

The LSD Therapy Career of Jan Bastiaans, M.D.

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JAN BASTIAANS WAS 23 YEARS OLD and a medical student at the University of Amsterdam when the German army invaded the Netherlands. The German occupation (1940-1945) had a lasting influence on his life and work. The first aim of Bastiaans' use of LSD and psilocybin in psychotherapy was to help victims of World War II: the survivors of the war who had become extremely traumatized by their experiences in the German and Japanese prisons and concentration camps.

During the occupation Bastiaans had from the beginning been involved in the student resistance. "As a result," he wrote, "I was the first student at the University of Amsterdam who was expelled in the summer of 1941. Because of an accident, I could only participate in the resistance in a limited way from the autumn of 1942 on. Several of my friends died because of the war."

THESE EXPERIENCES had a decisive influence on Bastiaans' work as a psychiatrist after the war. His work was mainly aimed at helping victims of the war who needed psychiatric care. Bastiaans identified with the problems of the former members of the Resistance. Just 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 needed. The organisations of the former Resistance would give Bastiaans much support in the 1980s, in his political struggle for the continuation of his LSD therapy.

Almost 140,000 Dutch people were deported during the war to German concentration camps. Only a minority of these people had been active in the Resistance. Among them, 110,000 were Jews. Of the 140,000, only 15,000, of whom 8,000 were Jews, returned to their home country after the war. In the years

after the war it became clear that many of these survivors were no longer capable of an optimal participation in society. For their syndromes the term "KZ-syndrome" was coined: KZ is the German abbreviation for concentration camp.

Theoretical background of Bastiaans' therapy

In the medical literature, a KZ-syndrome is actually not a syndrome, but a process of four phases that contains different conventional syndromes: 1) a shock phase with the feeling of extreme powerlessness; 2) an alarm phase, with alarming emotions and fears that have the function of preparing the drive for solutions; 3) an adaption phase, with flight- or fight-mechanisms; and 4) an exhaustion phase.

In the theoretical analysis of the KZ-syndrome that Bastiaans developed in the 1950s he was heavily influenced by two psychiatric traditions: Freudian psychoanalysis and psychosomatic medicine. Bastiaans was a psychoanalyst of the second generation since Freud. From 1954 till 1961, he was president of the Psychoanalytic Institute in Amsterdam, a major bastion of psychoanalysis in the Netherlands.

Before this time, from 1946 till 1954, Bastiaans had been a collaborator of Groen, then head of the second Department of Internal Medicine at the University of Amsterdam.



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Groen was influenced by American ideas on psychosomatic medicine, in particular the hypothesis of psychosomatic specificity. According to this hypothesis, specific mental problems can lead to specific physical diseases among those people who are vulnerable because of the structure of their personality. Groen and Bastiaans both became convinced advocates of the theory of psychosomatic specificity, although this was (and is) a disputed theory within the medical sciences.

Correlating war and childhood experiences

In his analysis of war victims, Bastiaans correlated their actual traumatizing experiences in the war with their psychosomatic syndromes, as well as with a psychoanalytic interpretation of their childhood. Psychosomatic syndromes seemed to be an aspect of delayed reactions to traumatizing stress, especially found under "highly self-controlled personalities who had expended considerable will-power and energy on trying to control, suppress or repress the painful traumatic consequences of the war." The result was a psychotrauma, "a mental injury marked by the fact that a human being is fixated in a state of "affect lameness," in a state of powerlessness usually associated with intense suppression and repression of anxiety, grief and anger. This state of partial mental isolation makes it impossible for the victim to cope in a healthy manner with the traumatising stress situation." Whether this would develop into a post-traumatic stress disorder was dependent on the inbuilt capacity of the traumatized person for adaptation, and on the severity of the stress situation. It also depended on whether the traumatizing experiences re-actualized traumatizing experiences from childhood. In Bastiaans' psychoanalytic view, these last experiences were the main determinants of the syndrome-formation.

If the person couldn't cope with the stress situation, part of his past became undigested and he couldn't free himself. He became fixated in a state of powerlessness. This affected his relation with the world at large, resulting in loss of mental freedom and a state of mental isolation. "Here the individual consciously or unconsciously locks himself into mental invulnerability-structures of a psychotic, psychoneurotic or psychosomatic nature."

In 1963 Bastiaans became professor of psychiatry at the University of Leiden. In this decade he started to use the term KZ-syndrome not only for war victims, but also for other patients: everyone who had suffered from man-made disasters or wars or who had been kept as hostages. In the 1990s Bastiaans would also use his methods to treat heroin addicts. In a metaphorical sense his work implies that everyone who suffers from traumatizing experiences lives in his own mental concentration camp.

Treatment

How to break out of this camp and achieve mental liberation? After the war it had become already clear that many war victims suffered from alexithymia and were unable to talk about their situation. Traumatizing experiences, like torture by the SS, were suppressed in their memories. Many patients who had been to camps like Auschwitz didn't have any faith in their therapists, who hadn't been there and couldn't know what it really had been like.

To resolve this situation Bastiaans had started to use

chemical means as early as 1946. Narcoanalysis, using barbiturates to put patients in a kind of dream-sleep and to trigger their memories, was a highly acceptable method for exploring the human psyche in the years after the war. Bastiaans used Sodium Pentothal in combination with psychoanalysis and psychodrama. Although he later claimed that in the right climate of safety and security, "an average number of eight sessions is usually sufficient to free the patient," he came to the conclusion that in the most rigid cases, there weren't sufficient results. Besides, people did not always remember actually saying the things they had said under narcosis. Bastiaans began to look for other methods. This search was stimulated by the conclusions of a research program on prognosis and effect of psychoanalysis and psychotherapy at his Psychoanalytic Institute. This program concluded that there was no difference in the changes in neurotic patients after some years, whether or not they had gone through psychotherapy.

