# 15 FROM PSYCHIATRIC CLINICS TO MAGICAL CENTER: LSD IN THE NETHERLANDS

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Onno Nol truly believed in "the message": the use of LSD was the panacea to solve the world's problems. If only the Soviet leader Nikita Khrushchev and the American president Lyndon Johnson would have a psychedelic experience, they would never start a nuclear war. In 1964, Nol, an idealistic student of first medicine and later physics, started to recruit investors from the Amsterdam beatnik and drug scene to build his own underground laboratory.<sup>2</sup> A first test run produced a tube containing a liquid with only 50–80 dosage units. Three months later, Nol's lab produced a bottle containing 40,000 dosage units of LSD. (He did not make it solid enough to crystallize it.) The liquid LSD was dripped on sugar cubes with a pipette. These LSD cubes, priced between 5 and 10 Dutch guilders (around 15–30 USD today), were made available in bars and other locations in Amsterdam where the alternative youth and drug scene gathered. Nol's LSD was possibly also a major source of supply for the underground UK market. His lab had to discontinue operations, however, because Nol turned into a major consumer of his own product, taking a staggeringly high dose of 900  $\mu$ g each day for a period of eight months. By the next year, he had become completely paranoid and went to Germany to recuperate.<sup>3</sup>

Nol's activities stood at a watershed in the diffusion of LSD in the Netherlands. The drug had arrived in Dutch psychiatric clinics in the 1950s. It crossed boundaries between medical and public domains through psychiatric treatments and psychological experiments involving intellectuals and artists. Taken up by a bohemian beatnik drug scene in the larger cities,

especially Amsterdam, Rotterdam, and The Hague, LSD was reconfigured from a drug that caused or mimicked psychosis into a mind-liberating drug that would revolutionize the world. At the same time, its use came to be perceived as a major threat to society, creating a cultural legacy that lives on today. While similar developments took place in other Western countries, Dutch psychedelic history had its own characteristics. In psychiatry, LSD therapy was used for the management of the traumas of World War II; in Dutch society, overlapping groups of activists and psychedelics users were involved in a playful transformation of society into a "Magical Center"; and in economics, the Netherlands became a key player in the illegal production and distribution of LSD worldwide.

#### THE RISE OF LSD IN PSYCHIATRY

LSD found its first Dutch users in psychiatric clinics in the 1950s. Until LSD was regulated under the Dutch drug law (the *Opiumwet*) in 1966, the drug was therapeutically used in eight clinics and at least three private practices in the Netherlands.<sup>5</sup> This was made possible by the existence of a medical setting in which contemporary managerial concepts such as teamwork, evidence-based medicine, and quality indicators were unknown. In the 1950s, psychiatrists ruled their departments as feudal lords and developed the accompanying personality styles. Early LSD therapy in psychiatry was framed by these dominant structures. To many patients, pioneering LSD psychiatrists such as Kees van Rhijn (b. 1918), Willy Arendsen Hein (1912–1995), and Jan Bastiaans (1917–1997) were authoritarian father figures to whom they turned for help. It is characteristic that psychiatric publications of the time fail to mention the importance of the nurses (male and female) who nursed patients through their rebirths, nurturing more positive experiences and minimizing the risks of bad trips.<sup>6</sup>

Van Rhijn was the first Dutch psychiatrist to experiment with LSD on a systematic basis, in the Brinkgreven psychiatric clinic, outside the city of Deventer. In 1952, a salesperson from the Sandoz pharmaceutical company visited Van Rhijn, bringing some samples of LSD. The next year, the psychiatrist started to give LSD therapy to chronic alcoholics admitted to his clinic.

