

Summary. In the early-to-mid 1960s, there was considerable use of LSD in psychotherapy in several countries. However, its use gradually levelled off. Two explanations have been suggested: The first revolves around a 'moral panic' in the wake of the introduction of cannabis and LSD by subcultural youth groups. The second focuses on the lack of proof for the therapeutic efficacy of LSD at a time when double-blind designs became the gold standard. Using available sources, we explore the Norwegian case. Both explanations are supported: Even before illegal drug use had taken root in youth subcultures, scepticism was gradually building among key figures in the Norwegian health care system due to lack of evidence for therapeutic efficacy. This scepticism only increased when the new youth subcultures became visible in the mid 1960s and when the 'war on drugs' transformed the drug policy.

Keywords: LSD, LSD psychotherapy, Norway, psychedelics, war on drugs.

Introduction

In 1947, the Swiss pharmaceutical company, Sandoz, started producing and marketing LSD.¹ Its use in psychotherapy seemed promising and many clinical trials took place in the 1950s and early 1960s.² LSD appealed to researchers and therapists within the biological and psychodynamic traditions alike, which suggests a lack of clear divisions between theoretical approaches in early post war psychiatry.³

In Scandinavia, hospital-based psychiatrists in Sweden and Denmark started using LSD in treatment in 1957 and 1959, respectively.⁴ In Norway, some experiments took place in 1959 or 1960 at Gaustad, the largest public psychiatric hospital, in the capital, Oslo. In the first half of the 1960s, LSD was occasionally used at the Psychiatric Clinic at the University of Oslo and at the publicly owned Haukåsen psychiatric clinic in Trondheim city.⁵ There was more extensive use at Lier Hospital, a county asylum outside Drammen city east of the capital, and at the State Clinic for Drug Addicts, established in 1961 in an old, closed hospital 115 km north of Oslo as one of the first of its kind in Europe. However, most important was Modum Bads Nervesanatorium, established as a private hospital for the treatment of nervous

¹ On the story of LSD's discovery, see e.g. E.M. Brecher, *Licit and Illicit drugs* (Boston: Little, Brown and Company, 1972), 346–48; S. Grof, *LSD Psychotherapy* (Pomona: Hunter House, 1980), 17–20; R. Hauge, *Historien om LSD [The History of LSD]* (Oslo: Rusmiddeldirektoratet, 1990), 10–13; A. Hofmann, *LSD: My Problem Child: Reflections on Sacred Drugs, Mysticism and Science* (Santa Cruz: Multidisciplinary Association for Psychedelic Studies, 2009), 35–52; M. Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America* (Baltimore: Johns Hopkins University Press, 2018), s. 16–18; A. Harrington, *Mind Fixers: Psychiatry's troubled search for the biology of mental illness* (New York: W.W. Norton & Company, 2019), 145–7.

² J.J.H. Rucker, J. Iliff and D.J. Nutt, 'Psychiatry and the psychedelic drugs. Past, present & future', *Neuropharmacology*, 2018, 142, 200–18.

³ Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, 11, 45, 210–11; S. Snelders and C. Kaplan, 'LSD therapy in Dutch psychiatry: changing socio-political settings and medical sets', *Medical History*, 2002, 46, 221–40. Searching for 'LSD' in the Web of Science results in over 400 publications from the period 1950–1965. Cf. T. Passie, *Psycholytic and Psychedelic Therapy Research 1931–1995: A Complete International Bibliography* (Hannover: Laurentius publishers, 1997).

⁴ J.K. Larsen, 'LSD treatment in Scandinavia: emphasizing indications and short-term treatment outcomes of 151 patients in Denmark', *Nordic Journal of Psychiatry*, 2017, 71, 489–95.

⁵ NOU 2003:33 *Granskning av påstander om uetisk medisinsk forskning på mennesker* [Norwegian Official Report 2003:33 Review of claims of unethical medical research on human beings] (Oslo: Statens forvaltningstjeneste), 32.

disorders in 1957 and located on rural grounds about 90 km outside Oslo. Inspired by psycho-dynamic psychiatry and mental hygiene, Gordon Johnsen – the founder of the hospital and its director for many years (1957–1976) – made Modum a pioneer institution for psychotherapy, group therapy and family therapy in Norway.

