


# The Bastiaans Method of Drug-Assisted Therapy

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## **A preliminary follow-up study with former clients**

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## **This study was made possible in part by a grant to MAPS from the Promind Foundation**

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The present pilot study is a preliminary investigation among former clients who participated in therapy supervised by Bastiaans and his collaborators (see MAPS Bulletin, VIII (2), p. 3; 1998) and conducted with the help of hallucinogenic drugs. This follow-up study aims to systematically establish the subjective judgements of clients, to work out a profile that correlates with success or failure of the treatment and to gain insight into the process of drug-assisted therapy. Moreover, we intend to map the possibilities for further follow-up studies for which we have obtained permission to make use of all the available relevant written and audiovisual archival material. This follow-up was conducted with the help of a small grant from MAPS of \$5000 which permitted only a preliminary exploratory study.

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## **Introduction**

Since the 1940s hallucinogenic drugs like mescaline, psilocybin and LSD have been utilized for therapeutic purposes. In the Netherlands the use of hallucinogens in psychotherapy was strongly, though not exclusively, associated with the work of psychiatrist Jan Bastiaans, a respected member of the scientific community at home and abroad (Bastiaans, 1974; 1977; 1979; 1982; 1986; 1987). His psychoanalytic background and his understanding of psychosomatics lead him to define the "KZ syndrome," or Concentration Camp Syndrome. At the Jelgersma Clinic of Leiden University he treated hundreds of traumatized war survivors. The core of his therapy was to enable his clients to re-experience the traumatic event under therapeutic guidance and with the help of LSD or in some cases also ketamine or psilocybin. This kind of therapy was only indicated as a "last resort" option, when other interventions failed. The lysergic acid diethylamide (LSD) causes emotionally-laden hallucinations, affects ego-functioning and facilitates the recollection of past events and associated emotions. It also changes the



perception of time-space dimensions. Ketamine and psilocybin have comparable effects on human consciousness. Dr. Bastiaans thought that clients with rigid defense mechanisms ("alexithymia") would especially benefit from this treatment. The intended re-experience and re-attribution of meaning under therapeutic supervision were meant to catalyse the process of integration and the eventual recovery of these clients. Part of this process consisted of the patient's listening to the audiotaped recording of the session.

During his career, Bastiaans and his staff members rarely evaluated and published the efficacy of their work. Moreover "Bastiaans' method" became the subject of a public societal controversy. Opponents claimed his method could provoke psychoses or damage the brain. They questioned its scientific basis and sometimes criticized the psychiatrist and professor *ad hominem*. Proponents, mostly ex-clients, praised his expertise and commitment, and organized to defend him and his treatment. The government consulted the national Health Council to settle this delicate matter. After collecting the opinions from eight foreign experts, its advisory commission concluded that the use of hallucinogens in a therapeutic setting was no longer common practice because of the negative connotations of the non-medical use of LSD. Moreover, its clinical utility was presumed to be neither proven nor disproven. The commission thus urged that further empirical research be conducted (Gezondheidsraad, 1985). On appeal of the influential Bastiaans, who recognized the need for scientific investigation, the Ministry of Health financed a preliminary study of his prior work. This preliminary study took place during 1986-87. It was concluded that a quantitative retrospective study of Bastiaans' work could not be conducted due to the lack of basic file data such as pre-treatment and post-treatment measures. Qualitative research, nevertheless, was deemed to be an important first step towards a rigorous prospective study (Van der Ploeg e.a., 1987). Applications for further investigations, however, were never approved (Boel & Boon, 1987), even though the controversy surrounding Bastiaans' methods had calmed down. After Bastiaans' official retirement in 1988, he gradually quit seeing clients and LSD treatment of severely traumatized patients came to an end in the Netherlands. Apart from Bastiaans' work, Dutch research into the clinical use of LSD has been practically at a standstill since 1970 (Snelders, 1999). Contemporary scientific developments abroad indicate a revival of interest in the clinical use of hallucinogens (Mathias, 1993; Pletscher, A. & D. Ladewig; 1994, Greer & Tolbert, 1998, Grob et al., 1998). Against this background, a study of the work of Bastiaans could contribute to clinical studies in the field of drug-assisted treatments and may deliver valuable results that could be of benefit to interested psychotherapists and certain categories of patients.

