Medical History, 2002, **46**: 221–240

LSD Therapy in Dutch Psychiatry: Changing Socio-Political Settings and Medical Sets

STEPHEN SNELDERS and CHARLES KAPLAN*

Introduction

LSD and similar hallucinogenic drugs have at present acquired a cultural connotation as dangerous drugs that can lead to mental disorders and anti-social behaviour.[1] At one time, however, these drugs showed promise for medical use in psychotherapy and neuropharmacology, and in research into psychosis. Use of LSD was enthusiastically advocated by numerous psychiatrists from diverse cultural backgrounds and socio-political contexts ranging across the ideological divide between capitalism and communism.[2] In recent years, pleas have been made for a reintroduction of these drugs in mainstream psychiatry.[3] Despite this persistent interest, the history of hallucinogenic drug use in western psychiatry has hardly been systematically investigated. Published historical overviews of psychiatrists have been mainly concerned with the medical advantages and disadvantages of the drugs.[4] Other historical studies that mention the psychiatric use of LSD have treated the

* Dr Stephen Snelders, Rustenburgerstraat 141-II, 1073 EX Amsterdam, The Netherlands; email ssnelders@rem.nl. Prof. Dr Charles D Kaplan, Department of Psychiatry and Neuropsychology, Maastricht University, PO Box 214, 6200 AE Maastricht, The Netherlands; email ch.kaplan@sp.unimaas.nl.

[1] The use of the word "hallucinogens" to classify LSD and other drugs is common-sensical, vague and sometimes confusing. The classification scheme of Jean Delay, first suggested in 1959, is more clinically precise. In this scheme hallucinogens are classified as psychodysleptics (*psycho-dysleptiques*) because of their characteristic psychological effects: disturbance of mental activity and the engendering of distortions in a person's judgement of reality. See Jean Delay and Pierre Deniker, *Méthodes chimiothérapiques en psychiatrie: les nouveaux médicaments psychotropes*, Paris, Masson, 1961, pp. 14–17. In our view, this classification implicitly recognizes the role of cultural definitions of reality as part of the problematic of the drug experience, as will be elaborated below. Despite this precision we have chosen to use the term "hallucinogen" for literary reasons.

[2] For an overview, see Stanislav Grof, *LSD psychotherapy*, Pomona, Hunter, 1980. See also Gordon Claridge, 'LSD: a missed opportunity?', *Human Psychopharmacology*, 1994, **9**: 343–51; G Fishman, 'Dreams, hallucinogenic states, and schizophrenia: a psychological and biological comparison', *Schizophrenia Bulletin*, 1983, **9**: 73–94.

[3] See the special issue of *J. Psychoactive Drugs*, 1998, **30**: 315–428; M Schlichting (ed.), *Welten des Bewusstseins*, vol. 10, *Pränatale Psychologie und Psycholytische Therapie*, Berlin, VWB, 2000.

[4] The most important overviews are Grof, op. cit., note 2 above, and Lester Grinspoon and James B Bakalar, *Psychedelic drugs reconsidered*, New York, Basic Books, 1979.

subject on the whole as a footnote of the psychedelic movement of the 1960s.[5] In this article we aim to bring together these two lines of historical research in a case study of LSD therapy in Dutch psychiatry from the mid-1950s until the beginning of the 1990s.

Why focus on the Dutch case? It is well known that drug policy in the Netherlands has been relatively more liberal during the past quarter century than in other countries.[6] Has the particular social and political climate in the country affected the possibilities of hallucinogenic drug use in psychiatry? It has been maintained that the process of criminalization of LSD has placed significant practical constraints on the opportunities and motivations of both clinicians and basic researchers to work with the drug.[7] Has this criminalization process also affected the work of medical science in the case of the Netherlands? An answer to this question will help to shed light on the general problematic of the position of medicine within the conditions of broader cultural and socio-political contexts.

In order to organize and interpret the historical data, we have found it useful to apply the model of "drug, set and setting" developed by the American psychiatrist Norman Zinberg.[8] The model is an application of the biopsychosocial paradigm of psychiatry to the problem of classification and explanation of the effects of illicit drugs.[9] "Drug" refers to the actual pharmacological action of the substance on the neurobiological system of a person. "Set" includes the attitude of the person at the time of using the drug. Zinberg included personality structure under the category of "set". We would also include cultural cognitions (definitions and images) in this category; i.e. factors which give meaning to the drug experience for the person. "Setting" is recognized by Zinberg as the determinant given the least attention in psychiatry and refers to the influence of the physical and social situation within which use occurs. According to Zinberg, the setting is the primary determinant of how the use of the drug is controlled.

For the purpose of historical analysis, we contend that *both* the cultural set and socio-political setting are primary determinants of the response to a drug in history. In understanding the set and setting of the use of hallucinogens in Dutch psychiatry it is useful to take the year 1966 as a milestone. That pivotal year marks a dividing line in the cultural and socio-political context of both medical and non-medical use

[5] For instance, see the histories of the American psychedelic movement: Martin A Lee and Bruce Shlain, *Acid dreams: the CIA, LSD and the sixties rebellion*, New York, Grove Press, 1985; Jay Stevens, *Storming heaven: LSD and the American dream*, New York, Harper & Row, 1988. For the British situation, see Antonio Melechi, 'Drugs of liberation: from psychiatry to psychedelia', in *idem* (ed.), *Psychedelia Britannica: hallucinogenic drugs in Britain*, London, Turnaround, 1997, pp. 21–52.

[6] The most detailed study is Marcel de Kort, *Tussen patiënt en delinquent: geschiedenis van het Nederlandse drugsbeleid*, Hilversum, Verloren, 1995. See also *idem*, 'A short history of drugs in the Netherlands', in Ed Leuw and I Haen Marshall (eds), *Between prohibition and legalization: the Dutch experiment in drug policy*, Amsterdam, Kugler, 1994, pp. 3–22.

[7] Claridge, op. cit. note 2 above, p. 343.

[8] N E Zinberg, *Drug, set and setting: the basis for controlled intoxicant use*, London, Yale University Press, 1984.