At Modum, psychotherapeutic treatment with LSD commenced in the summer of 1961. As the young assistant physician, Ole Herman Robak, wrote: ‘Everyone at the sanatorium for nervous disorders, whether patients or staff, show a lively interest in LSD, and there is a certain amount of enthusiasm’.⁶ Robak argued that it was too early to conclude about the results of the therapy but he was convinced that LSD was an ‘immensely interesting substance’. It seemed to offer ‘great opportunities as a psychotherapeutic tool’, thanks to its ability to ‘accelerate the psychotherapeutic process’.⁷ Modum then became the main Norwegian institution offering LSD psychotherapy, over a period of 15 years, from 1961 to 1976.

Gordon Johnsen would figure as the leading LSD psychotherapist in Norway and at the centre of the Norwegian public debate about the substance. He was born in 1905 by Norwegian parents in New Haven, Connecticut, where his father was a free-church pastor. The family returned to Norway in the 1920s, and Johnsen was educated as a medical doctor and specialised in psychiatry during the 1930s and 1940s. He worked at several psychiatric institutions until Lovisenberg Hospital, an old philanthropic hospital in Norway’s capital, employed him as the chief physician of a new psychiatric, open in-patient ward for the treatment of nervous disorders from 1949 to 1957. In this ward, Johnsen pursued a combination of psychotherapeutic and

⁶ O.H. Robak, ‘LSD–25 som psykoterapeutisk hjelpemiddel’ [LSD–25 as a psychotherapeutic aid], *Tidsskrift for Den norske lægeforening* [The Journal of the Norwegian Medical Association], 1962, 82, 1360–63, 1369.

⁷ *Ibid.*, 136.

biological perspectives. In order to shorten the psychotherapeutic process, he used narco-analysis with amytal – a combination of narcosis with psychotherapy.⁸

Johnsen joined the European Medical Society of Psycholytic Therapy (Europäischen medizinischen Gesellschaft für psycholytische Therapie), founded in 1964 and dissolved in 1971. He attended all the meetings of the society and highly valued the collaboration with the members from Prague, especially Milan Hausner and Stanislav Grof.⁹ Grof, in turn, referred to Johnsen as a ‘typical’ representative of the European psycholytic therapy, alongside R.A. Sandison and J. Buckman in England, G.W. Arendsen Hein and C.H. van Rhijn in Netherland and M. Hausner in Czechoslovakia.¹⁰

In the last decade, there has again been a marked increase in research into the therapeutic use of psychedelics at leading universities such as Johns Hopkins, UCLA and Imperial College, London.¹¹ One may thus ask why psychotherapeutic treatment with LSD waned in the second half of the 1960s. Previous research has centred on two explanations: One is linked to the burgeoning abuse of drugs, including LSD, by

⁸ P. Haave, En pionérinstitusjon i norsk psykiatri (1949–1957) [A pioneer institution in Norwegian psychiatry], ms. to be published in 2020.

⁹ Letter to K. Evang from G. Johnsen, 3 October 1967, in S–1286 The Ministry of Social Affairs, Records of the Office of Psychiatry in the Directorate of Health (H4, Dc, Box 589) (The National Archives of Norway, Oslo, Norway); G. Johnsen, ‘Religiøse forestillinger versus vrangforestillinger’ [Religious beliefs versus delusions], *Kirke og Kultur* [Church and Culture], 1980, 85, 536–546. On the history of LSD research in Czechoslovakia, see S. Marks, ‘From experimental psychosis to resolving traumatic pasts: psychedelic research in Communist Czechoslovakia, 1954–1974’, *Cahiers du monde russe*, 2015, 56, 1–22.

¹⁰ Grof, *LSD Psychotherapy*, 32.