## **METHODS**

### **Population**

Ex-clients are likely to be associated with organizations of military veterans, civilian war victims, resistance people or of ex-political prisoners. In the Netherlands, over one hundred such organizations and groups exist. Through advertising in their principal media, attending

meetings and "snowballing" we have sought to reach as wide a range of potential respondents as we possibly could.

Within a six months period we received a meager 30 responses by mail or by phone, both from the Netherlands and abroad. These respondents received a letter and a four page questionnaire with a request to discretely inform us about other people who may be interested in responding to the questionnaire.

Twenty-six questionnaires were returned, of those, 21 were considered to be adequately completed and valid for this study. In view of the study's aim, we selected only those respondents who actually participated in LSD, ketamine or psilocybin-assisted therapy (n=12).

## **Questionnaire**

A semi-structured questionnaire was constructed to enable us to relate respondents' perceptions of the efficacy of their therapy to a range of other variables like gender, age, educational level, length of treatment, post-treatment care, medication, the nature and duration of their symptoms, and which other forms of professional help they had sought. Additionally, respondents could indicate their willingness to cooperate in possible subsequent, in-depth study.

## **Results**

Since drug-assisted therapy is the focus of this study, the following refers exclusively to ex-clients who were treated with LSD, ketamine and/or psilocybin. The age range of these respondents was 56-86 years (median: 67 years). Four of them were female. One respondent (a 56 year old woman) did not belong to the group of war victims and indicated she was referred to Bastiaans due to complaints of chronic depression, Crohn's disease and severe whiplash. The others all had a war-related past, be it as a member of the Dutch resistance (4), as civilians (4) or as inhabitants of the Dutch East Indies during the Japanese occupation (3). Although respondents were not asked specifically if they had been in a concentration camp, all but one respondent are likely to have been detained in a camp for a period of time.

Respondents entered treatment between June 1960 and February 1989 at the ages of 36-60 years (median: 46 years), three-fourth of them received higher education. Almost all of them had a long history of complaints, over half suffered from symptoms for over a decade. Before seeing Bastiaans, eight respondents sought medical, therapeutic, psychological or psychiatric assistance, with temporary, partial or no results at all. Five were referred by a general practitioner or psychiatrist, though some contacted Bastiaans on their own initiative (2) or otherwise (via friends; 5).

At the time of intake they suffered from a range of symptoms that are rather similar to

today's concept of post traumatic stress disorder. The duration of therapies for these complaints before meeting Bastiaans varied from five months to 20 years with a mean span of nine years divided in several active intervals.

## **Course of treatment**

Bastiaans started treatment with ordinary psychotherapy. Some respondents received the short-acting barbiturate Penthotal(R) (thiopental sodium) right from the beginning or shortly after the first therapy sessions. When this initial treatment did not deliver results within a range of up to two years, clients were indicated for therapy with LSD (11), ketamine (2) or psilocybin (2). Some respondents received no narcoanalysis (treatment with thiopental sodium) and entered LSD-assisted therapy immediately or at a later stage.

The possibility of trying a hallucinogenic drug as part of their treatment was proposed by Bastiaans. After an informal discussion, clients agreed in full confidence and no formal consent form was signed. Those who did agree to Bastiaans' suggestion participated in one to sixteen sessions with LSD or three to four with psilocybin. Though some have forgotten the exact reasons for their decision to try out the additional measure of a hallucinogen, others remember: "my aggressive behavior persisted," "the control over my past was still strong and I had not gotten to processing it," "the Penthotal treatment failed, I would not speak about my true emotions and would have fallen into complete silence," or, "I wanted to reach a deeper level."

The answers reveal a certain trust in the personal and professional qualities of Bastiaans. Questionnaire responses included phrases such as, "On the professor's recommendation..." or "I was sitting in a bunker, as the professor said," or "The professor did his utmost. He did not lose heart..."

Bastiaans himself was the leading therapist while the presence of other sitters was common. These were psychologists or doctors, nurses or therapists, students or colleagues in their professional roles as passive observers or active collaborators. Sometimes they played the psychodramatic role of a client's family member.