Neither the clinic's managing director, nor the staff, nor the patients exerted much influence on Van Rhijn's treatments. This situation of virtually free experimentation with LSD was made possible by the comparatively low social status of the patients, as was the case with the work of Van Rhijn's fellow researcher, Arendsen Hein. Arendsen Hein began giving LSD therapy in 1959 as chief psychiatrist at the Salvation Army clinic Groot Batelaar in Lunteren. This clinic admitted so-called criminal psychopaths sentenced by the judicial courts to psychiatric treatment. Only after perceiving success with this class of patients did Arendsen Hein give LSD therapy to other patients in his own private clinic, Veluweland in Ederveen. Most of these latter patients were classified as "neurotics" and came from wealthier social backgrounds. They were registered as "guests," not as "patients," indicating their higher social status. 9

Apart from the availability of both the drug and patients, there were substantive reasons for psychiatrists such as Van Rhijn, Arendsen Hein, and later Bastiaans (who began LSD and psilocybin therapy in 1961 at the University of Amsterdam, and who continued this therapy from 1963, as a psychiatry professor at the University of Leiden, in the Jelgersma clinic in Oegstgeest) to experiment with LSD. A key factor contributing to the diffusion of LSD in psychiatry was that its use stood in continuity with earlier developments in therapy and research and was not seen as something completely new. LSD seemed to provide answers and strategies that could be adopted within existing psychiatric frameworks. Since psychiatry was at this time dominated by psychoanalytic schools of thought, LSD was incorporated within their frameworks, providing a tool to break through the mental barriers that patients erected against their own treatment.

Van Rhijn formulated the following indications for LSD therapy: to loosen a stagnated situation in treatment; to strive for quick results in emergency cases; and to give love and security to acceptance-frustrated neurotics. <sup>10</sup> This way of working became known as "psycholytic" therapy, differentiated from "psychedelic" therapy. Psycholytic therapy involved administering low dosages of LSD to gain access to the patient's unconscious, whereas psychedelic therapy required high dosages to elicit a peak healing experience. However, in practice, Dutch psycholytic therapists did not hesitate

to administer high doses to make their patients talkative and cooperative if they considered it useful.<sup>11</sup>

#### **ARENDSEN HEIN**

Arendsen Hein, who was heavily influenced by the psychoanalytic ideas of Alfred Adler (1870–1937), treated his "psychopathic" patients with a combination of individual and group therapy and resocialization. However, he encountered a number of so-called refractory patients, who failed to respond to all therapeutic efforts. To break down their barriers of resistance, Arendsen Hein experimented with chemical means. The 1950s were, after all, the decade of the psychopharmaceutical revolution in psychiatry. <sup>12</sup> Carbon dioxide inhalation, narcoanalysis with sodium pentothal, and administration of methamphetamine were all tried by Arendsen Hein, but with limited success. Inspired by publications by psycholytic therapists such as the German Hanscarl Leuner and the Brit Ronald Sandison, Arendsen Hein began administering LSD in 1959. 13 He claimed considerable results: a majority of his "tough guys" showed a notable reduction of resistance, intensive abreaction of repressed emotional material, allegoric and symbolic presentation of conflicts, lucid insights into hitherto misunderstood attitudes, reorganization of values, marked improvement in behaviors, and intensification of human contact. 14

In Arendsen Hein's work, the distinction between psycholytic and psychedelic therapy disappeared. In the LSD experiences of both his patients and himself (he regularly took LSD to "cleanse his mind"), Arendsen Hein started to recognize the "peak-experience" transcending normal egoboundaries: an experience of the "cosmic consciousness." In his words: "It is as if lightning strikes and the inner panorama is suddenly bright illuminated." This peak experience transformed the experiencer and gave him a positive self-image. Arendsen Hein wrote: "Have not most of us been living in a state of complete unawareness of our roots in the transcendental, until we saw this clearly under the influence of LSD?" The concept was again not new in Dutch psychiatry. Both Arendsen Hein and Van Rhijn had studied with H. C. Rümke, the influential professor of psychiatry at Utrecht

University, who taught that an intensive feeling of happiness could bring one to the brink of dissolution in the whole of being.<sup>17</sup>

#### **BASTIAANS**

The therapeutic use of LSD also provided an answer to the problems that Jan Bastiaans was having in his attempts to treat a special kind of patient: survivors of the German and Japanese concentration camps and prisons of World War II. After attempting to treat them after the war, Bastiaans discovered that many of these victims suffered from alexithymia, an inability to talk about their feelings. Traumatizing experiences, such as torture by SS hangmen, were suppressed in their memories. Moreover, many patients did not have faith in their therapists, who had not themselves been in the camps and prisons and therefore could not understand how it had really been.