[9] On the biopsychosocial model, see George L Engel, 'The need for a new medical model: a challenge for biomedicine', *Science*, 1977, **196**: 129–36.

of LSD. To establish a date for the beginnings of the political and social revolt in the Netherlands, generally known as "the sixties", it is convenient to choose May 1965. In this month the anarchist Provo group concluded an alliance with the "magical happeners" of the drug scene in Amsterdam. This alliance began a protracted and successful provocation of the Dutch political and social order. The peak of the provocative revolt occurred in the first three months of 1966, in Provo's campaign against the marriage ceremony between the crown princess and a former member of the German Wehrmacht in the Second World War. The ceremony was to be held in the capital, Amsterdam. The city's population had been liberated from the Wehrmacht only twenty years before and held a deep-seated resentment to anything representing Germany. Provo argued that the ceremony was a symbol of the authoritarian character of Dutch society behind its supposedly democratic façade. In the atmosphere of provocation and repression that ruled the capital, Provo's revolt reached its pinnacle in actual confrontation on the streets on 10 March, and then in its aftermath. In February, Provo, who had proclaimed the day of the marriage a "Day of Anarchy", jokingly threatened to dope the horses of the mounted police and to spike the city's water supply with LSD. However, the national authorities did not take this provocation as a joke. Provo's campaign against the marriage became the occasion for legal measures that prohibited the use of hallucinogenic drugs such as LSD, mescaline and psilocybin. The provocation coincided with the start of a campaign in major Dutch newspapers on the dangers of the use of LSD.[10]

These events were not isolated Dutch incidents. Similar prohibitions and media campaigns occurred during 1966 in the United States, Britain, and on the European continent. In the country of its origin, Switzerland, LSD had already been criminalized in 1965. In the same year, its original Swiss producer, the pharmaceutical company Sandoz, had stopped production because of negative publicity. These developments did not hinder the spread of the use of LSD among the rebellious young. Under the banner of LSD—as the "revolutionary" drug—the Summer of Love was still to come, in 1967. This spread of LSD through the youth subculture led to increasing the intensity of the constraints on scientific and therapeutic use of LSD in the medical field.[11] Although the Dutch prohibition of LSD was not unique in

[10] A good English introduction to Provo is Rudolf de Jong, 'Provos and Kabouters', in D E Apter and J Joll (eds), *Anarchism today*, London, Macmillan, 1971, pp. 164–80. On Provo and its successors, the Kabouters, see Coen Tasman, *Louter Kabouter: kroniek van een beweging*, Amsterdam, Babylon-De Geus, 1996. For Dutch society in the sixties, including analyses of Provo, see Hans Righart, *De eindeloze jaren zestig: geschiedenis van een generatie-conflict*, Amsterdam, Arbeiderspers, 1995; James Kennedy, 'Building New Babylon', PhD thesis, University of Iowa, 1995. On the drug scene and Provo, see Stephen Snelders, 'De omwenteling. Korte geschiedenis van het ontstaan van de psychedelische traditie in het westen', in H Bogers, S Snelders and H Plomp, *De psychedelische (r)evolutie*, Amsterdam, Bres, 1994, pp. 23–87, on pp. 55–8.

[11] For instance, in the United States, the National Institute of Mental Health funded 38 LSD-related projects for a total expenditure of $1.7 million. All these projects had to be submitted for reapproval to the NIMH and be further approved by the Federal Drug Administration after the prohibition. Stevens, op. cit., note 5 above, pp. 281–2.

the international context, it was one of the first to result from the political struggle. In the state of California, the first in the United States with Nevada to instigate anti-LSD measures, possession of LSD became a misdemeanour only later in the year 1966, in October.

The Socio-Political Setting before 1966

Before 1966, no legal permission of any kind was needed in the Netherlands for a medical doctor to obtain and administer hallucinogenic drugs. The first experiments with and therapeutical applications of hallucinogens took place within the setting of psychiatric clinics of the 1950s. In these clinics contemporary managerial concepts such as multidisciplinary and multisectional teamwork were still unknown. Psychiatrists ruled as feudal kings over their departments and developed personality styles that fitted their "royal" position. Take the example of C H van Rhijn (b. 1918), one of the Dutch pioneers in LSD therapy in the psychiatric clinic Brinkgreven in Deventer. Neither the managing director of the clinic, nor his staff, nor his patients exerted much influence on his experimentation. The director held a mainly negative view of the high costs of the various experimental drugs, but had no further opinion on Van Rhijn's work. Van Rhijn's staff revered him as a dynamic whirlwind: "in those days the doctor was the king, was God, and the nurses had nothing to say", one of his former nurses told us.[12] Van Rhijn alone decided to whom he would administer LSD. The clinical setting before 1966 was one where the psychiatrist also functioned unrestricted by contemporary clinical legal formalities such as patient informed consent and medical ethical review committees.[13]

This situation of virtually free experimentation with LSD therapy was possible not only because of the autonomous position of the psychiatrist, but also because of the social status of the patients. Van Rhijn's study friend G W Arendsen Hein (1912–1995) started with LSD therapy in 1959, when he was chief psychiatrist at the Salvation Army clinic Groot Batelaar in Lunteren. This clinic serviced so-called "criminal psychopaths" sentenced by the judicial courts to psychiatric treatment. Only after he perceived the success of LSD therapy with this class of patients did Arendsen Hein start to use the method with other classes of patients in his own private clinic Veluweland in Ederveen, not far from Groot Batelaar. Most of these patients were classified as "neurotics" and originated from the wealthier social backgrounds. They were registered as "guests", not "patients", in Veluweland, indicating their higher social status.[14]

[12] Interview with John Belt by Stephen Snelders, 10 June 1996.

[13] On the situation in the 1990s, see D Irvine, 'The performance of doctors: maintaining good practice, protecting patients from poor performance'. *Br. med. J.*, 1997, **314**: 613–15; *idem*, 'The performance of doctors: the new professionalism', *Lancet*, 1999, **353**: 1174–7.

[14] For Van Rhijn and Arendsen Hein, see Stephen Snelders, *LSD-therapie in Nederland: de experimenteel-psychiatrische benadering van J. Bastiaans, G.W. Arendsen Hein en C.H. van Rhijn*, Amsterdam, Candide, 2000, pp. 103–60.

LSD was only one of the many psychoactive drugs that were being experimentally used to treat psychopathology in the Netherlands. Like other innovative drugs (e.g., chlorpromazine, lithium, and imipramine) LSD was developed by a pharmaceutical company (Sandoz) and marketed for medical use (under the name Delysid, in 1947). The attention of psychiatrists was directed to these drugs partly by the active marketing of the pharmaceutical companies' salesmen. The situation in the Netherlands did not differ in this respect from that in other western countries. A typical example of the influence of the pharmaceutical salesmen can be seen in Van Rhijn whose attention was directed to LSD by a Sandoz salesman in 1953. A publication by British LSD therapists in 1954 increased his interest still further.[15] In the following years, however, Van Rhijn was primarily occupied with the introduction of other new psychopharmaceuticals, such as chlorpromazine and reserpine. In this regard, he belonged to a young and rising group of international psychiatrists, such as Henry Brill in New York State, who "stabilized" their wards (Van Rhijn's expression) by calming down their patients with the new drugs.[16] Apart from working with these drugs, Van Rhijn was also an enthusiastic experimenter of electroconvulsive therapy. In this instance, he had again been influenced by medical technology salesmen, this time from Siemens.[17]

Was there, before 1966, any public discussion outside medicine of the psychiatric use of LSD? Before 1966 LSD had a general cultural connotation as a new medical drug. There was hardly any public discussion on the advisability of its use by psychiatrists. There was, however, one exception. A campaign against Arendsen Hein in 1959–60 was launched by the tabloid *De Telegraaf*, one of the largest Dutch dailies. The butt of the campaign was a strange affair in which one of the doctors at Groot Batelaar literally tried to escape from the clinic, together with his wife, claiming that he felt threatened by Arendsen Hein. On the advice of Arendsen Hein, the couple were declared insane by the state's district psychiatrist. *De Telegraaf* turned the affair into a public scandal and depicted Arendsen Hein as "the Satan of the Veluwe" (the region where the clinic was situated), a danger to his staff and patients alike. LSD played a role in the stories of *De Telegraaf*, not on any intrinsic grounds, but to provide further spice. The issue here was not so much LSD as the authoritarian way Arendsen Hein treated his staff. The public message was that there were limits to the power and position of psychiatrists in the Netherlands. Declaring staff members insane went beyond what was acceptable. Although the campaign finally led to the dismissal of Arendsen Hein by the directors of Groot Batelaar, in the medical and public discussion of LSD no echoes of the affair were heard.[18] This contrasted with what was to come in 1966, and indicated the secondary role LSD played in the media-constructed scenarios of the time.