All but one respondent who received these therapies reported moderate to strong improvements. They reported, "[I had] less sleeping problems and less anxieties," "It provided me with insight into what bothered me from the past," "I could live a normal life again. Since then I have had no more depression," "[I felt] greatly improved," "[My] aggressive behavior slowly disappeared," and "I am calm now and I can talk about the past." The one respondent who didn't benefit ("I couldn't get out... [of where I was stuck]") remarked that the treatment (seven LSD and four psilocybin sessions) had been too short to reach any improvement. She was both satisfied and dissatisfied since her treatment was stopped due to the government's decision to discontinue Bastiaans' official permission to work with otherwise illicit drugs. All others were moderately to very satisfied with the treatment. Respondents reported, "if I had been living in the Netherlands, the re-working [of the traumatic memories] would have been more effective," "I reached much clarity to a certain extent and never got further," "I received good after-care" or "there was safety and

security to go through the misery and fear of the war again."

These respondents have not changed their opinion since the time of their treatments, and report that they are still content today. They report: "I believe my life was saved," "I feel fully integrated in society" or "I feel that the treatment brought closure to a period of my life."

### **Case report - Jason**

Jason is a 61 year old man with a university degree. As a small child he was detained by the Japanese during their occupation of the Dutch East Indies. After the war and the decolonization, he moved to the Netherlands.

Around the age of 40 he developed complaints that lasted for 2.5 years. He was suicidal and suffered from serious depressions and dyslexia. After a final break-down his general practitioner referred him to Bastiaans. He had never seen a psychiatrist before. Bastiaans started with out-patient psychotherapy. After two months Jason was admitted to a clinic, where he was to stay for 17 months. Four weeks after his admittance, he had his first sodium pentothal session. Apparently this didn't have the right effect: three months later Bastiaans started with LSD-assisted therapy. Jason remembers: "Something was necessary to help [me] through the wall of repression." About 18 months after he left the clinic, he returned to therapy for three months. Altogether, Jason went through 13 LSD sessions. He describes the effect of the therapy as follows: "The professor managed to find an opening." Today he is still very satisfied about the therapy: "I exist, and I am there for my wife and children." Furthermore he wants to participate in a further study, "because Bastiaans' work is too important to be neglected."

### **Case report - Billy**

Billy is a 64 year old man who studied at the College of Advanced Technology. Just like Jason, he was detained by the Japanese and survived four Japanese concentration camps. Around the age of 40 he started to notice something was wrong, but he didn't know exactly what it was. He went to a general practitioner who first referred him to a psychologist, and later to a psychiatrist. They told him that he suffered from PTSD and started to treat him with a therapy similar to Primal Scream Therapy. The treatment lasted for 18 months, but the complaints didn't disappear. Then he was referred to someone else who put him in contact with Bastiaans.

Again Bastiaans started with psychotherapy. After four months Billy had his first sodium pentothal session. Two months later they started with LSD sessions. In this first period, which lasted seven months, Billy went through two LSD sessions. Four years later (May 1985) Billy started to see Bastiaans again. Apparently the complaints had returned. This time Bastiaans started psilocybin sessions after two months of psychotherapy. In this second period of treatment Billy went through three psilocybin sessions. Furthermore he was treated with ketamine and hypnosis. Billy explains that he was given these hallucinogens "to get beyond a certain level." This second period also lasted seven months. Billy says: "I learned a lot about earlier experiences which I didn't know were stored in my

head." The LSD therapy had allowed him to access previously repressed memories of traumatic concentration camp experiences. At the present he is very satisfied about the therapy: "I have learned to live with it, without considering it as my real story." He is willing to participate in a further study, because "this method has proven to help many people further."

### **Case report - Nelson**

Nelson is an 86-year-old man who studied at the Academy of Arts. During World War II he was persecuted for his Jewish background. He survived the concentration camp. In his late sixties he developed complaints: he had nightmares about concentration camps and persecution and he started to behave aggressively, which led to several arrests by the police. He was treated by a psychiatrist for three years. Because the complaints didn't disappear, the psychiatrist referred him to Bastiaans.

