



Evolutionary Psychiatry Special Interest Group (EPSIG)

Newsletter December 2020

- Editor: Dr Annie Swanepoel (Consultant Child and Adolescent Psychiatrist) annie.panzer@gmail.com
- EPSIG Chair: Dr Paul St John-Smith (Consultant Psychiatrist) p.stjohnsmith@nhs.net or paulstjohnsmith@hotmail.com
- Finance Officer: Dr Riadh Abed

Contents:

1. Notes from the editor and feedback to questionnaire
2. An interview with John Launer
3. A date for your diary: 19th March 2021
4. An evolutionary perspective on autism
5. Contribute to the future – a RCPsych initiative

1. Notes from the Editor

We hope that you will have the opportunity to spend time with loved ones over the festive period and also to get some rest. To those of you who won't be able to – thank you, your hard work during a global pandemic is much appreciated.

Thank you so much to those who responded to our reader's survey from our last Newsletter.

To respond to the suggestions:

- We will aim to give pointers to the practical applications of evolutionary theory and its use in particular disorders by giving a short overview and links for further reading. The most commonly cited request in the survey was that of autism, so we will address this below.
- Unfortunately, we are not able to provide a membership list with details of members. This is because we ourselves do not know this – the list is held by the RCPsych and not shared due to GDPR concerns.
- Students are very welcome to submit contributions for the newsletter – please just email Paul and/or Annie (see emails on front page)
- New joiners: please note that our previous newsletters are listed on the EPSIG website <https://www.rcpsych.ac.uk/members/special-interest-groups/evolutionary-psychiatry/newsletters> and we also have a wealth of information and links to past events <https://www.rcpsych.ac.uk/members/special-interest-groups/evolutionary-psychiatry/events> which includes slides and talks.

2. An interview with Dr John Launer

Please tell us a bit about yourself.

My parents were Jewish refugees from central Europe, and neither of them were able to go to university. I did my first degree in English. While I was at university I went into personal psychotherapy and decided I wanted to be a psychoanalyst. I went to see Enid Balint (Michael Balint's widow) who said I was young enough to do medicine and psychiatry, and my prospects for training would be better if I did. I took her advice and went to medical

school. In the event, I never became either a psychiatrist or psychoanalyst. I went into general practice, which I felt suited my temperament better. My trainer was Hilary Graham, who was one of the first GPs in the country to run a family therapy clinic in his surgery. I then went on to train as a family therapist myself.

The combination of GP work and family therapy turned out to be ideal for me. I've spent a lot of my career working at the interface between primary care and the mental health professions, trying to help each world understand the other better. I became one of the first consultants in general practice at the Tavistock Clinic. I worked there part-time for 17 years and chaired a CAMHS team. I've now retired from clinical work but carry on as an educator for Health Education England, specialising mainly in supervision training. I also do a lot of writing and have published several books about general practice, supervision, narratives in health care, psychotherapy in primary care and other subjects.

What triggered your interest in evolutionary theory?

This sounds rather corny but I read Darwin for the first time in my thirties and it completely changed the way I looked at things. Until then, like many educated people, I had thought I understood evolution and obviously I believed in it, but actually I had no sense of the significance of principles like variation and natural selection, or the enormity of deep time and its implications. I then went on to read all the popular writers on the topic: Dawkins, Dennett, Pinker, Gould and so on, as well as evolutionary psychology. and I became fascinated by thinking about the world in evolutionary terms.

Another major turning point for me was reading a paper written in 1912 by the Russian psychoanalyst Sabina Spielrein. I knew of her because of the well-known scandal of her being Jung's patient and then his lover. What I discovered from reading her paper was that she was a highly original thinker in her own right, and she seemed to have an instinctive understanding of evolutionary psychology that was decades ahead of her time. I read everything else I could find by her, or about her. After her affair with Jung, she worked with Freud in Vienna, Piaget in Geneva, and Luria and Vygotsky in Moscow. Essentially, she wanted to put psychoanalysis on a sound evolutionary footing – but of course the psychoanalysts of her time had very little interest in this, and those like Piaget who did understand evolution had little time for psychoanalysis. Luria and Vygotsky were initially sympathetic but distanced themselves when Stalin banned psychoanalysis. Tragically,

Spielrein was murdered in the Holocaust, along with her two daughters, and her ideas were more or less completely forgotten.