¹¹ On the psychedelic renaissance, see K.J. Bodnar and P. Kakuk, Research ethics aspects of experimentation with LSD on human subjects: a historical and ethical review, *Medicine, Health Care and Philosophy*, 2019, 22, 327–37; T. Bronca, Medicine’s psychedelic renaissance, *Medical Post*, 2016, 52, 18–22; R.L. Carhart-Harris, and G.M. Goodwin, The therapeutic potential of psychedelic drugs: past, present, and future, *Neuropsychopharmacology*, 2017, 42, 2105–13; E. Dyck, LSD: a new treatment emerging from the past, *Canadian Medical Association Journal*, 2015, 187, 1079–80; N. Langlitz, *Neuropsychedelica: The Revival of Hallucinogen Research since the Decade of the Brain* (Berkeley: University of California Press, 2013); M. Pollan, *How to Change your Mind: The New Science of Psychedelics* (New York, Penguin, 2018); B. Sessa, The 21st century psychedelic renaissance: heroic steps forward on the back of an elephant, *Psychopharmacology*, 2018, 235, 551–60; K.W. Tupper et al., A re-emerging therapeutic paradigm, *Canadian Medical Association Journal*, 2015, 187, 1054–59; M. Winkelman and B. Sessa, Introduction: the psychedelic renaissance continues, i M. Winkelman og B. Sessa, *Advances in psychedelic medicine : state-of-the-art therapeutic applications*, Santa Barbara: ABC-CLIO, 2019: 1–10.

subcultural youth groups; this was accompanied by a public narrative of psychosis, suicide and chromosomal damage caused by LSD. According to this explanation, use of LSD became stereotyped and exaggerated, as part of a broader 'moral panic' about drug use more generally, and the public viewed its use with scepticism.¹² The other explanation centres on the increasing demands in the 1960s for scientific evidence of the efficacy of these and other drugs. Drug efficacy had increasingly to be proven by rigorous double-blind designs and these were difficult to use with LSD.¹³ Below, we will explore the Norwegian case and investigate which explanation, if either, seems valid.

Optimism: 1960–1965

Gordon Johnsen at Modum belonged to the first generation of Norwegian psychodynamic psychiatrists, a small enthusiastic group surrounded by a rather critical psychiatric establishment, characterised by an eclectic approach with a special attraction to biological psychiatry. It was not until the 1960s that psychodynamic psychiatry gained ground in Norwegian psychiatry, alongside with a continuing biological psychiatry.¹⁴

Johnsen first became acquainted with LSD psychotherapy in Germany. The key figure there was Hanscarl Leuner, with whom Johnsen established contact and exchanged experiences. Leuner, the founder and president of the European Medical Society of Psycholytic Therapy, had practised LSD psychotherapy since 1954. He

¹² E. Goode, 'Moral panic and disproportionality: the case of LSD use in the sixties', *Deviant Behavior*, 2008, 29, 533–43; E. Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus* (Baltimore, John Hopkins University Press, 2008), 101–18.

¹³ M. Oram, 'Efficacy and enlightenment: LSD psychotherapy and the drug amendments of 1962', *Journal of the History of Medicine and Allied Sciences*, 2012, 69, 221–50; S. Novak, 'LSD before Leary: Sidney Cohen's critique of 1950s' psychedelic research', *Isis*, 1997, 88, 87–110.

¹⁴ P. Haave, *Ambisjon og handling: Sanderud sykehus og norsk psykiatri i et historisk perspektiv* [Ambition and deeds: Sanderud hospital and Norwegian psychiatry in a historical perspective] (Oslo: Unipub, 2008), 268, 373.

claimed to have witnessed good results in treating anxiety neuroses, forms of reactive depression and the most difficult forms of obsessive-compulsive disorder.¹⁵