[15] R A Sandison, A M Spencer and J D Whitelaw, 'The therapeutic values of lysergic acid diethylamide in mental illness', *J. ment. Sci.*, 1954, **100**: 491–507.

[16] For Brill, see Edward Shorter, *A history of psychiatry: from the era of the asylum to the age of Prozac*, New York, Wiley, 1997.

[17] Interview with Belt, note 12 above; letter from Van Rhijn to Snelders, November 2000.

[18] Snelders, op. cit., note 14 above, pp. 147–9.

The Medical Set before 1966

As with other psychoactive drugs in the 1950s, psychiatrists turned to experimentation with LSD because it seemed to offer answers to theoretical and practical problems that could not be resolved by the existing medical theories and practices. These problems provided points of continuity where LSD could be brought together with earlier psychiatric methods. Major pioneer work on LSD therapy was done by the British psychiatrists R A Sandison, J D A Whitelaw, and A M Spencer in Powick Hospital between 1953 and 1965. They discovered that the administration of LSD facilitated the eliciting of unconscious material from their "neurotic" patients.[19] This was confirmed by, among others, their German colleague W Frederking in 1955.[20] In Canada, H Osmond and A Hoffer claimed sensational results with the use of LSD in the treatment of alcohol addiction, reporting recovery rates of 50 to 70 per cent.[21] Together with the new antipsychotic, antimanic, and antidepressant drugs, LSD and similar compounds seemed to offer hope in the treatment of mental disorders for which there were no treatment methods developed, other than lengthy forms of psychoanalysis. The prognosticated results of psychoanalysis also began increasingly to be questioned. One of the most significant criticisms was that psychoanalysis was neither practical nor available to the poorer chronically institutionalized psychiatric patients.[22] LSD joined the new wave of psychiatric drugs that provided a set of innovative clinical tools that could increase the overall effectiveness of psychiatric treatment.

The positive and sometimes sensational international scientific reports on LSD account for the enthusiasm of Dutch psychiatrists. In eight clinics, and in at least three private practices, experiments were undertaken with LSD therapy.[23] Van Rhijn started to use LSD in the treatment of alcohol addicts in 1956 in Brinkgreven. He moved on to treat with the drug those of his neurotic patients who failed to respond to other forms of psychotherapy. Later he would claim to have cured 50 per cent

[19] Sandison, Spencer and Whitelaw, op. cit., note 15 above; R A Sandison, 'Psychological aspects of the LSD treatment of neuroses', *J. ment. Sci.*, 1954, **100**: 508–15; R A Sandison and J D A Whitelaw, 'Further studies in the therapeutic value of lysergic acid diethylamid in mental illness', ibid., 1957, **103**: 332–43; R A Sandison, 'Certainty and uncertainty in the use of LSD treatment of psychoneurosis', in R Crocket, R A Sandison and A Walk (eds), *Hallucinogenic drugs and their psychotherapeutic use*, London, H K Lewis, 1963, pp. 33–6; R A Sandison, 'LSD therapy: a retrospective', in Melechi (ed.), op. cit., note 5 above, pp. 53–86.

[20] W Frederking, 'Intoxicant drugs (mescaline and lysergic acid diethylamide) in psychotherapy', *J. nerv. ment. Dis.*, 1955, **121**: 262–6.

[21] Peter Stafford, *Psychedelics encyclopedia*, 3rd ed., Berkeley, Ronin, 1992, p. 80.

[22] Shorter, op. cit., note 16 above.

[23] The clinics were: Wilhelmina Gasthuis in Amsterdam, Jelgersma clinic in Oegstgeest, Dijkzigt hospital in Rotterdam (medical faculty clinics); Brinkgreven in Deventer, Vogelenzang in Bennebroek, Willem Arntz Hoeve in Den Dolder (psychiatric hospitals); Groot Batelaar (Salvation Army clinic); Veluweland (private clinic). The private practices were: C H van Rhijn in Enschede, C J Schuurman in Amsterdam, F J Bröcker in Haarlem.

of his compulsive neurotic patients with the help of LSD.[24] Arendsen Hein administered LSD from 1959 to patients he could not reach by other therapeutic procedures: his so-called "refractory" patients in Veluweland and Groot Batelaar. Experimenting with chemical methods to break down the resistance barriers of these patients was nothing new for Arendsen Hein. Earlier he had experimented with CO2-inhalation, narco-analysis with barbiturates, and the administration of methedrine. LSD was for him, at first, only the next drug on the agenda to be tried.[25] J Bastiaans (1917–97) had worked with narco-analysis since 1946, and continued using this method throughout his career. But for those patients for whom barbiturates were not effective enough to open up their unconscious, he added LSD to his treatment repertoire in 1961.[26]

Therapeutic problems, therefore, motivated psychiatrists to use LSD. But the way in which they used the drug was dependent upon their theoretical definitions of therapeutic practice and the human mind, and upon their cultural image of the LSD experience. To start with, it is useless to project a dichotomy in their own mind-sets between biological and psychosocial models of mental disorders to account for their specific therapeutic practices. Van Rhijn and Arendsen Hein are good examples. Their willingness to experiment with all kinds of psychopharmaceutic drugs, as well as with electroconvulsive therapy, suggests a biological orientation. The second wave of biological psychiatry started in the early 1950s, and research with LSD played a most important role.[27] This research was made possible by one of the two cultural images of hallucinogenic drugs which had originated in psychiatry: the psychotomimetic image. This mind-set had been created at the very beginning of psychiatry. It first appears in western medicine with the French psychiatrist Jacques Joseph Moreau de Tours (1804–84), a pupil of Jean Esquirol. In his innovative work, *Du hachisch et de l'aliénation mentale* (1845), the starting point of the tradition of experimental psychopathology in modern western psychiatry can be found. This experimental approach aimed to provoke psychopathological symptoms in normally healthy subjects for the purpose of studying the characteristics of these symptoms in general. Moreau concluded from his experiments that the psychological effects of the hashish "delirium" were the same as the psychological characteristics that could be observed in mental disorders. In this way he turned the hallucinogenic experience into a subject of psychiatry. Moreau's firm belief was that the researcher into the effects of hallucinogens should experience these effects himself.[28] This procedure was taken up by many of Moreau's successors in experimental psychopathology. It

[24] Interview with C H van Rhijn by Stephen Snelders, 1 October 1995.