Bastiaans, working from a theoretical framework that combined psychoanalysis and psychosomatic medicine, at first tried to open up his patients by using narcoanalysis in combination with psychoanalysis and psychodrama. However, he felt that he did not achieve sufficient results with his most rigid patients. Moreover, the patients did not always remember what they had said during narcosis. In 1961, therefore, Bastiaans began incorporating psychedelic drugs into his treatments: mainly LSD, but also psilocybin. When he deemed it necessary, he used psychodrama techniques in the drug sessions as well. Nazi paraphernalia, images of German war leaders, and recordings of Adolf Hitler's speeches were used to make patients consciously relive their experiences in the prisons and camps. Bastiaans treated around 300 patients in total with psychedelics, mainly with success (so he claimed) until his retirement in 1988.<sup>18</sup>

#### DOUBTING THE MEDICAL BENEFITS OF LSD

The LSD molecule could diffuse itself in psychiatric settings because it offered solutions to the therapeutic problems of psychiatrists. But as in other countries, the diffusion of LSD within psychiatric settings that started promisingly in the 1950s and early 1960s soon encountered limitations. In the

Netherlands, the first problems arose around Arendsen Hein, whose personality style led to conflicts. In a public scandal involving a personal dispute between a doctor at his Groot Batelaar clinic and this doctor's wife, Arendsen Hein tried to force the doctor into psychiatric treatment. The latter divulged to the press that Arendsen Hein drove his patients insane with secret LSD experiments. This negative media attention compromised his position in the clinic. Arendsen Hein had to leave Groot Batelaar in 1960, but he continued LSD therapy in his private clinic. <sup>19</sup>

In his 1960 textbook on psychiatry, Rümke stressed the dangers of using LSD and mentioned two examples of treatment that led to negative effects—one patient fell into a months-long severe depression, and another committed suicide. Rümke's personal Calvinist convictions, moreover, made him opposed to actively seeking ecstasy.<sup>20</sup> As the 1960s wore on, news of a psychedelic movement originating in the US that threatened the fabric of society served to increase Rümke's fears of LSD. Just before his death in 1967, in a new edition of his textbook, he even gave as an example of the negative effect of LSD on people's mental health the fact that two of his own patients experienced "paranoid delusions" about the drug, even though they had never used it. Rümke thought that these delusions were caused by the public advocacy of LSD by the movement by Timothy Leary and Richard Alpert.<sup>21</sup> (As will be seen next, Leary had indeed reached out to the Netherlands, but Rümke could not have known this.) However, within psychiatry, there was no consensus about either the benefits or the disadvantages of LSD therapy in psychiatry, as witnessed by a discussion in the influential Nederlands Tijdschrift voor Geneeskunde (Dutch journal of medicine) in 1968.<sup>22</sup>

As it happened, the medical benefits of LSD were also doubted in public media. In a recent analysis of a digitized database of Dutch newspapers, David Claessen (2020) showed that after the media coverage of Arendsen Hein's work in Groot Batelaar, LSD was regularly mentioned in the newspapers, but not always in a positive sense. LSD therapy was even described in one newspaper as "creepy." Nonmedical use of LSD became a feature of media coverage from 1962 onward. In 1965, newspapers suggested a relationship between drug addiction and the death of a drug addict (but not because of LSD) on the one hand, and the diffusion of LSD use on the

other. Such negative publicity led a right-wing party to pose questions in parliament in February 1966 about the necessity of ending trade in LSD, and it contributed to the prohibition of the drug in the same month, as discussed next.<sup>24</sup>

## THE DECLINE AND FALL OF LSD IN PSYCHIATRY

Medical use of LSD in the Netherlands declined after 1966. Only two psychiatrists (Arendsen Hein and Bastiaans) applied for and received permits to continue LSD therapy when doing so became obligatory in 1966. Arendsen Hein now kept out of the public eye, even though one of his patients published a book in 1968 discussing her LSD treatment in his clinic and the peak experience that helped her overcome her neurotic inability to cope with life. <sup>25</sup> Bastiaans went on to gain a high public profile in the 1970s. On the one hand, he was seen as a hero and a last resort for healing by members of the former Dutch Resistance, who viewed him as the psychiatrist who gave hope to the victims of the war. On the other hand, his work became even more controversial when a weekly magazine in 1976 revealed that the heroic memories elicited in his LSD sessions by one of Bastiaans's patients and published in a book had been fantasized. <sup>26</sup> Bastiaans's emotional involvement with his patients also made him suspect for many colleagues who worked more from a position of professional detachment.

