



Evolutionary Psychiatry Special Interest Group (EPSIG)



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Notes from the Editor

The year is a quarter way through, and we have been very active in terms of evolutionary thought, reading, writing, setting up and promoting evolutionary events. Most importantly the annual EPSIG Trainee event on March 14th was held at the college in London. It was a great success. Thanks to all the trainees who helped set it up and who participated. Costa will give his reflections below. For me Derek Tracy's introductory lecture covering 4 billion years in 40 minutes was one highlight of many in a great day, possibly rivalled by the post-meeting gathering at the Wetherspoons almost opposite the college. I would estimate over three quarters of the meeting adjourned to the pub after 5pm and much planning and informal discussion was held.

Nevertheless, for other participants the central part of the meeting was the substance of the interface of Evolution and clinical psychiatry. As a result of the enthusiasm generated a number of people are organising and participating in local training events which will feature evolutionary ideas.

I must confess I always worry about evolutionary events for single trainees trying to get across these complex ideas. It remains hard for us old hands! There are several difficulties faced by trainees, however well prepared.

Continued on page 2

Notes from editor (cont.)

First is trying to get across the relevance of evolution, especially as evolution is itself either controversial or more commonly, accepted but misunderstood. And then there is the misunderstanding that other psychiatrists think we think diseases are adaptations that were selected for! I personally always emphasise the stance that the vulnerability to psychiatric disorder is what has evolved and is often a by-product of adaptive systems. I think the persistence of illness (or vulnerability to disorder) is conveniently best summarised by the following general evolutionary concepts, worth reiterating at almost all meetings especially training events.

Such general factors include: -

1. Mismatch: the exposure of organisms to evolutionarily mismatched or novel environment for which they did not evolve.
2. Life History factors
3. Excessive defence mechanisms (For defences such as depression or anxiety)

Note the several possibilities for regulation mechanism status: -

- Regulation mechanism normal, low mood useful in this instance
- Regulation mechanism normal, low mood useless in this instance
- Regulation mechanism threshold abnormal, low mood excessive or deficient
- Regulation mechanism fundamentally abnormal, depression arises without precipitant
- Depression arises from mechanisms unrelated to those that regulate mood

4. Co-evolutionary considerations: losing the arms race against pathogens
5. Constraints imposed by evolutionary history (Phylogeny)
6. Sexual Selection and its consequences

7. Balancing selection: maintaining an allele that raises disease risk

8. Demographic history and its consequences

9. Selection favours reproductive success at the expense of health.

Any one of these items is a potential lecture in itself.

Then there is the problem for trainees of getting across the potential clinical importance of evolutionary ideas, given that it is not of itself, a mode of treatment but a basic science. In an analogy with Epidemiology, evolutionary thinking is not a treatment necessarily but a perspective on data and an organising principle. Epidemiology was neither a surgical nor medical treatment of Lung Cancer, but Sir Richard Doll and his team have probably indirectly saved more lives from their insights, than all the rest of the profession giving post diagnosis treatments, by pointing out the risks of tobacco. As evolutionists we can aspire to help in an analogous fashion. Research and treatments may usefully be considered from an evolutionary perspective.

The last issue that can cause problems for brief trainee talks is the issue of Eugenics. We utterly oppose Social Darwinism and Eugenics, which are unethical and a downright misuse of Darwin's theories as well as frankly scientifically inept. Diversity is valuable and people must be respected and have human rights and dignity. We are not self-appointed guardians of some fanciful idealised genome. Species without variation are often vulnerable. We as doctors are there for people not fanciful social or political ideologies.

There is much work still to be done!

Finally, regarding trainees there is the chance to enter the Charles Darwin essay prize. Please see details below (page 5).

Upcoming Evolutionary and EPSIG meetings

1. An evolutionary psychiatry day at the RSM organised by Riadh Abed and Derek Tracy:

On 9 June 2025 the Section of Psychiatry at the Royal Society of Medicine will be holding a 1-day major Evolutionary Psychiatry Conference.

Here is the link <https://www.rsm.ac.uk/events/psychiatry/2024-25/pyt03/>

Speakers are:

Prof Christopher Stringer
 Prof Robin Dunbar
 Prof Samir Okasha
 Dr Gilian Pepper
 Dr Riadh Abed
 Dr Nikhil Chaudhary
 Dr Annie Swanepoel

2. The Evolutionary Psychiatry Debate and Dinner at New College Oxford on August 31st

Date: Sunday 31st August 2025

Location: New College, Oxford, UK

Accommodation: available at New College by special request

Plan:

12:30-1pm arrival and registration at New College

1-1:15pm introductory remarks

1:15 – 2:45pm 1st debate

“The next step for evolutionary psychiatry is clinical application”