[25] G W Arendsen Hein, 'Het gebruik van adjuvantia bij de psychotherapie, in het bijzonder van LSD, bij de "refractaire" patiënten', *Ned. Tijdschr. Geneeskunde*, 1961, **105**: 2356–9.

[26] For Bastiaans, see below.

[27] Robert F Ulrich and Bernard M Patten, 'The rise, decline and fall of LSD', *Perspect. Biol. Med.*, 1991, **34**: 561–78.

[28] J Moreau (de Tours), *Du hachisch et de l'aliénation mentale: études psychologiques*, Paris, Fortin, Masson, 1845. Stephen Snelders is preparing a more detailed study on Moreau.

was common among Dutch psychiatrists who worked with LSD to have experienced the effects of the drug themselves.

After 1887, when the pharmaceutical company Parke-Davis started to distribute peyote buttons to interested researchers, medical practitioners, psychiatrists and pharmacologists such as Louis Lewin, Silas Weir Mitchell, and Havelock Ellis, experimented with the substances.[29] After the alkaloid of peyote, mescaline, was synthesized by Ernst Späth in 1919, and experimental research from a psychotomimetic point of view was conducted by German and French researchers such as Kurt Beringer, Ernst Joëll and Fritz Fränkel, and Alexandre Rouhier. The main interest of these experimental psychopathologists was to explore the mind of the mentally disordered. What made this research possible was their own mind-set that changes in brain chemistry provoked mental disorders.

But although psychiatrists such as Van Rhijn and Arendsen Hein in a way shared the biological orientation on the origin of mental disorders, they combined this with a therapeutic practice based on a psychosocial orientation. Van Rhijn was greatly influenced by Gestalt psychology and Arendsen Hein by Adlerian socio-therapy. The use of LSD could be fitted equally well into both orientations. A second cultural image of LSD, the psycholytic mind-set, made psychotherapy with LSD possible. The word "psycholytic" was created by Sandison in 1960 and comes from the Greek words "psyche", soul, and "lysis", dissolution. The hallucinogenic drug was thought to dissolve the soul of its user. The spread of this image in western psychiatry was given impetus in the 1950s by several factors, some of them endogenous to the psychiatric profession, others exogenous. The spread of Freudian and Jungian ideas on the roles of repressed memories and archetypes in the human unconscious was one of the endogenous factors. Another was, paradoxically, the lack of results that therapies based on these ideas of the unconscious had in neurotic patients. Use of hallucinogens seemed to offer prospects of more and faster cures that released these hypersymbolic contents from the patients' minds.[30] These factors coincided with a surge of psychiatric interest in the drugs by the pharmaceutical concern Sandoz, and by the CIA.

After the discovery of the psychoactive properties of LSD, Sandoz researchers had started to test the drug to discover useful commercial applications. Werner Stoll, the son of one of these researchers and a psychiatrist at the University of Zürich, did a ground-breaking study that was published in 1947. Stoll administered doses of LSD to a number of subjects, "normal" volunteers (including himself) and patients, among the latter six schizophrenic patients in his clinic. He evaluated the effects of the drug as a delirium of an "acute exogenous reaction type, therefore one of the basic forms of mental illness". We must add that in his own experience, on a small dose of 60 micrograms, Stoll experienced hallucinations he associated with the works

[29] For a general overview of the use of peyote and mescaline, see Stafford, op. cit., note 21 above, pp. 109–10.

[30] On psycholytic therapy in general not much analytical historical work has been done. See Snelders, op. cit., note 14 above, pp. 58–65; Grof, op. cit., note 2 above; Robert D Zanger, 'Psycholytic therapy in Europe', *The Albert Hofmann Foundation Newsletter*, 1989, i: 2–6.

of E T A Hofmann and Edgar Allan Poe. He entered into a deep depression. But, nevertheless, he was the first researcher to point out the possible medical applications of LSD: diagnostic, using LSD as a kind of personality test; experimental, using the drug to experience symptoms of mental illness; and finally therapeutic, using LSD to produce "shock effects" on the patient.[31]

Sandoz took the work of Stoll as a basis for its marketing of LSD under the name Delysid. Free samples of the drug were given to researchers. More stimulus was given to LSD research in the United States when the CIA launched its MKULTRA-project (1953–63). Hoping to find in LSD a chemical warfare weapon, a helpful drug in interrogation, and brainwashing, the CIA financed the psychiatric community with hundreds of thousands of dollars. Sandoz and the CIA contributed in this way to furthering experiments in psychotherapy with LSD and indirectly to the psycholytic image.[32]

Roughly formulated, psycholytic therapy was a marriage of psychoanalysis and psychopharmaceutics. This does not mean that all psycholytic therapists adhered to psychoanalysis in one of its forms, or that all psychoanalysts were positive about the use of hallucinogens. On the contrary, for many psychoanalysts the use of hallucinogens, without prior patient work on the defence mechanisms of the mind, was too dangerous. But a psychotherapist who did support their use was Jan Bastiaans, one of the most important Dutch psychoanalysts from the school of Freud, who had been analysed by a pupil of the master himself, and who was director of the Psychoanalytic Institute in Amsterdam from 1954 to 1963.[33]

In the work of Bastiaans we find the epitome of the Dutch version of psycholytic therapy, with an emphasis which differentiates it from the Anglo-Saxon and German versions. The difference lies in the category of patients Bastiaans focused on: the survivors of the German and Japanese concentration camps and prisons of the Second World War. In the Netherlands this group of patients belonged to a politically important part of the population, which, apart from refugees, did not exist in Britain or in the United States, while in Germany this group had no political influence. This accounts for the political and emotional character of the discussion of Bastiaans' work in the 1970s and 1980s in the Netherlands. In his psychiatric practice after the war, Bastiaans would identify himself with the problems of the former members of the Resistance. Like them, he regarded himself as an idealistic fighter. In the setting of psychiatric treatment, and more specifically in sessions with LSD or psilocybin, he took the position of the father-figure who gave his patients the warmth and understanding they required. This gave him the emotional involvement needed for a successful therapeutic use of LSD, but also made him suspect among colleagues who worked from the set of professional detachment.[34]

[31] W A Stoll, 'Lysergsäurediäthylamid: ein Phantastikum aus der Mutterkorngruppe', *Schw. Arch. f. Neur. u. Psych.*, 1947, **60**: 279–323.

[32] John Marks, *The search for the "Manchurian candidate": the CIA and mind control*, New York, Times Books, 1979; Lee and Shlain, op. cit., note 5 above, pp. 3–53; Stevens, op. cit., note 5 above, pp. 10–12, 80–4.

[33] Snelders, op. cit., note 14 above, p. 161.

[34] For Bastiaans: ibid., pp. 161–210.