The first international study of psychotherapy using LSD had been published a little earlier in 1950, written by two American psychiatrists who believed LSD made 'chronically withdrawn patients' easier to reach.¹⁶ The British psychiatrist, Ronald A. Sandison and colleagues, reported the findings of a more thorough study in 1954, suggesting that LSD helped neurotic patients recall 'repressed memories and other unconscious material'.¹⁷ German researchers also started investigating the substance early on, and from 1960, Leuner made the University Clinic of Psychiatry and Neurology in Göttingen a centre for research on LSD. Indeed, the first European symposium held to discuss the psychotherapeutic value of the substance took place in Göttingen in 1960, initiated and led by Leuner. Gordon Johnsen was one of the Norwegian participants. It was here that Sandison proposed the term 'psycholytic' (mind-loosening) therapy.¹⁸ At the time, this form of therapy was practised at 18 European treatment centres and outpatient by several private-practicing psychotherapists.¹⁹

The emerging conviction of the 1950s that new psychopharmacological drugs would revolutionise psychiatry helped in the increasing use of LSD psychotherapy. Even though LSD was not regarded as a 'drug' in the same manner as e.g. neuroleptics or antidepressants, it was linked to the pharmaceutical revolution in

¹⁵ H. Leuner, 'Psychotherapie mit Hilfe von Halluzinogenen', *Arzneimittel-Forschung*, 1966, 16, 253–65.

¹⁶ A.K. Busch and W.C. Johnson, 'LSD-25 as an aid in psychotherapy', *Diseases of the Nervous System*, 1950, 11, 241–43. On early research with LSD, see Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, 25–37. See also Harrington, *Mind Fixers. Psychiatry's troubled search for the biology of mental illness*, 147–52.

¹⁷ R.A. Sandison, A.M. Spencer and J.D.A. Whitelaw, 'The therapeutic value of lysergic acid diethylamide in mental illness', *The Journal of Mental Science*, 1954, 100, 491–507.

¹⁸ 'Psycholytic' was coined from the Greek words *psyche* (soul) and *lysis* (liberation).

¹⁹ T. Passie, 'Hanscarl Leuner: pioneer of hallucinogen research and psycholytic therapy', *The Newsletter of the Multidisciplinary Association for Psychedelic Studies MAPS*, 1996–1997; 7, 46–9.

mental health.²⁰ Researchers and psychiatrists who used it in therapy presumed that it would provide new insights into the aetiology of psychiatric diseases and make psychotherapeutic treatment more effective. Patients suffering from serious, debilitating neurosis also seemed able to avoid having to undergo long-term therapy because it appeared to 'open the door' to the unconscious. Psycholytic therapy was based on the psychoanalytical idea that the causes of neurosis could be found in psychosexual tension and traumatic experiences hidden in the unconscious.²¹

However, psychoanalysis and psychodynamic therapy was time-consuming and, before LSD was introduced, therapists in these traditions had attempted to reach the unconscious using medications, such as the barbiturate amytal (amycal).²² LSD, it seemed, would provide a swifter cure, and the drug began 'its medical life as just one of many tools explored to render psychotherapy more efficient and effective.'²³ As Sandison claimed, it helped 'the unconscious reveal its secrets' in a radically new way.²⁴ In Norway, Gordon Johnsen was well-acquainted with amytal as an adjunct to psychotherapy from his time as chief physician (1949–1957) of the psychiatric ward at Lovisenberg Hospital.

In 1960, Sandoz had applied for Delysid (LSD) to be licensed in Norway but the Norwegian Drugs Agency was of the opinion that it was dangerous, refusing to license its use as a prescription drug available to patients at pharmacies. Instead,

²⁰ Snelders and Kaplan, 'LSD therapy in Dutch psychiatry: changing socio-political settings and medical sets', 226.

²¹ S. Freud, *Psychologie des Unbewussten* (Frankfurt am Main, Fischer Verlag, 1975).

²² See e.g. E.W. Maynert, 'Ethyl(3-hydroxyisoamyl)barbituric acid as the principal metabolite of Amytal', *Journal of Biological Chemistry*, 1952, 195, 397–402.

²³ Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, 25.