For the motion: Dr Annie Swanepoel, Dr Adam Hunt, Dr Leif Kennair

Against the motion: Dr Riadh Abed, Dr Paul St John-Smith, Dr James Turner

2:45-3:15pm refreshment break

3:15-4:45pm 2nd debate

“Most cases of Major Depressive Disorder are functional”

For the motion: Dr James Turner

Against the motion: Dr Leif Kennair

4:45-5pm closing remarks

5-6pm drinks @ the famous Turf Tavern

6-8pm 3-course dinner at fine-dining venue



Please find the registration link below:

<https://www.eventbrite.co.uk/e/the-evolutionary-psychiatry-debate-and-dinner-2025-tickets-1232122604879?aff=oddtcreator>

Upcoming Evolutionary and EPSIG Meetings (cont.)

3. The EPSIG AGM is on Friday 12 Sep (2025) 2pm via zoom. All members are welcome.

4. Embedding Evolutionary Principles into the Educational Frontline, 13 May 2025, 1 - 4:30pm, Webinar, via Zoom (recorded) -

<https://www.acamh.org/event/embedding-evolutionary-psychiatry-into-education/>

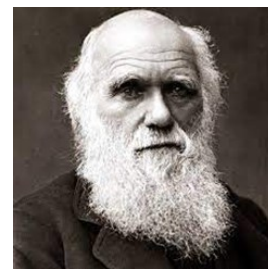
5. Our annual conference which will ONLINE, on Friday November 21 2025, Details below

Time	Session
9.30am	Welcome Dr Riadh Abed, Chair, Evolutionary Psychiatry Special Interest Group
	Plenary 1 Chair
9.30am	Why evolutionary science is helpful for psychiatry trainees Dr Gurjot Brar
10.15am	Evolution Professor Dan Stein
11.00am	Break
	Plenary 2 Chair
11.30am	Dr Giada Cordoni
12.15pm	Lunch
	Plenary 3 Chair
1.15pm	Clinical applications of evolutionary psychiatry and the GOAL model
2.00pm	Deniz Gul Salali
2.45pm	Break
	Plenary 4 Chair
3.15pm	Professor Jerome Wakefield
4.00pm	Q&A
4.45pm	Close of conference

6. We are also looking to set a date for next years trainee event in the first half of 2026; date to be announced

7. Stay tuned for an upcoming collaboration with the Evolutionary Psychiatry group of Turkey!

Charles Darwin RCPsych EPSIG Prize 2025



Do you want to be invited to speak at an international conference?

If you are a Psychiatry core or specialty trainee in the UK, you are eligible to apply, and two of the winners will be invited to speak for 10 minutes each at the EPSIG International Symposium on 22nd November 2025. Medical students, foundation doctors and staff grade doctors are also eligible to apply in their own categories with the prizes as below:

What you can win:

- A. Invitation to give a 10-min oral presentation at the EPSIG International conference held virtually on 21st November 2025 for the psychiatry core and specialty trainee winners only.
- B. £100 pound prize money for the winner each of five categories (medical student, foundation doctor, core trainee, specialty trainee, staff-grade doctor)
- C. Certificate for the runner-up in each of the above five categories
- D. Winners and runners-up have their essay printed in the EPSIG Newsletter that is distributed to all EPSIG members (currently around 3000 psychiatrists and other professionals worldwide)

What you need to do:

Write a 1500 to 2000-word essay (excluding references) relevant to Evolutionary Psychiatry. The essay should be supported by a review of relevant literature and should be your own work.

The title is: *“How an evolutionary perspective can improve our understanding of ... (pick any one psychiatric condition)”*.

You may want to visit the EPSIG [YouTube channel](https://www.youtube.com/EPSIGUK) at Youtube.com/EPSIGUK, listen to the 'Evolving Psychiatry' podcast (on [all major platforms](#)), or read our published newsletters at [epsig.org](https://www.epsig.org) for inspiration and information.

Email your submission to sigs@rcpsych.ac.uk with “Entry for EPSIG Essay prize” as title by 1st September 2025.

What we will do:

Entries will be judged by a panel of three EPSIG Executive Committee members. Criteria for judging will include: clarity of expression, understanding of the evolutionary literature and evidence, critical thinking and the overall ability to convey enthusiasm and originality.

The committee reserves the right not to award the prize if no entry reaching the agreed minimum standard is received. Winners and highly commended other entrants will be informed by 15th October 2025.

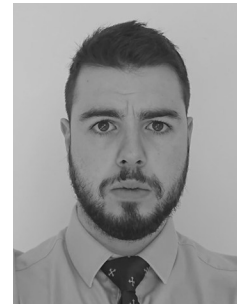
EPSIG Trainee Engagement Day 2025 - Report

About the author

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The annual EPSIG trainee engagement day took place on the 14th March 2025 at the Royal College of Psychiatrists. In what follows, I will provide a brief overview of the day, important themes that emerged, and some exciting signs that evolutionary thinking is starting to more deeply permeate the consciousness of psychiatry trainees.

