İntiharın Rastlantısallığı Üzerine

İntihar Riski Değerlendirmesinin Ötesine Geçmek İçin Evrimsel, Klinik Bir Çağrı

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Özet

Birleşen teorik ve ampirik kanıtlar, intiharın temelde rastlantısal bir olay olduğuna bu bağlamda bireysel düzeyde intihar riskinin yararlı bir değerlendirmeye açık olmadığına işaret etmektedir. Bu bölüm, insanların kendi hayatlarına son verme risklerini kategorize etme çabasının ötesine geçilmesinin zamanının geldiğine dair entegre bir evrimsel ve klinik argüman sunmaktadır. Davranışların temel olarak öngörülemez olduğu anlaşılır ve kabul edilirse, ruh sağlığı alanını daha parlak bir gelecek beklemektedir. Acı-beyin evrimsel intihar teorisi, diğerlerinin yanı sıra, entelektüel olarak yetkin tüm insanların intihar potansiyeli taşıdığını ve intiharların büyük ölçüde rastgele gerçekleşeceğini öngörmektedir. İntihar rastlantısal şekilde ortaya çıkar çünkü, evrimsel bir zaman sürecinde adaptif savunmaların seçiliminin intiharın tüm ana bağlantılarını kullanmış olması ve böylece bu bağlantıların öngörü gücünü tüketmiş olması gerekmektedir. Tamamlanmış intiharlar, organizmanın kendi kendini yok etmekten kaçınabileceği bilgi ipuçlarında yoksun kalan, bu nedenle istatistiksel kalıntı olarak değerlendirilen olaylardır. Ampirik kanıtlar bu teorik beklentiyi destekler niteliktedir. İntihar davranışı, birey düzeyinde öngörülmeye dirençlidir. Değerlendirmenin hangi yöntemle yapıldığına bakılmaksızın, "yüksek risk" olarak değerlendirilen kişiler, uzun süreler boyunca bile nadiren kendi canlarına kıyarlar. Sonuç olarak, önleyici bir tedavi, bir hasta kohortunun 'yüksek riskli' alt kümesine uygulanmak için yeterince güvenli ve etkiliyse, geri kalanlar için de aynı derecede değerli olacaktır. Önleme tedbirleri, intiharın rastlantısal doğasının kabul edildiği, nadir ve neredeyse rastgele olan kendisine yönelik ölüm "hatasının" bireysel değil, evrensel bir insan potansiyeli olarak var olduğunun kabul edildiği durumlarda, başarı için daha büyük olasılıklar sunacaktır. Risk değerlendirmesi yerine risk iletişimine odaklanan gerçekçi, evrim bilgisiyle harmanlanmış, klinik bir yaklaşım önerilmektedir. İnsan türü, kendi hayatına son verme bakımından günlük yok denecek kadar küçük bir risk taşırlar, ancak bu sonuçtan kaçınmak için çok iyi adapte olmuşlardır. Hemen hemen hepimiz, hayatın stresine neredeyse her zaman başka çözümler bulmaktayız.

Anahtar kelimeler

Evrim, acı-beyin, pozitif psikoloji, risk değerlendirmesi, intihar

Anahtar Noktalar

- İntiharın acı-beyin modeli, güncel evrim literatüründeki teoriler içinde en büyük açıklama gücüne sahiptir. Nüfus düzeyindeki kalıplara bakılmaksızın, intiharın esas olarak normal ergen ve yetişkin bireyler arasında rastgele gerçekleşeceğini öne sürmektedir.

- Bireysel intihar riski, bildiğimiz herhangi bir yöntemle faydalı bir şekilde ölçülememektedir. İntihar muhtemelen prensip olarak tahmine elverişli değildir.

- Tamamen risk değerlendirmesi temel alan tedavi kararlarının (güvenlik planları, psikofarmakoloji, hastaneye kabul vb.) yanlış yönlendirilmiş olduğu varsayılabilir "risk altında" olduğu yargısına varılan bireylerin hayatına son verme tehlikesi diğer bireylerden muhtemelen daha fazla değildir. Mevcut durum buna göre yönetilirken esasen tüm hastalar uygun bakıma ve şefkate ihtiyaç duymaktadır

- İntihar düşünceleri olan birinin, empatiyle ve yargılamadan dinlenmesi gerekmektedir. Normal zekaya sahip bütün ergenler tüm ergenler ve yetişkinlerin intihar açısından bir miktar risk altında

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girişiminde yalnızca kısa bir gecikmeye neden olan veya karmaşıklığa çok az katkıda bulunan engellerin beklenmedik şekilde güçlü ve olumlu sonuçlar vermesini beklenebilir.

9.5 Sonuç

Hem evrim teorisi (Soper, 2018, 2021) hem de ampirik kanıtlar (Corke ve diğerleri, 2021), intiharın temelde rastlantısal bir olay olduğuna işaret etmektedir. İntihar konusu, bireysel düzeyde risk değerlendirmesine uygun değildir. Davranışın evrimsel bir bakış açısıyla ele alınması, yani bu davranışı normal bir ergen veya yetişkinin bağışık olmadığı talihsiz bir özelliği olarak görülmesi, intihar biliminin halk sağlığı, klinik ve araştırma gündemini yapıcı bir şekilde yeniden şekillendirilmesini sağlar. Bu yaklaşım, önleme sorumluluğunun temel olarak halk sağlığı düzeyinde, nüfusa yayılan önlemlerle olduğunu vurgular. Ek olarak klinik ortamlarda, risk değerlendirmesinin ortadan kaldırıl-

masının hızlanmasına yardımcı olabilir ve klinisyenlerin hastalarına intihar eğilimini açıklayabilecekleri ve gerçek tehlike hakkında onları rahatlatabilecek bir kavramsal temel sunabilir ve yardımcı müdahalelere ilişkin kararlara rehberlik edebilir. Bilgilendirilmiş terapötik karşılaşma, hastayı gerçekçi bir şekilde güçlendirme, yeterlilik ve özgüven duygusu sağlayabilir.

Araştırma öncelikleri açısından, intihar önleme çalışmalarının uzun yıllardır sürdürdüğü bir risk değerlendirme yöntemi bulma arayışı artık yetersiz bir yaklaşım gibi görünmektedir. Çoğu insanı kendi yaşamlarını sonlandırmaktan koruyan evrimleşmiş savunma mekanizmalarını tanımlamak, anlamak ve bunlardan yararlanmaya çalışmak ilerleme için daha iyi bakış açıları, fırsatlar sunar. Odak noktası, keyfi ve faydalı olmayan bireysel risk değerlendirmeleri yapmaktan, niçin neredeyse her zaman kendimizi öldürmek yerine yaşamayı seçtiğimizi daha olumlu bir şekilde sormaya kayabilir.

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