²⁴ R. Sandison, 'Psychological aspects of the LSD treatment of the neurosis', *The Journal of Mental Science*, 1954, 100, 508–15.

only doctors and institutions could request it, pursuant to a licensing exemption.²⁵ Thus, unlike the 'situation of virtually free experiments with LSD therapy' in the Netherlands until 1966, therapeutic use of LSD in Norway was controlled by the national health authorities, even though also Norwegian psychiatrists in public or private hospitals in general had an autonomous position similar to their Dutch colleagues.²⁶ In 1963, the Norwegian Directorate of Health even banned private-practicing therapists from conducting LSD sessions extramurally.

In Norway, the use of LSD psychotherapy was most frequent at Modum. A total of 379 of the hospital's patients – 152 women and 227 men – were given 2205 sessions with LSD, either as the sole drug of treatment or in combination with the shorter-acting hallucinogens, psilocybin and CZ 74 (these last two substances could also be administered individually or in combination). Most treatments took place in the period 1961–1967 (89.8 per cent of 2205 sessions). Subsequently, the use of psycholytic therapy tailed off considerably. In the period 1968–1976, only 224 treatments took place (10.2 per cent of 2205 sessions).²⁷ Apart from Modum, LSD psychotherapy was most frequently used at the State Clinic for Drug Addicts where a total of 22 patients received 712 treatments with LSD in the period 1962–1965.²⁸ In 1961–1963, a total of 20 female patients with different forms of neurosis at the county

²⁵ NOU 2003:33 *Granskning av påstander om uetisk medisinsk forskning på mennesker* [Norwegian Official Report 2003:33 Review of claims of unethical medical research on human beings] (Oslo: Statens forvaltningstjeneste), 31.

²⁶ On the Dutch situation, see Snelders and Kaplan, 'LSD Therapy in Dutch psychiatry: changing socio-political settings and medical sets', 224–5.

²⁷ J. Madsen and A. Hoffart, 'Psychotherapy with the aid of LSD', *Nordic Journal of Psychiatry*, 1996, 50, 477–86. For a critical study of the use of LSD at Modum, see J. Tranøy, *Psykiatriens kjemiske makt* [The chemical power of psychiatry] (Oslo: Spartacus, 1995), 115–205.

²⁸ O.B. Ringberg, 'Gruppebehandling kombinert med L.S.D.-behandling av narkomane' [Group treatment of drug addicts combined with LSD], in *Statens klinikk for narkomane – 10 års jubileumsskrift 1971* [The Norwegian State Clinic for Drug Addicts: tenth anniversary publication] (Hov: Statens klinikk for narkomane, 1971), 90–4.

asylum Lier Hospital were given approximately 250 psychotherapeutic treatments with LSD.²⁹

The development of LSD therapy in Norway took place in cooperation with therapists in other jurisdictions, such as the USA, the Netherlands, Germany, Switzerland, Czechoslovakia and England. Norwegian psychiatrists took part in international conferences on LSD and similar substances, and discussed several aspects of the use of LSD in psychiatric treatment with foreign colleagues. At an international conference in New York in 1965, Gordon Johnsen contributed with a paper and discussed his experiences with several authorities, such as Humphry Osmond, G.W. Arendsen Hein and Walter Pahnke, to name just a few.³⁰ Earlier, in 1962, Gordon Johnsen and Randolf Alnæs at Lier Hospital had invited Hanscarl Leuner to an annual seminar in psychotherapy in Norway to explain his experiences using LSD as an adjunct to psychotherapy.³¹ In 1965, Johnsen invited Einar Geert-Jørgensen, one of the key figures in LSD psychotherapy in Denmark, to the 8th seminar on psychotherapy held at Modum.³² To the same seminar, Johnsen also invited H.C. Rümke from the University of Utrecht to discuss the treatment of compulsive neurosis, despite Rümke's public stance against the medical use of

²⁹ R. Alnæs, 'Therapeutic application of the change in consciousness produced by psycholytica (LSD, Psilocybin, etc.): the psychedelic experience in the treatment of neurosis', *Acta Psychiatrica Scandinavica*, 1964, 39, S180, 397–409; R. Alnæs and O. Skaug, 'Kliniske og psykopatologiske fenomener under psykoterapi ved hjelp av LSD korrelert med biokjemiske funn' [Clinical and psychopathological phenomena during psychotherapy using LSD correlated with biochemical findings], *Tidsskrift for Den norske lægeforening* [The Journal of the Norwegian Medical Association], 1963, 83, 1721–4, 1718.