The day was pitched with a “neurodevelopment and evolution” focus, and Dr Riadh Abed kicked us off with a brief thematic overview of evolutionary psychiatry, touching upon some of the exciting areas that are being looked into at this time. Riadh set the scene nicely for Dr Derek Tracy, the Chief Medical Officer of SLAM and an executive EPSIG member, who’s fascinating bigger-picture talk entitled “5 steps to becoming human” demonstrated the sheer contingency that enabled, over evolutionary time, the development of sophisticated life-forms, and, beyond that, the human mind.

Derek touched upon the geological and planetary conditions that sparked the existence of a medium-water-within which life could form. From here, the jumps to multicellular life and, then, nervous system development (around the time of the Cambrian explosion) set the stage for the unique efflorescence of diverse life to emerge – this rapid diversification being technically referred to as an “adaptive radiation”. Derek then artfully expounded the phylogenetically-hierarchical stacking of brain structures, one on top of the other over deep evolutionary time-scales, that finally enabled sociality, high-level

cognition, language, reason, and (much more recently) culture. Bipedalism was also highlighted as perhaps the most foundational recent development in hominid evolution, which in many senses accelerated evolution substantially. Derek’s central idea—that diversity of structure isn’t just adaptive but essential to the continued unfolding of life—maps neatly onto the necessity of psychological diversity in the human lineage, setting up the remaining talks that celebrated the notions of neurodivergence.

This was followed up by a talk by Dr Annie Swanepoel, a CAMHS consultant psychiatrist and executive member of EPSIG, who focused more specifically on ADHD, and how evolutionary perspectives can shed light on this contentious diagnosis. Central to Annie’s hypothesis is the idea of “evolutionary mismatch”, whereby contemporary “WEIRD” societies (Western, Educated, Industrialised, Rich, Democratic) radically depart from the ancestral environments for which biological evolution sculpted our minds. In particular, and drawing upon empirical evidence obtained from the close study of extant hunter-gatherer tribes, it is becoming increasingly clear that the way Western children are reared, and the social conditions that now predominate, are ill-suited to the biological and psychological needs of infants. Annie pointed to differences in the nature of attachment, play, learning, and peer interactions, that supervene upon the healthy psychological development of the child. Crucially, modern psychiatry must recognise that the psychopathology is not located internally in the child with ADHD, but rather in their fit to the environment, and that all efforts

EPSIG Trainee Engagement Day 2025 - Report (cont.)

should be focused on environmental optimisation prior to medication or other “biological” treatments.

Next up was Dr Adam Hunt, a post-graduate researcher and philosopher in the field of evolutionary psychiatry based at Cambridge University, whose thinking over the last decade has spanned diagnosis and classification, autism, personality, the concept of dysfunction, amongst other areas. He provided a brief overview of his own work, which seeks to reconceptualise dysfunction on dimensional lines, avoiding arbitrary and fragmentary categories. In building an ontology of personality, he makes an argument that diversity in social species like humans isn’t just expected, but essential to the flourishing of the group. Indeed, this should lend legitimacy to the neurodiversity movement of the last few decades, and brings attention also to the risks of over-medicalisation.

In the afternoon, Dr Ben Griffin, a core trainee in the Sussex Deanery, gave an excellent talk on the epistemology of evolutionary psychiatry, introducing terms borrowed from the philosophy of science—such as “falsificationism”, the “hypothetico-deductive method”, and “paradigm shift”—to forcefully make the argument that good theoretical research in evolutionary psychiatry must make novel predictions that can be tested empirically. Ben then demonstrated, using the work of Simon Baron-Cohen in autism, how researchers have practically sought to develop coherent theories (e.g. the “empathising-systemising model of autism” and the concept of “assortative mating” in evolutionary biology), draw out using deduction the novel predictions that are entailed logically (e.g. “we would expect higher rates of autism in geographical regions that are regional hubs for STEM careers, since they are a priori more like to attract “hyper-systemisers”), and then testing them (e.g. it turns out, yes). Ben’s articulation of the process of science, as applied to evolutionary psychiatry, represented a powerful de-

fence of the utility of evolutionary psychiatry not just as an “epistemic tool” but as informing the explanations that we depend upon in the clinic.