Moreover, in the 1980s, Bastiaans's personality style alienated him from a more informal and democratic new generation of psychiatrists; his students and successors were not interested in continuing his method. In 1985, the government asked its Council of Health for advice on the continuation of LSD therapy after his retirement. All the consulted experts considered the use of psychedelics unnecessary. The positive effects of LSD therapy were attributed to Bastiaans's professional competence, not to his method. One expert even made clear that "the continuation of apparently legitimate therapeutic uses of LSD detracts from the work of people trying to contain the enormous drug problem"; he also resented the "metaphysical speculations" found in Bastiaans's work, for which he saw no use in medicine.<sup>27</sup> Ultimately, LSD therapy was discontinued when Bastiaans left his clinic in

1988. Disillusioned, he wrote: "It does appear as if medieval fears for insanity or for the confrontation with 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." 28

To a postwar generation of psychiatrists, LSD had seemed to answer the problems of their therapeutic practice. But to their post-1960s successors, the drug had become irrelevant and dangerous.

#### LSD'S SPILLOVER INTO SOCIETY

While Bastiaans's work developed independently from any psychedelic revolution in Dutch society more broadly, the public image of this revolution had negative effects on the continuation of his work. Ironically, at the same time, it was psychiatry that introduced people outside the medical domain to the possibilities and benefits of LSD. In the Netherlands, a key catalyst in this process was the experiments of the psychiatrist Frank van Ree, who was interested in the relationship between the nature and extent of the LSD experience and the personality structure of the experiencer. He designed an experiment testing the effects of the drug on voluntary, healthy subjects.

Volunteers for these experiments, conducted in an Amsterdam hospital in 1958–1959, were recruited from the city's literary and artistic circles. <sup>29</sup> They included two men who in the following years would play prominent roles in the Dutch psychedelic movement: the writer and poet Simon Vinkenoog and a medical student named Bart Huges. Both participated in the so-called *pleiner* scene that had evolved in Amsterdam in the 1950s, with similar scenes in other Dutch cities such as Rotterdam and The Hague. The nucleus of this scene was a group of artists, writers, university and high school students, and dropouts who gathered in the bars around Amsterdam's Leidseplein square (hence the name *pleiner*) in the center of town. These people constituted a self-conscious bohemia in the classical sense of the word. They shared attitudes such as "seize the day" hedonism and contempt for "straight" and respectable citizens.

The mainstream media reported negatively on the *pleiners*, but to Vinkenoog, these "Barbarians of the Leidseplein" were a healthy antidote to the

bourgeois world: "The encyclopedia describes Barbarians as having no part in civilization . . . with their own precepts, without revolution, and as normal as can be in a neurotic world." Out of this scene, the psychedelic movement in the Netherlands grew. An essential factor in this development was the *pleiners*' penchant for drug use and their imperative to get high by any possible means, foremost by using cannabis, but also by taking other drugs such as ether, amphetamines, and opium. Since cannabis use had been prohibited in 1953 and had become the object of police persecution, this contributed to the *pleiners*' sense of alienation from Dutch society. Police raids on their houses and apartments were a familiar occurrence. Prison sentences of three to twelve months were imposed for possession of marijuana. Vinkenoog himself spent six weeks in prison for illegal possession in 1965 (but he smuggled LSD into his cell and took eight trips behind bars during these weeks).<sup>31</sup>

