religions. Why these organizations persist? Boyer's answer is "because our minds evolved to be so". Neurotheology has become a scientific area involved with this subject. Furthermore, against the Freudian scholastic brainwashing to make psychiatry areligious and even enemy of religion, some therapies with mystical and religious origin are penetrating psychiatry in speeding manner.[2] Jung's concept of collective unconscious is called phylogenetic, even encompassing the entire universe and beings, ontogeneticpsyche nowadays; some argue that religions serve to assurance of yearning to the essence, death is essentially reunion, and as a primum movence the basic security, belonging and affiliation and they are inevitable. Likewise, there are great scientists like Collins[3] who argue the issues of Atheism, Intelligent Design, and Biologos.

This approach has two practical importances: we have to consider all these natural, nurtural and cultural contexts while analyzing and understanding men deeper. Psychoanalysis still gives too much priority to nurture. Linear and rational CBT and IPP works, dynamic psychotherapies are gathering increasing reputation in evidence-based psychiatry. Psychoanalysis' model of dream, lapses and joke interpretation was the first gate to discover the phylogenetic and ontogenetic psyche. We need more transcendent and even transcendental approaches which will activate the limbic system and amigdala. This means that psychiatry needs to approach and even cooperate with neuroscience and psychoanalysis, and with the aid of meditative techniques, creating and improving novel therapeutic approaches.

When he was trying to differences of transcenddence and transcendent, and transcendental, even Kant had mystified the subject. Dawking asserts that all the mystics, gurus, prophets are schizophrenics, is he right? Or, since mystical, ecstatic experiences, rituals in the service of approaching the ultimate, esoteric, holistic knowledge are so widespread and religions are so many in all homo cultures, are they associative dissociations? At least, is there a difference between the sick and healthy? How psychiatry should approach to these phenomena?

I guess we can find a midway without breaking off from science.

Key words: *Transcendence, transcendental, mystical experiences, evolution, unio mystica*

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İnfertilitenin psikososyal yönü / *Psychosocial aspects of infertility*

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Üreme, insanın temel işlevlerinin başında gelen güçlü ruhsal ve biyolojik bağlantıları olan bir deneyimdir. Üreme yeteneği kesintiye uğradığında yaşamsal krizlerden biri ortaya çıkmaktadır. Bu kriz çift ya da bireyin yaşamının bütün yönlerini ilgilendiren ve duygusal yönden zorlu geçen bir süreçtir.

Yardımla üreme teknikleri (YÜT) infertilite tedavisinde çiftlere yeni seçenekler sunarken, aynı zamanda aşırı düzeyde duygusal, fiziksel ve ekonomik yükler de getirmektedir. Çiftlerin%80'i YÜT tedavisini aşırı veya orta düzeyde stresli bir tedavi biçimi olarak tanımlamıştır.[1] Bu açıdan YÜT tedavisi uygulanan çiftlerin söz konusu streslerle baş edebilmeleri için özelleşmiş destek servislerine gereksinme duyulmaktadır.

İnfertilite tedavisinde psikososyal desteği kim vermelidir? "İnfertilite danışmanlığı" üreme sağlığı psikolojisi ve üreme tıbbı alanlarını birleştirerek sosyal hizmetli, psikolog, psikiyatrist, evlilik ve aile terapisti ve psikiyatri hemşiresinden oluşan ruh-sağlığı profesyonellerini bir araya getirmiştir. YÜT tedavisi öncesi özellikle ruhsal değerlendirme yapılması önerilen gruplar:[2] Üremede üçüncü kişilerin (oosit vericileri, taşıyıcı anneler) kullanılması veya kullanılmasının plan-

lanması, halen psikiyatrik veya fiziksel sorunları olan kişiler, cinsel kimlik çatışması (homoseksüalite ve biseksüalite), kimyasal madde bağımlılığı olanlar, aile içi geçimsizlik veya sosyal uyumsuzluk, yaşlı infertilite olguları, gebelik komplikasyonu veya yineleyen gebelik kaybı öyküsü. Hasta destek hizmeti YÜT tedavisi merkezinde tam zamanlı çalışan bir personel tarafından verilebileceği gibi, klinikten bağımsız sözleşmeli bir ruh sağlığı uzmanı tarafından da verilebilir.

Sonuçlar: Araştırmaların çoğu, hastaların genellikle tedavi oldukları merkezin destek servisinin yetersizliğinden veya yokluğundan yakındığını göstermektedir. Bu bulguyla YÜT tedavi programlarındaki olasılıkla ruhsal nedenlere bağlı yüksek tedaviyi bırakma oranları bir araya getirildiğinde, YÜT tedavi merkezlerinin daha kapsamlı psikososyal destek servisi kurmaları gerektiği ortaya çıkmaktadır.

Anahtar sözcükler: *İnfertilite, danışmanlık, stres*

Psychosocial aspects of infertility

Reproduction, which is one of the major human functions, is an experience that has strong psychological and biological associations. Disruption of the reproductive ability brings about a vital crisis, which concerns all aspects of a couple's or individual's life and is characterized by emotional hardships.

Assisted reproduction techniques (ART) provide couples with new alternatives in the treatment of infertility, but also place overwhelming emotionnal, physical, and economic burdens on them. Of the couples, 80% have defined ART treatment as extremely or moderately stressful.[1] In this context\ couples undergoing ART treatment need specialized support services to cope with the stress they experience.

Who should provide the psychosocial support in infertility treatment? "Infertility counseling", which combines fields of reproductive health psychology and reproductive medicine, recruits mental health professionals like social workers, psychologists, psychiatrists, marriage and family therapists, and psychiatric nurses.

Groups to whom a pre-treatment psychological evaluation is especially recommended include:[2] when third persons (oocyte donor, carrier mother) are involved or planned to be involved, persons who already have psychiatric or physical problems, those who have sexual identity conflict; homosexuality and heterosexuality, those who have chemical substance abuse, marital discord or social maladaptation, elderly infertility cases and those with a history of complicated pregnancy or repeated miscarriages.

A full-time employee working at the ART treatment center can provide either patient support services or a contracted mental health professional not affiliated with the clinic.

Conclusions: Most of the studies demonstrate that patients generally complain about the insufficiency or lack of support services at the places where they undergo treatment. When this finding is combined with the high drop-out rates found in ART treatment programs probably due to psychological reasons, it becomes evident that ART treatment centers should establish more extensive psychosocial support services.

Key words: *infertility, counseling, stress*

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Evlilik ve ruhsal hastalıklar / *The marriage and mental disorders*

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Evlilik ve ruhsal hastalıklar arasında karmaşık bir ilişki vardır. Ruhsal hastalıklarla evlilik arasındaki ilişkiyi şu açılardan gözden geçireceğiz: 1. Evlilik sorunlarının ruhsal hastalıkların ortaya