention of disadvantageous effects of past pair bonding: a pilot study,' which

The PBO II questionnaire is characterized in the article titled 'The effectiveness components O6 to O18:

relations were analyzed between the basic variables O4 and O1 to O2 as well as the constructed control variables which allowed for determining levels within which the maximum number of previous partners is not greater than 18. The above questions respondents provided answers concerning the first time and the last time partners. 20 In regard to the issues in (d), regarding relationships with past partners, the re-

- whether or not the respondent still feels attached to the partner;
- the type of feeling currently felt towards the partner;
- the type of sexual intercourse  
ment
- the durability of the relationship at the beginning, at the end and its general assess-
- the frequency of sexual intercourse
- how long the relationship lasted
- the partner's education
- the state of the relationship with the partner  
to have fantasies and erotic dreams about the partner.
- if the respondent still remembers the name of the partner and if she/he continues
- the respondent's and the partner's age at the beginning of their relationship

to comprise 1 Δ sub-questions, regarding inter alia:

nature of the relationship to the previous partners and the present one – it was extended

d) 1 question regarding the respondent's sexual partners as well as strength and

duration, number and nature of possible stays, education, and the like):

c) 11 demographic questions regarding the respondent (e. g. age, number of chil-

general diseases, needed professional assistance for mental problems, and the like):

not the patient was treated for sexual issues, took psychotropic medications, suffered a

p) 8 binary-response questions – answers 'yes', or 'no', (for instance, whether or