LSD spilled out of the medical domain into society first through the *pleiners*. The experiments of Van Ree were the original catalyst, but it took a few years before a regular supply became available. In 1962, LSD became available on an "extralegal" market: its use was not yet illegal, but the drug was not purchasable in a legal way (e.g., in a pharmacy).<sup>32</sup> The only source for LSD until the activities of Onno Nol and his friends emerged was the Switzerland-based Sandoz, which provided the drug for scientific and medical purposes to doctors and scientists. As has often been the case with medicinal drug supplies, some of the Sandoz LSD turned up in a nonmedical market, but it took LSD's production in underground laboratories for Dutch consumers to have a regular supply and establish the psychedelic revolution on a firm basis.<sup>33</sup>

### INTERPRETING THE PSYCHEDELIC EXPERIENCE

LSD was not just one drug of many in the *pleiners*' cupboard. To Vinkenoog and Huges, and many after (and before) them, LSD gave new and overwhelming experiences, not only placing users apart from the bourgeois world but offering them a tool to transcend and transform the world. They were not interested in the interpretations of their LSD experiences offered by

the doctors who gave them the drug. To van Ree in 1959, the LSD experience was a form of psychosis, and one of the tasks of the psychiatrists was to categorize the specific form the user experienced.<sup>34</sup> Typical LSD experiences, in which the boundaries between the "I" of the user and the "One" of the universe blurred, van Ree classified as "degenerative" forms of psychosis. Later he revised these conclusions: in 1971, he referred to these experiences as "cosmic-transcendental," in the terminology of the American theologian and psychedelic researcher Walter Pahnke. In his famous Good Friday experiment in 1962, Pahnke had attempted to elicit religious and mystical experiences in an experimental group that was administered psilocybin.<sup>35</sup> But in 1959, van Ree was scathing about these kinds of experiences, dismissing one such report by a test subject as an "exalted kind of Christmas mood." <sup>36</sup>

Vinkenoog experienced a rebirth when participating in the experiment: "I looked for the switch to eternity. You become aware of things you don't know, as your lungs labor your entire life without you knowing that you're breathing. With great effort I was (re)born."37 But he felt he could share this experience with very few people.<sup>38</sup> For Huges, his two experiences in the experiment seemed to elude all meaning, and he perceived the attendant scientists as devils, monkeys, and liars, growing bored with them.<sup>39</sup>

Over time, both men developed their own influential interpretations of the psychedelic experience. For Vinkenoog, the key was his interactions with the American physician Steve Groff (not to be confused with the well-known LSD psychiatrist Stanislav Grof), who in 1962 or 1963 came to Amsterdam for medical training before returning to the US in 1967. Groff was a member of the emerging international psychedelic network that formed around Timothy Leary, to whom Groff introduced Vinkenoog. Of considerable influence on Vinkenoog was the *Psychedelic Review*, the journal of the Leary group, the first issue of which was published in 1963. After a visit to the Leary commune in Millbrook in upstate New York in 1965, Groff returned as one of two "apostles" sent out with the last stock of Sandoz LSD to turn on the world. (The other was Michael Hollingshead, who went to London.) Groff and Vinkenoog collaborated on a Dutch translation of the Leary-Metzner manual *The Psychedelic Experience*, published in 1969.<sup>40</sup>

#### **REALITY AS A GAME**

Of particular importance to Vinkenoog was Leary's "game theory" of reality, operationalized in what the American psychologist had named an "applied mysticism." The idea of the game-character of reality linked the psychedelic movement closely to more politically oriented activists in Amsterdam, who derided the bourgeois world as well, such as the anarchist Provo group. A major source of inspiration on these activists was the work of the Dutch historian Johan Huizinga. In *Homo ludens*, published in 1938, Huizinga had analyzed the importance of games to the development of culture. To him, behavior (e.g., of medieval knights) was, even when this was not consciously perceived as such by the participants, a kind of game with its own rules. 41

The 1960s counterculture became imbued with this idea of life as a game. The influence of Huizinga, for example, is explicitly acknowledged in *Play Power*, published by the Australian journalist Richard Neville in 1970. Neville was the editor of the influential London underground magazine *Oz* and a central figure in the international counterculture. His book offers an overview of countercultural attitudes and seeks the unifying element in all the currents within the "politics of the game." The key element is a sense of freedom that fosters creativity: high-level performance is achieved in art and science environments wherein people play, not in work, which involves an element of coercion or obligation.<sup>42</sup>