After the war, it had become clear that many victims suffered from alexithymia and were unable to talk about their feelings.[35] Traumatizing experiences, like torture by the SS hangmen, were suppressed in their memories. Many patients who had been in camps like Belsen did not have any faith in their therapists, who had not been there and therefore could not know how it had really been. Bastiaans found himself in a similar position as the CIA agents in the MKULTRA-project who wanted to find a method to make someone talk. Eventually he resorted to the same solution; the use of LSD. Bastiaans at first used narcoanalysis in combination with psychoanalysis and psychodrama. Although he later claimed that in the right climate of safety and security, "an average number of 8 sessions is usually sufficient to free the patient", he came to the conclusion that in the most rigid cases, there were not sufficient results. What was more, people did not always remember afterwards actually having said the things spoken under the influence of narcosis. Bastiaans began to look for other means.[36] In 1961 he started to use hallucinogenic drugs in his treatments; mainly LSD, but also psilocybin. If necessary, he reinforced the effect with psychodrama techniques. Nazi paraphernalia, images of German war leaders and recordings of the Führer's speeches were used by Bastiaans to make his patients consciously relive their experiences in the prisons and camps so as to facilitate their psychoanalytical treatment.[37] In total, Bastiaans treated around 300 patients with hallucinogens, mainly with success, he claimed, until his retirement from the Jelgersma clinic of the University of Leiden in Oegstgeest in 1988.

The mind-sets of his colleagues were divided on the use of LSD. However, before 1966 there was hardly any public debate on the matter. The only psychiatrist who took a public stance against the medical use of LSD was H C Rümke, professor of psychiatry at the University of Utrecht. Ironically, both Van Rhijn and Arendsen Hein had been assistants of Rümke when completing their medical studies in the 1940s. In his textbook on psychiatry, published in 1960, Rümke wrote about the "experimental psychoses" invoked by the administration of LSD. He declared himself an opponent of this procedure, considering it too dangerous, possibly causing depression and even suicide.[38] No other psychiatrist wrote as negatively on LSD before 1966. Opposing Rümke's view that the administration of LSD was too dangerous, was a report by W L Meijering, inspector of the Mental Health Department of the provinces of Utrecht and

[35] On alexithymia, see Warren D TenHouten, Klaus D Hoppe, Joseph E Bogen and D O Walter, 'Alexythymia: an experimental study of cerebral commissurotomy patients and normal control subjects', *Am. J. Psych.*, 1986, **143**: 312–16.

[36] J Bastiaans, *Isolement en bevrijding*, Amsterdam, Balans, 1986, pp. 88–9.

[37] There are similarities here with the theatrical method used by Philippe Pinel, as was suggested by one of the referees of the original draft of this article. See Jan Goldstein, *Console and classify: the French psychiatric profession in the nineteenth century*, Cambridge University Press, 1987, p. 83.

[38] H C Rümke, *Psychiatrie*, 3 vols, Amsterdam, Scheltema & Holkema, 1957–67, vol. 2, p. 220.

North Holland. After a study visit to England, Meijering concluded that LSD therapy was no more dangerous than any other form of therapy when it was used on the right indication.[39]

Of less importance in Dutch psychiatry was the third image of hallucinogenic drugs that characterized the use of hallucinogenic drugs outside medicine: the psychedelic mind-set. In the word "psychedelic" "psyche" and "deloun", to manifest, are combined. The British psychiatrist H Osmond had pioneered the psychedelic method in psychiatry after he took up the position of director of the psychiatric clinic of Saskatchewan Hospital in Canada in 1952. Confronted with the failure of treatments for alcoholics, he concluded that the alcohol addict had to surrender his inflated ego before any cure was possible. Could an "overwhelming" experience, as analysed by William James in his *The varieties of religious experience* (1902), bring about this surrender? Osmond and his colleague A Hoffer started to give high doses of LSD to alcoholic patients; 400 to 500 micrograms, much higher doses than their psycholytic colleagues administered. From a non-physician, the American adventurer Al Hubbard, who had been an inventor, a bootlegger and a secret agent before he became a millionaire in the uranium business, the psychiatrists learned how to manipulate the set and setting of the therapy in such a way that they could lead the patient to a feeling of ego death and rebirth. To this end, Hubbard used all kinds of religious symbolism. In the typical psychedelic session, the patient, surrounded by religious symbols, was asked to lie in an often darkened room, possibly with head phones on and blind-folded. The therapist was mostly limited to non-verbal communication. The intention of the therapy was not to elicit experiences from the unconscious, but rather to raise the patient, in one terrific blow, above all traumatizing experiences and ego problems into the mystical world. Coming back to this world, the purified person could start life over again. In summary, psychedelic therapy traversed the borderline between medicine and religion. A century earlier, Moreau had appropriated from religion the hallucinogenic experience and made it a subject of psychiatry. The psychedelic therapists returned the experience back to the religious field. Many psychedelic therapists, notably Hubbard, were not physicians—and the eventual step taken by the psychedelic movement was to leave the medical setting altogether.[40]

1966: Changes in the Socio-Political Setting

As in other western countries, LSD therapy in the Netherlands fell into public disrepute during the period of explosively changing political and social relationships

[39] W L Meijering, 'Rapport over het gebruik van LSD in de psychiatrie', Inspectie van de Geestelijke Volksgezondheid in Utrecht en Noord-Holland, 1962, Library Trimbos Institute.

[40] On psychedelic therapy, see Humphry Osmond, 'A review of the clinical effects of psychotomimetic drugs', *Ann. New York Acad. Sc.*, 1957, **66**: 418–34; Grof, op. cit., note 2 above, pp. 32–7; Snelders, op. cit., note 14 above, pp. 65–75.

of the 1960s. In particular, LSD therapy became tainted by the role of the consumption of hallucinogenic drugs in the rise of the counter-culture. The counter-culture was a social movement that questioned the dominant cultural values and political structures of the western world, a loosely connected coalition of a wide range of different groups and movements from radical students and Marxists to biker gangs and the Black Panther Party; "the only constant was the rejection of the dominant or 'straight' society and its culture".[41] An integral part of this counter-culture was the psychedelic movement. In this movement, LSD came to be seen as a sacrament that enabled its users to transcend their limited role-playing, socialized personalities.[42] In the Netherlands, a coalition between the psychedelic movement and the young anarchists of the Provo group emerged in 1965. This had a special significance, since Provo quickly became a source of inspiration for other revolutionary youth groups in the western world such as the American Yippies. Provo stands for "provocation"; by its actions Provo provoked the authorities into showing their "true", repressive character. It succeeded in doing this by, for example, such innocuous actions as distributing dried currants on the Spui, a square in Amsterdam, which led to the arrest of one of the group, or by painting bicycles white and declaring them public property, to be used by everyone—the bicycles were confiscated by the police because they were not locked.[43]

The Dutch psychedelic movement had grown out of the so-called "*pleiner*" scene of the 1950s. The nucleus of this was a group of artists, writers, university and high school students and drop-outs who gathered in the bars around the Leidseplein in Amsterdam. This Dutch version of the Beat Generation developed its own patterns of polydrug use. The most important drug was cannabis, but others such as ether, amphetamines, and opium were also used. As elsewhere, cannabis was subject to intensive police repression when use spread to white middle-class youth and was no longer limited to black Surinam immigrants and American military personnel. The repression contributed to a general feeling in the *pleiner* scene of alienation from the values and ideals of mainstream Dutch society. For the *pleiners* it was the hips against the squares.[44]

The experiments of psychiatrist Frank van Ree (b. 1927), designed to investigate the effects of LSD on voluntary normal subjects, gave a few members of the *pleiner* scene their first experiences with LSD in 1958–59. Van Ree was a young doctor whose doctoral thesis concerned the relationship between the kind and degree of the LSD experience and personality structure. Among the volunteers for his experiments were the writer and poet Simon Vinkenoog and the medical

[41] Elizabeth Nelson, *The British counter-culture, 1966–73: a study of the underground press*, Basingstoke, Macmillan, 1989, p. 8.