³⁰ G. Johnsen, 'Indications for psycholytic treatment with different types of patients', in H.A. Abramson, ed., *The Use of LSD in Psychotherapy and Alcoholism* (Indianapolis–New York–Kansas City, The Bobbs-Merrill Company, 1967), 333–5, with discussion, 335–40.

³¹ 'Referat fra psykoterapiseminar på Lier sykehus og Modum Bads Nervesanatorium 4–6 oktober 1962' [Minutes from the seminar on psychotherapy held at Lier Hospital and Modum 4–6 October 1962] (Drammen: Lier sykehus, 1963).

³² 'Referat fra 8. psykoterapiseminar på Modum Bads Nervesanatorium 9–11 september 1965' [Minutes from the 8th seminar on psychotherapy held at Modum 9–11 September 1965] (Vikersund: Modum, 1965). On Geert-Jørgensen and the use of LSD in Danish psychiatry, see A.F. Larsen, *De sprængte sind: Hemmelige forsøg med LSD* [The exploded mind: Secret experiments with LSD] (København: Informations Forlag, 1985).

LSD.³³ However, according to the minutes from the seminar, Rümke did not take part in the discussion of LSD psychotherapy.

The Norwegian public heard more extensively about the use of LSD psychotherapy when the national daily, *Verdens Gang*, reported in the summer of 1964 on a Nordic conference of psychiatrists in Gothenburg: 'One of the pieces of news that will be discussed at the conference are the results [at Modum] of the use of LSD as a psychotherapeutic tool'.³⁴ Several other newspapers also reported from the conference, paying particular attention to Johnsen's speech on LSD; for example, the national daily, *Aftenposten*, reported it under the headline, 'Memory Stretches Back to Infancy'.³⁵ The tone seemed optimistic. However, the Norwegian Directorate of Health told the press that LSD had thus far been little used and that it would be reserved for therapeutic purposes in hospitals.³⁶

The experiences of patients resistant to usual psychiatric treatments made LSD of particular interest. As Johnsen claimed in *Acta Psychiatrica Scandinavica*, the leading Scandinavian academic journal of psychiatry: 'For most of us, the initiating factor has doubtless been the great number of patients we meet who have undergone every sort of psychiatric treatment without very much success'.³⁷ He claimed that 'The most important indication for the use of LSD has [...] become that of an aid in deep analysis, partly to break through resistance and thereby to save

³³ Snelders and Kaplan, 'LSD therapy in Dutch psychiatry: changing socio-political settings and medical sets', 230.

³⁴ '400 nordiske psykiatere på ett Brett' [400 Nordic psychiatrists all at once], *Verdens Gang*, 8 June 1964. Earlier, in 1963, Gordon Johnsen had told the national daily, *Aftenposten*, about 'a new biochemical substance' and described its therapeutic possibilities, without naming the substance as LSD. See 'Angsten er kanskje vår største byrde' [Anxiety is perhaps our biggest burden], *Aftenposten*, 15 June 1963.

³⁵ 'Hukommelsen rekker tilbake til spebarntiden' [Memory stretches back to infancy], *Aftenposten*, 12 June 1964. Several other newspapers reported from the congress.

³⁶ 'LSD – et nytt middel i psykiatrien' [LSD – a new psychiatric aid], *Nordlandsposten*, 13 June 1964.