Psychedelic game theory went still a step further than the political activism of Provo and Neville. For Leary and kindred spirits such as Vinkenoog, not only culture but the whole of the reality we experience was a game. They developed distinctly religious and mystical views in which psychedelics were the means of making us aware of the game character of reality, in which a pantheistic divinity plays hide and seek with itself.<sup>43</sup>

# TURNING AMSTERDAM INTO A MAGICAL CENTER

The idea of game reality, whether in a sociocultural or metaphysical sense, inspired Dutch *pleiners* between 1962 and 1966 to undertake public activities aimed at transforming Amsterdam into a Magical Center: a city full

of play, leisure, creativity, and magic events rather than boring workdays. Leading roles were played by Huges and his friend Robert-Jasper Grootveld, a window cleaner who did not like LSD but was a compulsive cannabis smoker. They staged public happenings to create ambiences where people could go collectively out of their mind and unleash their creative power. They also designed the symbol of the Magical Center: an apple with a dot on it. Reality is, after all, an apple ready for you to bite into.

Grootveld heralded the coming of a man called "Klaas," who would satisfy everyone's needs even while nobody knew who he was. From their shared house, Huges and Grootveld also designed a game in which the police could participate: the Marihu game. Marihu was everything that looked like marijuana but was not. Packages of Marihu circulated, and one could win a considerable number of points in this game by provoking police raids and arrests on the ground of possession of marihu. In 1964, Grootveld started to hold antitobacco smoking events on the Spui in the center of the city, a square containing a statue paid for by the tobacco industry.

The next summer, members of the anarchist group Provo began to participate in these happenings. *Provo* stood for "provocation," and just like Grootveld, these group members wished to provoke the police and other authorities in violent and disproportionate reactions to unmask their authoritarian character. This led to a hot summer of happenings and riots. Amazingly, the magic worked. Not only did youngsters start to question authority, but Klaas even materialized in the person of Prince Claus von Amsberg, the new fiancé of Crown Princess Beatrix and, during World War II, an officer in the German Wehrmacht.

The peak of Provo's provocative revolt occurred in the first three months of 1966 in a campaign against the marriage of Beatrix and Claus. The ceremony was to be held in 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 that lurked behind its supposedly democratic façade.

In the atmosphere of provocation and repression that ruled the capital, Provo's confrontation reached its pinnacle in the streets on March 10, 1966, and continued in the aftermath. In February, Provo had proclaimed the day of the marriage a "Day of Anarchy" and jokingly threatened to dope the horses of the mounted police with LSD. The national authorities did not take this provocation as a joke. It became the occasion to prohibit the production, distribution, and use of LSD and eighteen other psychedelic drugs, including mescaline and psilocybin. Even before the law came into effect, Peter ten Hoopen, the leading Amsterdam LSD dealer and friend of Huges and the Provo group, was arrested.<sup>44</sup>

Ironically, Provo was itself divided on the issue of LSD. Referencing the famous words of Karl Marx, the editors of issue no. 7 of *Provo* magazine, published in 1966, wrote that "unfortunately," drugs such as marijuana and LSD were the "opium for the provotariat" and they were "nervous" about these drugs. But the same issue also published a defense of LSD by Vinkenoog, while *Lynx*, the magazine of the Hague Provo group, cited in September 1966 the already (in)famous Leary slogan "Turn on, tune in, drop out," first uttered at the Human Be-In that had occurred in January that year in San Francisco. <sup>45</sup> This lack of consensus within Provo reflected the general debate on politics and drugs in the 1960s counterculture: did drugs lead away from revolutionary struggle, or was self-liberation through drug use imperative for a successful transformation of society?