[42] For the psychedelic movement, see below.

[43] See note 10 above.

[44] On the *pleiner* scene, see H Cohen, *Drugs, druggebruikers en drug-scene*, Alphen aan den Rijn, Samson, 1975; Louis van Gasteren, *Allemaal rebellen, Amsterdam 1965: een filmserie van Louis van Gasteren*, Amsterdam, 1984; *idem*, *Hans, het leven voor de dood: een film van Louis van Gasteren*, Amsterdam, 1985.

student Bart Huges, both of whom would play an important role in later events. But it was not until 1962 that LSD became available through a semi-clandestine market; semi-clandestine, because LSD was not yet illegal, but also could not be purchased in a pharmacy. The only source for LSD was the pharmaceutical companies who provided their salesmen with the drug to give to individual psychiatrists for scientific and therapeutic purposes. "Underground" dealers and chemists also began to make the drug available to the in-group of *pleiners*, which was gradually expanding. While LSD was not available on the open market, ergotamine and lysergic acid, needed to synthesize LSD, could be freely imported. Underground chemists started to produce their own LSD in their basement laboratories.[45]

The psychedelic mind-set reached the expanding Dutch *pleiner* scene through the philosophy of the group that developed around American psychologist Timothy Leary. In the years 1963–65, Dutch LSD users such as Vinkenoog came into close contact with this group. The use of hallucinogenic drugs in this growing international movement was connected to a number of different ideas and expectations that existed inconsistently side by side; e.g. the medical idea of self-medication, the eastern religious idea of enlightenment, and the western hedonist idea of recreational fun. The psychedelic movement synthesized these ideas into a distinctly "spiritual" mind-set, akin to the ancient and medieval western traditions of antinomianism. Like earlier antinomian groups, the psychedelic culture had its own religious sacraments (the hallucinogens), a sense of being an elect group (seeing more of "reality" than the straight people), and a mission to convert other people ("turn on" the world). Hallucinogens gave a religious character to earlier beatnik and *pleiner* cultures.[46]

What linked the psychedelic movement closely with the more politically oriented activists of Provo was a common behaviour that expressed to the world the "game-character" of reality.[47] Dutch *pleiners* worked this behaviour into "political" activities in the years between 1962 and 1966. Their aim was to transform Amsterdam into a Magical Centre. Leading roles were played by Bart Huges and his friend Robert-Jasper Grootveld, a window-cleaner who did not like LSD, but was a compulsive

[45] On the dissemination of LSD, see Stephen Snelders, 'Het gebruik van psychedelische middelen in Nederland in de jaren zestig: een hoofdstuk uit de sociale geschiedenis van druggebruik', *Tijdschr. v. soc. gesch.*, 1995, **21**: 37–60, pp. 46–8; see also Peter ten Hoopen, *King Acid: hoe Amsterdam begon te trippen*, Amsterdam, Contact, 1999. On the experiments of Van Ree, see Snelders, op. cit., note 14 above, pp. 223–36.

[46] For a general overview of the American psychedelic movement, see Stevens, op. cit., note 5 above. A good example of psychedelic thought is Timothy Leary, *The politics of ecstasy*, New York, Putnam, 1968. On the dissemination of Leary's ideas in the Netherlands by Vinkenoog, see S A M Snelders, 'LSD en de psychiatrie in Nederland', PhD thesis, Vrije University, 1999, pp. 157–66.

[47] This refers to a study by the Dutch historian Huizinga, *Homo ludens*, in which the importance of games in the development of culture was analysed. Not games like chess or soccer, but behaviour which, although not consciously perceived as such by the participants, is like a game with its own rules, for instance, medieval principles of knighthood. See Johan Huizinga, *Homo ludens: proeve eener bepaling van het spel-element der cultuur*, Haarlem, Tjeenk Willink & Zoon, 1938.

cannabis smoker. They staged public happenings to create ambiences where people could go collectively "out of their minds". In the year just prior to 1966, their Dionysian frenzy came together with the newly formed anarchist group Provo. Grootveld's happenings on the Spui Square in Amsterdam became the first demonstrations and riots of Provo.

As stated in the introduction to this paper, the confrontation between Provo and the authorities became acute at the beginning of 1966 with the marriage of the crown princess. The perceived threatening behaviour of Provo acted as a catalyst in the rather panicky climate in which the Dutch authorities prepared for the marriage of their future queen. In these months, leading Dutch newspapers launched a campaign against LSD, warning that its use led to insanity. The media campaign was far more extensive than the one launched against Arendsen Hein six years earlier, and LSD was the primary feature of the stories. Confronted with the Provo threat, the authorities reacted swiftly. In February the use of LSD and eighteen other hallucinogens was made illegal. Before the law had come into effect, Peter ten Hoopen, the leading Amsterdam LSD dealer and friend of Huges and the Provo group, was arrested. The association of LSD with political subversion gave it a new career start as an illegal drug.[48]

The Medical Set after 1966

The ensuing debate on hallucinogenic drugs within medicine can be definitely linked to the changes in the socio-political setting. The change of the drug laws meant that only psychiatrists with special permission from the Ministry were allowed to administer hallucinogenic drugs to their registered patients. Because of this, only Bastiaans and Arendsen Hein continued their LSD therapy, which had become an essential part of their treatment methods, until their retirement in 1988 and 1977 respectively. The changes of 1966 meant that a new element entered the discussion within psychiatry: the negative cultural connotation of LSD as a dangerous recreational drug and a revolutionary weapon. This discussion reached its apex in the 1968 volume of the influential Dutch medical journal the *Nederlands Tijdschrift voor Geneeskunde* (*NTG*). Cultural values, images of the drug, engagement with the social and political situation, and strategic considerations all played important roles.