³⁷ G. Johnsen, 'Three years' experience with the use of LSD as an aid in psychotherapy', *Acta Psychiatrica Scandinavica*, 1964, 40, S180, 383–8.

time, and partly to give [the patient] emotional insight and a speedier abreaction'.³⁸ LSD supposedly shortened the psychotherapeutic process. It was also used to treat other groups considered even more resistant to treatment – those categorised as sexual deviants (e.g. homosexuals and transvestites), psychopaths and alcoholics. Such patients were given larger doses of LSD to induce a 'cosmic experience'.³⁹ Such experiences were supposed to give them the strength to pursue new values and a new and better life.

The British psychiatrist, Humphry Osmond, who inspired Gordon Johnsen to use LSD in the treatment of alcoholics, had started using LSD treatment after moving to Canada where he became head of the psychiatric clinic at Saskatchewan Hospital in 1952.⁴⁰ Osmond claimed that, for a cure to be effected, alcoholics would have to 'renounce their ego'. Osmond and his colleague, Abram Hoffer, started administering high doses of LSD to alcoholics, far higher than usual in psycholytic therapy. This was how the term 'psychedelic therapy' came to be coined.⁴¹ This endeavour did not only involve recalling experiences from the unconscious; it would also lead patients to 'a mystical world' beyond their traumatic experiences. The therapy took place in a tastefully appointed room, with calming visual and auditory stimuli, to help bring the patient into a relaxed state. A psychiatrist and a nurse would be in attendance for 8–12 hours (the typical length of a 'trip') to provide support and guidance. Gradually,

³⁸ *Ibid.*, 385.

³⁹ Johnsen, 'Indications for psycholytic treatment with different types of patients', 334. On the experiences with LSD psychotherapy at Modum, see also G. Johnsen, 'Modellpsykosenes klinikk' [The clinic of model psychosis], *Nordisk Psykiatrisk Tidsskrift* [The Nordic Journal of Psychiatry], 1964, 18, 16–24.

⁴⁰ For a more detailed portrayal, see Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus*, 15–31, 53–78. See also Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, 37–42; L. Richert, *Strange Trips: Science, Culture, and the Regulation of Drugs* (Montreal & Kingston: McGill-Queen's University Press, 2018), 82–4.

⁴¹ Humphry Osmond introduced the term 'psychedelic' at a conference in 1956, declaring that the effect of LSD was a 'psychedelic experience'. On Osmond's thoughts on LSD, see the edited volume of letters between Osmond and the world famous writer Aldous Huxley, C.C. Bisbee et al., eds, *Psychedelic Prophets: The Letters of Aldous Huxley and Humphry Osmond* (Montreal & Kingston: McGill-Queen's University Press, 2018).

this became the standard framework for treating alcoholism with LSD. After such experiences, patients were supposed to be able to start afresh – as a new person. The results were promising; by the end of the 1950s, LSD was known as ‘a miracle cure for alcoholism’.⁴²

At Modum, alcoholics were also given higher doses of LSD than other patients to induce a ‘cosmic experience’.⁴³ After a few years of combining a pragmatic, diagnostic approach with a spiritual, cosmic dimension, Johnsen distinguished between three types of experiences during treatment with LSD: ‘(1) regressive experiences; (2) existential experiences; (3) cosmic experiences.’⁴⁴ While the regressive experiences were integral to ‘the psycholytic mind-set’, the existential and cosmic experiences were integral to ‘the psychedelic mind-set’ with higher doses of LSD.⁴⁵ During the 1960s, Johnsen partly lost faith in the therapeutic value of the existential and cosmic experiences caused by LSD, mainly because high doses did not seem as effective as he had expected.

Johnsen assumed LSD psychotherapy to cause a therapeutic revolution, to offer hope in the treatment of mental disorders for which there were no treatment methods developed. But in 1964 he could not, ‘as to the question of what our results are [...] answer with statistics or with percentages of cures. [...] We can only recount the impression we, the doctors and nurses, have won’.⁴⁶ On that basis, he continued to claim sensational results with the use of LSD in psychotherapeutic treatment of the most difficult forms of obsessive-compulsive neurosis, reporting high recovery rates.