Again Bastiaans started with psychotherapy. Because the aggressive behavior remained and he had tried to commit suicide, Bastiaans decided to do one LSD session after two months of psychotherapy. During this session Nelson relived being in the concentration camp, only this time it was under different circumstances - with several sitters accompanying him and helping him through it. After this single LSD session the aggressive behavior slowly disappeared. After that he had eight more months of psychotherapy in which he spoke to a psychiatrist every day. During this period he started to paint again and wrote one of his books. Like the others, Nelson still is very satisfied with the therapy: "I am not aggressive anymore and I am fully integrated into society." He wants to participate in a further study, because he thinks that "others too can benefit from writing away and painting away the PTSD syndrome." The comments from these three respondents are characteristic; most respondents indicated their willingness to participate in a subsequent in-depth interview. Several people sent us newspaper articles, personal documents or letters containing useful information.

### **Discussion**

The relevance of this study lies in the implications for future therapeutic use of hallucinogens with indications such as post traumatic stress disorder. Moreover it possesses an evident historical dimension. Van der Ploeg's study (1987) was limited to official files and records and did not include sources that are valuable to the qualitative researcher such as follow-up interviews with clients. A wealth of medical and nursing reports, correspondence with clients and colleagues, audio tapes, film material and session reports is available for further investigation. Though we acquired permission to use several archives we have not used them yet.

The collected data should be interpreted with caution. Initial reservation concerns the small number of respondents who actually participated in hallucinogenic therapy. It is entirely speculative how many hundreds of clients were treated by Bastiaans and what percentage

of them received a hallucinogen in the course of their therapy. The population of ex-clients is gradually aging and is hard to reach. Secondly, it has been impossible to estimate the extent of an important bias among the population under study: ex-clients who were not satisfied with the treatment may have been reticent to respond at all although we gave them the opportunity to participate. Patients whose psychological problems were not successfully treated might not participate in survivor groups, or maybe have committed suicide, been committed to a psychiatric institution, or become indigent. Perhaps many of them prefer to let bygones be bygones. Finally, the questionnaire refers to a time long ago and not all respondents were able to reconstruct details, e.g. about why it was decided to introduce a psychedelic as part of treatment ("I only remember I cried a lot"). In an in-depth interview it would be easier to help ex-clients to reconstruct their experiences with the therapy. Despite the limitations of the small number of subjects who responded to our follow-up questionnaire and the possible confounding issue of response bias, this small survey shows us a positive perspective that in some subjects, PTSD-related symptoms and complaints were palliated or cured in drug-assisted psychotherapy. Most of our subjects reported being helped by Bastiaans for symptoms that were not completely ameliorated with conventional treatments. At the time respondents completed follow-up questionnaires, a majority indicate partial to complete recovery from the traumas and related symptoms of which they suffered upon entering LSD (and/or ketamine and/or psilocybin) assisted treatment. They were and they remain positively satisfied with the treatment. The treatment effect from the use of hallucinogenic drugs cannot be separated from either the client's and the therapist's set of personality characteristics or the specific features of the clinical setting. It seems to us that, at least in the cases under study, Bastiaans was able to combine these elements into an effective treatment. Many questions remain about the specific nature and content of this style or combination of methods. Expansion of this follow-up study will surely shed light on this important area of human suffering and the role of drugs, be they licit or illicit, in its alleviation. Donations for the continuation of this research would be appreciated and can be sent to MAPS.

## **Acknowledgements**

We thank the following institutions and persons for their support:

Dr. Judith Schuyf, ICODO (Information and Coordination Services for War Victims), Utrecht, NL;

Drs. Jan-Wilko Reerds, Centrum '45 (National Center for Medical and Psychological Treatment of Second World War Victims and Members of the Resistance), Oegstgeest, NL;

Dr. Stephen Snelders, PAN (Psycho-Active Network), Amsterdam, NL;

Dr. Rolf Kleber, Institute for Psychotrauma, Utrecht University, NL;

The Multidisciplinary Association for Psychedelic Studies, Sarasota FL, USA.

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**Editor's Note:**

MAPS recently contributed \$1500 to the reprinting of an important book related to the article above:

**Shivitti: A Vision**

by Ka-Tzetnik 135633

Imprisoned in Auschwitz for two years, the author survived the Holocaust, to discover that survival alone would not end his torment. Finally, in 1976, he sought help from Professor Bastiaans and received LSD therapy. Shivitti is the author's unforgettable memoir of that experience.

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