The debate was heralded by Rümke in the third part of his textbook on psychiatry, which appeared shortly after his death in 1967. In a rather strange argument, Rümke pointed to the dangers of the medical use of LSD by referring to press stories about recreational abuse and the appearance of Leary's LSD movement. As an example of the negative consequences of LSD use, Rümke even mentioned two of his patients, who had never used LSD, but in whose "delusions" LSD had started to appear. One of them believed that he had been poisoned with LSD, the other wanted to go

[48] Snelders, op. cit., note 14 above, pp. 237–8; De Kort, op. cit., note 6 above, pp. 172–3. Ironically, Provo itself was divided on non-medical use of LSD.

to the United States to get in contact with the LSD movement. The strangeness of this argument indicates how disturbed Rümke was by the social developments around LSD. More to the point was his description of a female patient who had used LSD several times in a therapeutic setting, which had led to complications such as affective lability, derealization and depersonalization syndromes. The woman did not feel at home in her own body and had tried to commit suicide. Rümke concluded that, despite the reported successes of LSD therapy by Bastiaans and others, the method was too dangerous. His rejection of recreational drug use gave strength to his stance. His Calvinist religious convictions also played an important role; he felt that one should not actively search for religious feelings of ecstasy, but should only hope passively for them to come.[49]

Rümke's negative attitude was shared by Johan Booij, professor of psychiatry at the Calvinist Free University in Amsterdam. Booij strongly disliked the LSD movement. His article on the dangers of LSD therapy opened the 1968 volume of *NTG*. His first sentence defined the tone of the article: "Tonight I would like to discuss a patient with you, who feels himself the victim of his psychiatrist, who treated him with LSD."[50] In the 1950s Booij had been enthusiastic about LSD research on a biological psychiatric agenda. But his biological orientation, together with his distaste for the LSD movement, led him to reject psychotherapy with LSD. Unlike Rümke, Booij had no feeling for potential religious implications of the LSD experience. He severely criticized the concept of "expanded consciousness", defining these experiences as psychotic delusions. Besides, Booij was sceptical of psychotherapy in general, believing that one should look for clinical solutions in neurobiochemical rather than psychodynamic processes.

Booij, therefore, took a position that sounds surprisingly modern to the contemporary reader. The significant question was why, holding this opinion, and aware of the potential dangers of LSD therapy, he waited until the end of 1967 to write an article on the subject? It is clear that the spread of the psychedelic movement interacted with Booij's prior clinical conviction, to motivate him to take a public stand in the medical field.

That social developments led more psychiatrists to this conviction is clear from the ensuing discussion in the pages of *NTG*. Among the participants there were, apart from Booij, three other professors of psychiatry. Two of them, G Ladee of the medical faculty in Rotterdam and P Kuiper of the University of Amsterdam, were afraid of the dangers of LSD therapy (especially of the danger of creating chronic psychoses), but were sympathetic to the emerging counter-culture. They therefore took a neutral position, neither positive nor negative. Frank van Ree had by this time become an enthusiastic supporter of the counter-culture and had revised his former views on the inadvisability of the use of LSD outside a medical setting. He would advocate in a textbook on drugs not only medical, but also non-medical

[49] Rümke, op. cit., note 38 above, vol. 3, pp. 318–23.

[50] J Booij, 'Farmacotherapie en psychotherapie: LSD als adjuvans bij de psychotherapie?', *Ned. Tijdschr. v. Geneeskunde*, 1968, **112**: 2–7, p. 2.

personal use of the drug. Non-medical use aims at obtaining a greater intensity of experiences, stimulating creativity and philosophical speculations, and relativizing and dynamizing our thinking in a rapidly changing world.

Other participants in the discussion were motivated not so much by social engagement, as by strategic interests. The psychoanalyst J Tas, for instance, attacked psycholytic therapy on the grounds that traditional psychoanalysis was absolutely necessary to work through the blockages and repressed memories of the patients. A former psycholytic therapist, C J Schuurman, who had a private clinic in Amsterdam and was a friend of Arendsen Hein, defended psycholytic LSD therapy, while distancing himself from the "exaggerations" and the revolutionary pleas of Vinkenoog. Control of LSD use should be in the hands of the psycholytic therapists. A similar strategic position was taken by Herman van Praag, then professor at the University of Groningen, who advocated biological psychiatric research with hallucinogens.[51]

From the point of view of political developments, in the same year, Kuiper, his student P J Geerlings, and Ladee made an interesting contribution to the discussion on hallucinogens within the Dutch socialist Labour Party. In Amsterdam, the city government was dominated by the socialists who at first followed a policy of total confrontation with Provo. However, this confrontation generated much sympathy for Provo, not only among the young, but also in the left wing of the party itself, which was to radicalize quickly in the following years. Psychedelic drug use, whether of LSD or of cannabis, was in those years associated with revolutionary change and part of the Labour Party was sympathetic to this. Its monthly magazine, *Socialisme en Democratie*, devoted the entire August issue to the problem. The articles by Kuiper and Ladee in the *NTG* were republished in slightly different versions. This contributed to a graduated position on the drugs. A key contribution was that of the editor G van Benthem van den Bergh, one of the most influential party intellectuals. He showed himself much influenced by labelling theories of social deviance and pleaded for a "demythologization" of psychedelic drug use. Prosecuting individual drug users would drive them into the hands of Provo and its successors, the Kabouters (or Goblins), thereby creating the romantic mythology of the "drop out". Drug users should be left in peace and attention directed to the real change of society.[52] It is important to note that around 1970, this was a view generally held by high

[51] G A Ladee, 'Gebruik en misbruik van LSD', *Ned. Tijdschr. v. Geneeskunde*, 1968, **112**: 879–84; P C Kuiper, 'Psychedelica', ibid., pp. 1867–9; J Tas, letter to the editor, ibid., pp. 325–36; C J Schuurman, letter to the editor, ibid., pp. 1095–6; H M van Praag, 'De therapeutische betekenis van de psychopharmaca: activa en desiderata', ibid., pp. 1858–62; *idem*, 'Hallucinogenen: het paard van Troje?', ibid., pp. 1985–9; F van Ree, 'Een behandeling van een suïcidale patiënt met LSD–25', ibid., 1969, **113**: pp. 1470–2; *idem*, *Drugs: Verslag in de breedte*, 4th ed., Utrecht, Het Spectrum, 1977; C J Schuurman, 'Nieuwe bezieling mogelijk: Controle noodzakelijk', *Bres-Planète*, 1968, no. 13: 78–80. For a more detailed analysis of the discussion, see Snelders, op. cit., note 14 above, pp. 246–70.

[52] G van Benthem van den Bergh, 'De noodzaak van demythologisering van marihuana en LSD', *Socialisme en Democratie*, 1968, **25**: 389–95; P J Geerlings and P C Kuiper, 'Gevaren van het gebruik van marihuana en LSD', ibid., pp. 430–8; G A Ladee, 'LSD: een ramp of een zegen?', ibid., pp. 443–55.

officials of the Ministries of Public Health and Justice in the Netherlands. This attitude led to toleration of individual drug use and to the liberalization of the drug laws in 1976 by a coalition government of socialists, radicals, and Christian democrats. The offence of possessing small amounts of cannabis was reduced from felony to misdemeanour status, and it was publicly affirmed that drug problems were first and foremost public health, not criminal, problems.[53]

Although LSD remained in the category of "hard drugs", whose possession is still a felony, its use by 1976 was no longer the centre of attention. The psychedelic movement had run its course and more severe drug problems, especially the consumption of heroin, had arrived. But apart from these political developments, medical science in the Netherlands still had not been able to reach a clear conclusion on the advisability of LSD therapy. Despite this, and though Bastiaans and Arendsen Hein continued to use the drug, the interest in hallucinogenic drug use in psychiatry, like its parallel social psychedelic movement, faded away. That the discussion in Dutch psychiatry would, once more, flare up almost two decades after the *NTG* debate was due to the peculiar position of most of Bastiaans' patients. When he retired in 1985 as professor of psychiatry, and in 1988 as director of the Jelgersma clinic, Bastiaans wanted to have successors who continued LSD therapy; LSD had remained over the years "the ideal medicine", in his view. His students and successors were, however, not at all interested. Bastiaans' personality and reserved behaviour had alienated him from the more informal and democratic new generation of psychiatrists, and his main support came not from his students but from his patients who belonged to organizations of the former Resistance. In 1987 a report on the feasibility of a systematic study into the outcomes of the "Bastiaans-method", as it was called, was done on behalf of the Ministry of Public Health. The conclusion of the report was that the study was not feasible, because there were too few complete dossiers of patients.[54]