Ben then led a session with break-out groups, where trainees utilised vignettes of different mental illnesses, to think more deeply about the assumptions, implications, and predictions of different hypotheses. This sparked a lot of enthusiasm amongst trainees as they transitioned into the final session of the day, which related to the specifics of EPSIG as a working group of clinicians, the various projects that have taken place, and the opportunities that are available. I led this conversation, with reference to my own stubborn (yet successful) overtures to my deanery, insisting that they hold some teaching on evolutionary psychiatry to trainees. Indeed, I spoke about how this represents a unique opportunity: interested trainees can draw upon the wealth of experience and knowledge within EPSIG to readily organise speakers that are happy to introduce evolutionary perspectives to evolution-naïve trainees.

We ended the day with a brief feedback session, answering any outstanding queries, and directing trainees to contacts, intellectual resources, and, in perhaps the most inspired decision of the day, to the pub. Of those who made it, I got the impression that there was much merriment and enthusiasm, as we celebrated a successful conference and a cognitively-draining day, with a much needed pint.

March, 2025

Kraepelin conference at the RSM - Report

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After Kraepelin: Ambitions, Images, Practices and the History of Psychiatry 1926-2026

On 6th March 2025 I attended the first of a two-day conference hosted at the Royal Society of Medicine, entitled "*After Kraepelin: Ambitions, Images, Practices and the History of Psychiatry 1926-2026*". Despite a relatively measured opening lecture by esteemed academic psychiatrist Professor Paul Hoff – emphasising the uniquely philosophical nature of psychiatry as a medical speciality and that important philosophical insights can be found in the works of the likes of Kraepelin, Jaspers, and Kronfeld – the most apt metaphor I can conjure up to describe the sum total of the rest of the days talks is a double-barrelled shotgun being fired at Kraepelin's pervasive influence on mainstream psychiatry, with lethal intent!

The first bullet was a scientific critique of the current categorical nosology of psychotic disorders, which has its roots in Kraepelin's distinction between what he termed the episodic "manic-depressive illness" (now known as Bipolar Affective Disorder) and chronic progressive "dementia praecox" (now known as Schizophrenia). Psychiatric geneticist Professor Sir Michael Owen delivered an excellent talk succinctly demonstrating that converging lines of genetic, neurobiological, psychopharmacological and clinical evidence all suggest this is a false dichotomy. For example, the genes associated with an increased risk of Bipolar Affect Disorder and Schizophrenia diagnoses substantially overlap. Whilst he himself suggested that this constitutes grounds for psychiatry to move towards an integrated, dimensional models of disorders, a number of attendees seemed to take this to imply that the scientific-basis of psychiatry, purportedly the justification for its social powers, has been fatally undermined.

The second bullet was a moral indictment of mainstream psychiatry, furnished by a philosophical analysis of the sociocultural historical contingencies which have shaped it. Strong emphasis was placed on the involvement of Kraepelin and other influential psychiatrists in the appalling eugenics movement of the early 20th century. It was argued that this eugenicist-perspective shaped the way psychiatry was approached, and accordingly that modern psychiatry has unknowingly absorbed many of the pejorative assumptions of this tainted legacy. Philosopher Dr Francesca Brencio exemplified this by tracing the origins of the Asperger's diagnosis to Nazism, explaining how the withdrawn behaviour characteristic of autism was seen as particularly problematic in a society that demanded cultural homogeneity, aligning with the ideals of conformity and unity championed by Nazism. Professor Matthew Beresford, expanded upon this theme of social constructivism with an introduction to Mad Studies: the view that current psychiatric diagnoses have no naturalistic objective basis, but are created and maintained through social interactions, power dynamics, and cultural normativity.

So, was the shotgun blast lethal?

Whilst I wholeheartedly agree that psychiatrists must adopt a philosophical stance towards their work, be aware of the field's chequered history, and appreciate that psychiatry is not just a medical speciality but also a social practice, it seemed to me there was a tendency for discussions of these criticisms of psychiatry to become destructive and almost polemical. For the most part, *constructive* criticism clearly articulating how psychiatry can evolve as a field was lacking; and it

Kraepelin conference at the RSM - Report (cont.)

is in this way that the burying of Kraepelin's legacy was not achieved. Being practical, psychiatry cannot just stop, but must evolve. In order for this evolution to occur, a new paradigm will be required to advance on the prevailing biopsychosocial model. Formulating such a new paradigm through a constructive criticism of psychiatry is a much more important but challenging task than simply highlighting its defects.

Evolutionary psychiatry (EP) is arguably a strong candidate for such a novel paradigm. Whilst still in the early phases of its philosophical development, EP is arguably unparalleled in its ability to provide a naturalistic approach to classifying psychopathology, addressing the longstanding concern that psychiatric disorders are no more than social constructs. With its appreciation of traits as existing on continuous spectrums EP also offers a humanising approach with the potential to disintegrate the stigmatising and othering-effects of current diagnostic categories, which seemed to me to be emotional impulse driving the attempted assassination of Kraepelin's legacy.

March, 2025