To cut a long story short, I decided to write a biography of her. It was the first one to be published in English (“Sex versus Survival: the Life and Ideas of Sabina Spielrein”, Duckworth, 2014). I tried to show how she anticipated later ideas about child development, mother-infant attachment, the acquisition of language, and in particular the inherent conflict between survival and reproduction. I’ve now helped to establish an International Association for Spielrein Studies, based in Poland but with members from around the world. Researching and writing the book brought me into contact with evolutionary thinkers like Randolph Nesse, James Chisholm and Daniela Sieff. They all helped me to reassess Spielrein’s ideas in the light of contemporary thinking in evolution. This also prompted me to convene the evolution and psychotherapy study group at the Tavistock. It drew together colleagues including Annie Swanepoel, Graham Music, Michael Reiss and Bernadette Wren. Our group has now published four papers on subjects like ADHD, gender diversity and child abuse, looking at their evolutionary connections, and the implications for psychotherapy. We are now closely allied with EPSIG. I hope Sabina Spielrein would have been proud of us!

In what way do you think an understanding of evolutionary theory is helpful for clinicians on the frontline?

I think one has to start with Dobzhansky’s famous remark: “Nothing in biology makes sense except in the light of evolution.” Any understanding of health and disease, or reproduction and development, is seriously impoverished without the capacity to take an evolutionary perspective. One concept I find particularly helpful in medicine is that of trade-offs. It helps us to make sense of why the human body is less than perfect in many respects, and why we are susceptible to particular illnesses. The same concept is also helpful in explaining why there is rarely a perfect treatment for anything – only remedies that will help some people sometimes, or give rise to benefits but also risks. In the Tavistock study group, some of our writing has focused on the idea of mismatches: traits that were useful in previous human environments but may give rise to difficulties in people who possess them nowadays, so clinicians may need to focus more on trying to adapt the environment to suit them rather than pathologising them. ADHD is an obvious case in point.

In a psychotherapeutic context, evolution can make sense of life choices and behaviours that might otherwise seem just deviant or inexplicable. Working with step-families, for example, it helps to understand why someone might have less investment in their step-children than their biological children from the point of view of genetic self-interest. In our most recent Tavistock paper, we pointed out how maternal neglect of children may partly have its roots in the kind of decisions that mothers had to make in hunter-gatherer societies in order to preserve their own lives, or those of stronger offspring. One has to tread very carefully in areas like these, since such hypotheses can easily be misunderstood as exonerating such behaviour. Rather, what we are trying to do is explain the possible survival value underlying many harmful actions, in the hope of helping clinicians to become more compassionate and imaginative when dealing with perpetrators – while recognising that we need to do all we can to prevent harm and support victims.

How has your practice changed through knowing more about evolutionary science?

While I was in clinical practice, I tried to use the principles I've just described to guide the way I discussed diagnosis and treatment with patients and their families. Nowadays, all my practice is educational: training, individual and group supervision, team facilitation and so on. I now conceptualise much of this as “evolution in the moment.” In all these activities, we are dealing with exactly the same dynamics as in biological evolution: collaboration and competition, trying to find trade-offs between opposing desirables, negotiating between different vested interests according to status, age, gender and so on. I've also been involved in the narrative medicine movement since its beginnings in the 1990s. One might think that nothing could be more antithetical to narrative thinking than biology and evolution. I find the opposite. I see the construction of stories – by individuals, or within families, groups or cultures – as experiments in sense-making that function in much the same way as any evolutionary process: by trial and error, and in continual flux. I'm rarely interested in teaching didactically, more in creating a context for interactions that allow participants to move on from one set of stories to a new and more helpful one. As humans, we are always looking for stories that ‘fit’ our situation better.