The report was part of a political struggle which earlier, in 1985, had led the government to request advice from its Council of Health. The Council in turn asked eight foreign experts for their advice, making a clear connection between medical and non-medical use of LSD. The experts were specifically asked about the dangers of LSD therapy, but the wording showed that it was already taken for granted that these dangers would not be so great if the drug were used with clinical judgement (but perhaps still great enough to give preference to other drugs). Another specific request was for comment on the hypothesis that medical use of LSD would encourage the use of hallucinogens outside medical settings. All the experts considered the use of hallucinogens unnecessary. Positive results were attributed to the professional competence of Bastiaans and not to the method itself. One of the experts, the British professor of clinical psychopharmacology at the University of London, Malcolm Lader, made clear that "the continuation of

[53] See De Kort, op. cit., note 6 above, pp. 202–50.

[54] H M van der Ploeg, 'Voor-onderzoek naar de effectiviteit van LSD-psychotherapie bij oorlogsslachtoffers', Vakgroep Psychiatrie, Kinder- en Jeugdpsychiatrie en Medische Psychologie van de Rijksuniversiteit te Leiden, 1987.

apparently legitimate therapeutic uses of LSD detracts from the work of people trying to contain the enormous drug problem". Lader also resented the "metaphysical speculations" which he found in Bastiaans' work, and for which he saw no use in medicine.[55]

Despite the support of organizations of the former Resistance, Bastiaans lost the political struggle. In his last years after retirement, he actively worked with an international self-help group of heroin addicts whose objective was to cure themselves with the help of the African hallucinogen ibogaine. His aim was to help another class of patients who felt themselves persecuted and psychologically damaged by social repression. The group was supported by remnants of the American Yippie movement. The death of one of the patients in 1994, probably due to a secretly taken heroin dose during the treatment, caused a tragic end to Bastiaans' career and led to his forced retirement from medical practice. It is significant that with the ibogaine sessions Bastiaans' medical practice died in the aftermath of the associations with sixties' drug use.[56]

Conclusions

The psychiatric discussion on the LSD therapy of Bastiaans and later his forced retirement from medical practice because of his work with ibogaine is a key example of the strong interaction between medical opinion and professional autonomy and changes in the socio-political setting around the medical and non-medical use of LSD and other hallucinogenic drugs. In comparison with other countries, the specificity of the medical sets and socio-political setting in the Netherlands did not significantly increase the opportunities for LSD therapy in psychiatry. The historical developments in the Netherlands gave rise to some particularities that suggest a more open medical attitude towards LSD, such as the liberalization of the drug policy in 1976 and the political position of the patients of Bastiaans. But the end result is that the opportunities for LSD use have been about the same as in other countries. A common international historical process of two stages seems stronger than the specific national differences presented by the Netherlands. In the first stage, LSD was relegated to a position outside the priorities of the medical agenda. In the second stage, LSD therapy was pushed outside the medical setting altogether. The primacy of an international perspective is therefore warranted to analyse the histories of hallucinogenic drug use in medicine. This perspective should highlight two factors: the role of the media in creating the lay and professional mind-sets regarding the drugs, and the influence of international drug policy-making on national policy opportunities.

[55] 'Advies inzake de toediening van hallucinogenen bij de behandeling van slachtoffers van oorlog en geweld', Gezondheidsraad 1985/33.

[56] On Yippies, ibogaine, and the Dutch self-help group, see Paul de Rienzo, Dana Beal and the Staten Island Project, *The ibogaine story: report on the Staten Island Project*, Brooklyn, Autonomedia, 1997. On the last years of Bastiaans, see Snelders, op. cit., note 14 above, pp. 274–5.

Future research in different countries and clinical settings should not, however, lose sight of the particular social and interpersonal dynamics within clinics and private practices in modifying the primary international process. In the Netherlands the mind-set and the "royal", autocratic personal style of the psychiatrists who took an interest in LSD therapy interacted with other variables. First, the particular class of patients indicated for treatment with LSD needs to be taken into account. In the case of Bastiaans it was extremely significant that his patients were former members of the Resistance and inmates of concentration camps. This seems to have been the main contributing factor to the sustaining of, and the discussion on, Bastiaans' theory and practices until his retirement. A second variable that operated in the Netherlands in the 1950s and early 1960s, is the relatively high autonomy of the psychiatrists. This allowed Dutch psychiatrists to practice with a minimum of social control. This autonomy decreased significantly during the 1960s and 1970s. A third variable is the mind-set of the staff of the psychiatric clinics, medical assistants and nurses especially. These factors must be considered in any analysis concerning support and continuity for a hallucinogenic drug therapy. In Bastiaans' case we can see an inability to adjust to changing social mores about the relationships between psychiatrists and their assistants. Personality styles and other mind-sets can alienate the new generation of psychiatrists thus preventing the acceptance of new creative therapies. A fourth variable that needs more attention in future research is the marketing practices of pharmaceutical companies that sometimes encourage and other times discourage hallucinogenic drug therapies.

Of course, it can and has been suggested that the relegation of LSD to a position outside medicine has to do with the lack of clinical results of the use of the drug. In a broad historical perspective, the lack of results of medical practices has not always led to their abandonment, and we would expect this to continue in the future despite all the current fashionable talk of evidence-based medicine. Furthermore, it is not at all clear from the evidence that the use of LSD was abandoned because of a lack of clinical results. In this regard we agree with Gordon Claridge's view that the "missed opportunity" of LSD research had more to do with a general two-way osmosis between science and political ideology than with consistent clinical evidence.[57] We have shown that this process of historical osmosis in the specific case of the Netherlands involved the interacting mechanism of at least four specific variables. It remains to be seen in future research how far this mechanism can be transferred to other cases.

This leads us to our final point. The autonomy and agenda of medical science in the Netherlands was indeed affected by the developments in the socio-political setting, especially by the international process of the criminalization of LSD. But we emphasize that the mechanism is interactive not crude. It was not just because LSD was criminalized that medical practitioners stopped their clinical work with the drug. Rather, as we have seen clearly in the discussions in the *Nederlands*

[57] Claridge, op. cit., note 2 above.

Tijdschrift voor Geneeskunde in 1968, medical factors combined with non-medical variables of strategic cultural significance to determine the mind-sets of the psychiatrists.

The case of LSD in the Netherlands shows once again that medical science does not operate in a vacuum, but can be specifically related to the influence of world historical developments.

https://doi.org/10.1017/S002572730006909X Published online by Cambridge University Press