#### **HUGES AND THE THIRD EYE**

In the meantime, Huges developed his own remarkable, and to some extent influential, interpretation of the psychedelic experience. In 1962, he authored the scroll *Homo Sapiens Correctus*, in which he developed his theory that the use of LSD leads to a temporary increase of blood volume in the brain. There was, according to him, a method for permanently inducing this increase: trepanation (drilling a hole in the skull), which he associated with opening up a "third eye." This practice would permanently produce a third of the effect of an LSD trip, he claimed. A society that was trepanned would therefore be a utopian society.<sup>46</sup>

In January 1965, Huges bored a third eye in his skull using a dental drill. (However, according to one doctor, X-rays showed that the self-trepanation

had not succeeded.) Ten days after his trepanation, at a happening called "Stoned in the Streets," Huges unwrapped a 32-m bandage from his head, on which were written the words "HA HA HA"—while a beautifully painted girl (and later clothing designer for The Beatles) did a striptease. But for most of his friends in the drug scene, Huges took his theories too seriously, a position contrary to the idea of reality as a game. Nevertheless, he found followers, especially in England, where he spent some time.<sup>47</sup> This event links the 1960s psychedelic movement to today's psychedelic renaissance: one of his followers was the noted trepanation enthusiast Amanda Feilding, whose Beckley Foundation is a major financer of today's scientific research into psychedelics.<sup>48</sup>

# **CONCLUSION: THE LEGACY OF 1960s LSD USE**

Dutch psychiatrists developed their methods of doing LSD therapy in an attempt to liberate neurotic and traumatized patients. Taken up by a drug-using, bohemian, beatnik crowd, LSD was reconfigured into a mind-liberating drug that would change society. This transformation was influenced by the rise of an underground production and distribution of the drug, as well as by the influence of the psychedelic thought and actions of Timothy Leary.

In 1966, LSD made a fresh career start as an illegal drug. As in most Western countries, the use of LSD grew exponentially from the Summer of Love of 1967 onward, notwithstanding its prohibition. Surveys of the early 1970s suggest that the number of LSD users had risen into the thousands by then.<sup>49</sup> After the arrival of the heroin epidemic in 1971, the drug fell out of fashion but never completely disappeared from the illegal drug circuits. In 1985, the International Narcotics Control Board suggested that Dutch underground laboratories were the biggest suppliers of LSD in Europe.<sup>50</sup> While the drug kept a low profile, the legacy of Onno Nol lived on.

LSD use in the Netherlands had its own characteristics. LSD therapy in psychiatry was closely connected to the culture of Dutch psychiatry of the time, and to the traumas and heritage of the German occupation in World War II. Dutch artists and political activists pioneered new, nonviolent, provoking tactics based on game theory to expose the authoritarianism in Dutch

society and to turn the city of Amsterdam into a magical center. The LSD experience both strengthened the idea of reality as a game and fitted into these disaffected young people's antiauthoritarian tactics.

The LSD molecule successfully spread through Dutch culture by eliciting hopes and insights in different settings and among users with different mindsets. Because of its plasticity, not any single group of users was able to monopolize the drug that continued and still continues to flow into and out of medical and public domains. However, its diffusion also elicited opposition among state authorities and medical professions. LSD became inseparably linked to 1960s revolt and excess, a drug leading to madness such as that experienced by Nol. This produced a legacy that many of its advocates are still struggling to undo today.

#### **NOTES**

- A similar sentiment was expressed by Aldous Huxley in 1962. See Nicholas Murray, Aldous Huxley: A Biography (New York: St. Martin's Press, 2002), 447. (Thanks to Chris Elcock for the reference.)
- Underground laboratories were by this time starting to produce LSD in several Western countries. In 1963, for instance, a "green" and only 60 percent pure form of LSD appeared on the US market. See Stephen Snelders, *Drug Smuggler Nation: Narcotics and the Netherlands*, 1920–1995 (Manchester, UK: Manchester University Press, 2021), 221.
- On Nol and underground LSD, see Herman Cohen, Drugs, druggebruikers, en drug-scene (Alphen aan den Rijn, Netherlands: Samsom, 1975), 63; D. van Weerlee, ed., Allemaal rebellen: Amsterdam 1955–1965 (Amsterdam: Tabula, 1984), 74–79; S. A. M. Snelders, LSD en de psychiatrie (PhD thesis, VU-University Amsterdam, 1999), 149; A. Roberts, Albion Dreaming: A Popular History of LSD in Britain (Singapore: Marshall Cavendish, 2012), 126.
- For similar developments in other Western countries such as the US, see Martin A. Lee and Bruce Shlain, *Acid Dreams: The Complete Social History of LSD* (New York: Grove Press, 1985); Jay Stevens, *Storming Heaven: LSD and the American Dream* (New York: Grove Press, 1998); and for the UK, Roberts, *Albion Dreaming*.
- 5. On LSD and psychiatry in the Netherlands, 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); Stephen Snelders, "The Use of Psychedelics in Dutch Psychiatry 1950–1970: The Problem of Continuity and Discontinuity," Curare 18 (1995): 415–425; Stephen Snelders, "The LSD Therapy Career of Jan Bastiaans, M.D.," in Welten des Bewusstseins, vol. 10, Pränatale Psychologie und Psycholytische Therapie, ed. Michael Schlichting (Berlin: VWB, 2000), 135–141; Stephen Snelders and Charles Kaplan, "LSD Therapy