What advice would you like to offer?

Like anyone involved with EPSIG, I would advise that evolution should be taught from the beginning of medical training and in the other health professions. It ought to be central. I regret having practised medicine for at least ten years before it even occurred to me to pick up ‘On the Origin of Species.’ I have twins who are now undergraduates – one studying medicine and the other anthropology. They are both lucky enough to be on courses that take evolution seriously and make it a core theme in much of their teaching. I would like to see this becoming universal. I’d also like to advise people to avoid getting drawn into a false dichotomy between narrative and humanistic ways of looking at the world on the one hand, and a biological or evolutionary one on the other. The longer my career has gone on, the more compatible I believe these are.

3. A date for your diary: 19th March 2021 (afternoon)

We are delighted to inform you of a FREE virtual conference on 19th March 2021 on the topic: The Darwinian Roots of Attachment Theory. Please see the attached leaflet for details of speakers. Bookings will open closer to the time.

4. An evolutionary perspective on autism

In our newsletter of May 2020, Adam Hunt wrote about autism from an evolutionary perspective. Please refer back to this on our website for the references and further detail. The below is just a summary of the main points, in order to shine a spotlight on autism as our readers requested.

Autism is heterogeneous. The core symptoms of difficulty with emotional and social communication, as well as unusually intense special interests can apply to Silicon Valley tech billionaires or carer-dependent non-verbal individuals. One autistic individual could feed a million mouths with their wealth, another cannot feed themselves. The autism label is therefore too wide to expect a single unifying etiology.

Studies have found that at least 3-10% of autism is related to de novo and rare genetic variants and these are “disorders” rather than evolutionary adaptations. Similarly, environmental factors such as prenatal teratogens, for example valproate or alcohol, can cause syndromes which often classify as autism. These cannot be classed as “evolved” or “adaptive”, better fitting conceptions of “disorders” or “disease”.

On the other hand, many cases which might be called ‘high-functioning’ autism may be an evolved individual difference that is adaptive, rather than a disorder. We know that autism runs in families and has a high heritability. It is common enough that there probably were one or more autistic individuals in our ancestral hunter gatherer tribes (which probably included 100-150 individuals). We know that autism appears young and is lifelong, and is more likely to appear in children born to older parents. High-functioning people with autism often show outstanding abilities in memory and spatial skills and develop expertise in their area of special interest. An autistic child being born to older parents makes strategic sense, because they are likely to be born with more respected parents and older siblings, a more protective situation to get through the early years where autism’s deficits are most obvious and abilities not yet fully developed.

All of these facts are bizarre and paradoxical to a disease explanation, but perfectly fit an explanation of autism as having some specialised evolved function. Leading autism researcher Simon Baron Cohen’s argues along these lines in his recent book ‘The Pattern Seekers’, claiming human inventiveness is directly linked to autistic ways of thinking. Many cases of autism are best explained as a form of object and system cognitive specialisation, creating minds which obsess and revel in the non-social world and may therefore contribute to their group through their special skills, earning reproductive success via social admiration. Thus, within the complex autism spectrum, we find adaptive and disorderly subcategories, and an evolutionary approach allows us to parse and explain the various elements of this heterogeneity.

5. A chance to contribute to the future – a request from the College

As we leave an eventful 2020 behind, the RCPsych prepares to celebrate its 180th anniversary in 2021. Anniversaries are not just for celebration, but also for reflection and contemplating our past, present and future.

All entries (word count up to 1000 words) will be deposited in the College archives, with the author's agreement, for future generation to read and learn about psychiatry in the present day. Each author will receive a certificate confirming this. The closing date is 30th April 2021.

In accordance with archives policy, should an author wish, it is feasible to state a period for which their submission will be 'closed' to public access, e.g. 10 or 25 years or longer.

Competition now open

Find out more: <https://www.rcpsych.ac.uk/about-us/library-and-archives/archives/future-archive>

Many thanks for reading the Newsletter and please don't hesitate to get in touch with any contributions or suggestions.