In 1961, Bastiaans started to use psychedelics in his treatments: mainly LSD, but also psilocybin. From 1963 till 1985 he was professor of psychiatry at the State University of Leiden. Many patients were helped in the Jelgersma clinic in Oegstgeest, where he worked until 1988. After some experience, he came to the conclusion that for three categories of patients, treatment with LSD was advisable: 1) psychosomatic patients with an intensive rigidity of their defense- and coping mechanisms; 2) patients with survivor- or concentration camp syndromes; and 3) patients who after many years of psychoanalysis did not achieve the prognosticated positive results.

Two examples

Bastiaans has given in his articles several accounts of successful treatments with LSD. One example of this concerns one of the great Dutch Resistance fighters—we shall call him X. In his treatment, X. got eight LSD sessions. Although he relived all the fears of the concentration camp and even started to cry—something he hadn't done in the whole war—there was no real therapeutic progress. This changed with the eighth session. X. remembered a horrifying torture by the SS guards. He had given food to some Jewish prisoners and was caught by the SS. They beat him up. Next, they pulled one of the Jews up with a cable tied to his penis, and then let him fall down on the floor. His skull cracked. One guard pushed X.'s face in the open skull, yelling that, "friends of Jews should drink blood of Jews." After this the guards warned X. never to talk to anyone about it.

X. *did* talk about it, to three fellow prisoners. They were all dead within a few months. Since then X. had become completely traumatized: he felt that he was responsible for their deaths, and hadn't spoken about the experience to anyone since, not even to his wife. After the LSD session X. couldn't sleep for seventeen days. The turning point came when he saw Bastiaans' car in the parking lot of the clinic and realized that he was not dead. X. felt reborn. Unfortunately, however, not all his fears had disappeared, and besides, he had become very afraid of taking LSD again. X. started helping other war victims too strenuously and died of heart failure a year after his last session.

Another example of Bastiaans' treatments has been published in English by a patient: the Israeli writer Yehiel De-Nur, who published his account in 1986 under the name K-Zetnik 135633,

his prisoner number in Auschwitz. This very moving account is not typical of Bastiaans' methods, because in it he does not succeed in getting to the heart of De-Nurs' issues and in analyzing his traumatizing experiences. In the book, De-Nur has come to Bastiaans in 1976, thirty years after his liberation: but mentally he is still a prisoner. In his first three LSD sessions he relives the hell of



Auschwitz, but he doesn't talk to Bastiaans about it. In the fourth session De-Nur breaks through. He dies in the death march of Auschwitz and hovers over the camp. Because he had sworn that he would be (in his books) the voice of the prisoners, he had stayed alive. But now he surrenders and dies. He feels his split personality unite. After this session he discontinues treatment, despite the wish of Bastiaans to the contrary. Bastiaans wants to more deeply analyse De-Nurs' traumatizing experiences. But De-Nur feels cured and is no longer plagued by the Holocaust in his dreams. He has come to realize that it wasn't Satan who created the mushroom clouds above the burning chimneys of Auschwitz, but you and I. Us. In other words, he realized that man—rather than "the Devil"—was responsible for the Holocaust, which made the problem mentally manageable. De-Nur had a death and rebirth-experience that brought him out of his mental concentration camp.

End of the LSD therapy

As professor of psychiatry at Leiden University, Bastiaans treated some 300 patients with LSD and psilocybin. There has been no systematic study into the effects of this treatments. A report on the possibilities of such a study was published in 1987 on behalf of the State Department of Public Health. Its conclusion was that the study was not feasible, because there were too few complete dossiers of patients.

The report was part of a political struggle over the continuation of Bastiaans' LSD therapy that arose with his retirement in 1985. As in other countries LSD therapy had become discredited in the Netherlands as a result of the role of LSD in the Sixties rebellion. Bastiaans was the last Dutch psychiatrist to conduct LSD therapy. He wanted to continue this therapy after his retirement and to train successors. Although he was supported by the former Resistance, his position within psychiatry was completely isolated. Other psychiatrists recognized his therapeutic abilities, but regarded the use of LSD as too dangerous. Some of them disliked Bastiaans' methods because of the mystical implications of the LSD experience. Malcolm Lader, professor of clinical psychopharmacology at the University of London, wrote in a recommendation to the Dutch government in 1985: "The continuation of apparently legitimate therapeutic uses of LSD detracts from the work of people trying to contain the enormous

psychotics are evoked again, leaving one with the impression that society has a need for eliminating as swiftly as possible that which seems to pose a threat to its own existence."

After his retirement as professor of psychiatry in 1985 and at the Jelgersma clinic in 1988 Bastiaans did not have the facilities for therapy with psychedelics. This changed in 1992, when he began working with Howard Lotsof and a Dutch self-help organization for heroin addicts. Bastiaans began treating heroin addicts with the use of ibogaine. After an addicted woman died in 1994 from as yet unknown complications during the course of one of these ibogaine sessions, Bastiaans, as supervising medical doctor, was accused of neglect before the *Medische Tuchtraad*, the Dutch supervisory board of the medical profession. He was asked to end his therapeutic practice. By then his health was already failing. He died in October 1997. In his last years he had become bitter over the lack of recognition for his methods in the medical profession.

Note

The work of Bastiaans is analysed in more detail in a chapter of my forthcoming Ph.D. thesis on *LSD and Psychiatry in the Netherlands*. This study has been made possible by the Dutch Foundation for Historical Research (Stichting Historische Wetenschappen). At the moment possibilities for a publication of the thesis in English are being considered. •

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