- in Dutch Psychiatry: Changing Sociopolitical Settings and Cultural Sets," *Medical History* 46 (2002): 221–240.
- For instance, see Stephen Snelders, "Kin Spruijt: A Psychedelic Nurse in a Psychiatric Clinic," https://chacruna.net/a-psychedelic-nurse-in-a-dutch-psychiatric-clinic/.
- 7. On Van Rhijn, see Snelders, LSD-therapie, 103–127.
- 8. Compare chapter 3 in this volume.
- 9. On Arendsen Hein, see Snelders, LSD-therapie, 128–160.
- C. H. Van Rhijn, "Variables in Psycholytic Treatment," in *The Use of LSD in Psychotherapy and Alcoholism*, ed. H. A. Abramson (Indianapolis: Bobs-Merrill, 1967): 208–222.
- 11. Cf. Snelders, LSD-therapie.
- For a critical history of this revolution, see David Healy, The Creation of Psychopharmacology (Cambridge, MA: Harvard University Press, 2002).
- 13. On Sandison, see chapter 5 in this volume.
- 14. G. W. Arendsen Hein, "LSD in the Treatment of Criminal Psychopaths," in Hallucinogenic Drugs and Their Psychotherapeutic Uses, ed. R. Crocket, R. A. Sandison, and A. Walk (London: H. K. Lewis, 1963): 101–106; G. W. Arendsen Hein. "Treatment of the Neurotic Patient, Resistant to the Usual Techniques of Psychotherapy, with Special Reference to LSD," Topical Problems of Psychotherapy 4 (1963), 50–57; Stephen Snelders, "Het gebruik van psychedelische middelen in Nederland in de jaren zestig. Een hoofdstuk uit de sociale geschiedenis van druggebruik," Tijdschrift voor Sociale Geschiedenis 21(1995):1, 37–60.
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The MIT Press would like to thank the anonymous peer reviewers who provided comments on drafts of this book. The generous work of academic experts is essential for establishing the authority and quality of our publications. We acknowledge with gratitude the contributions of these otherwise uncredited readers.

This book was set in Adobe Garamond and Berthold Akzidenz Grotesk by Westchester Publishing Services.

Library of Congress Cataloging-in-Publication Data

Names: Dyck, Erika, editor. | Elcock, Chris, editor.

Title: Expanding mindscapes: a global history of psychedelics / edited by Erika Dyck and Chris Elcock.

Description: Cambridge, Massachusetts: The MIT Press, [2023] | Includes bibliographical references and index.

Identifiers: LCCN 2022059916 (print) | LCCN 2022059917 (ebook) |

ISBN 9780262546935 (print) | ISBN 9780262376907 (epub) |

ISBN 9780262376891 (pdf)

Subjects: LCSH: Hallucinogenic drugs—History—20th century.

LSD (Drug)—History—20th century.

Classification: LCC RM324.8 .E97 2023 (print) | LCC RM324.8 (ebook) |

DDC 615.7/883—dc23/eng/20230601

LC record available at https://lccn.loc.gov/2022059916

LC ebook record available at https://lccn.loc.gov/2022059917