⁴² Novak, ‘LSD before Leary’, 98.

⁴³ Johnsen, ‘Three years’ experience with the use of LSD as an aid in psychotherapy’, 39.

⁴⁴ Johnsen, ‘Indications for psycholytic treatment with different types of patients’, 335.

⁴⁵ On the concept of mind-set, see Snelders and Kaplan, ‘LSD therapy in Dutch psychiatry: changing socio-political settings and medical sets’, 227–33.

⁴⁶ Johnsen, ‘Three years’ experience with the use of LSD as an aid in psychotherapy’, 386.

Tension: 1965–1966

Thus, at the beginning of the 1960s, the view on LSD psychotherapy was quite optimistic in Norwegian psychiatry. However, doubt gradually set in, partly as a reaction to increasing international scepticism. In 1965, negative publicity led Sandoz to cease production and, from 1966, all distribution. Accessing supplies of the substance and researching its use were thus complicated and a host of researchers terminated their studies.⁴⁷ The American psychiatrist, Sidney Cohen, internationally known representative of the psycholytic school, pointed in 1964 to the highly differing, polarised opinions about the therapeutic use of LSD. Some rejected its efficacy outright, while others claimed it offered a miracle cure.⁴⁸

In part, the critical approach reflected new standards developing in psychopharmacology, in particular the Drug Amendments of 1962 in the US. Controlled trials had long historical roots, but comparative controls, blinding, placebos and randomisation were combined throughout the 1950s to create a new standard research methodology.⁴⁹ The new Amendments influenced the Food and Drug Administration (FDA) and the double-blind placebo-controlled trial was the surest way of satisfying their standards.⁵⁰ Such a methodology was indeed suitable for testing ‘magic bullet’ drugs, such as antibiotics, that targeted illness through direct action in the body. However, LSD psychotherapy was based on a different assumption, namely that the drug would work only with a skilled therapist present, and in the unique interplay between drug, therapist and patient. It proved almost impossible to

⁴⁷ Oram, ‘Efficacy and enlightenment’, 222; Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus*, 126.

⁴⁸ S. Cohen, *The Beyond Within: The LSD story* (New York: Atheneum, 1964).

⁴⁹ A.K. Shapiro and E. Shapiro, *The Powerful Placebo: from Ancient Priests to Modern Physician* (Baltimore, Johns Hopkins University Press, 1997).

⁵⁰ Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, 47–78, 79–108.

replicate the complex web of 'extra-pharmacological factors' in a blind control group.⁵¹

Before 1962, research into LSD consisted largely of empirical observations of samples with a small number of patients; there were no control groups. As the patients concerned were often regarded as resistant to treatment, any improvement in their condition was considered significant. After 1962, the scientific rigor of LSD designs became more evident, as demonstrated by a trend analysis of studies supported by the National Institute of Mental Health in the US.⁵² A group led by Professor Arnold Ludwig conducted the most sophisticated study and published a number of articles throughout the 1960s. A concluding report was published in 1969 in the leading *American Journal of Psychiatry*, stating that the 'dramatic claims for the efficacy of LSD treatment in alcoholism are unjustified'.⁵³ They argued that previous research was severely biased and bore the 'character of religious testimonials'. However, they did understand that a traditional double-blind trial was impossible with LSD; most patients would feel the effects of the drug. Thus, in their study, patients were randomly assigned to one of four treatments – LSD, hypnosis, 'contemplation' or Antabuse. The patients were given only rather minor information about LSD and the therapists only knew which treatment would be selected just before the session. The therapists were volunteers, with little experience of LSD therapy, and the method differed from what had become standard for LSD therapy in the 1950s. Whereas previously the therapist was supposed to function as a 'trip sitter' and supportive guide, Ludwig suggested that hypnosis could also inspire LSD therapy to minimise

⁵¹ R. Yensen, 'LSD and psychotherapy', *Journal of Psychoactive Drugs*, 1985, 17, 267–77.

⁵² Oram, 'Efficacy and enlightenment', 234–5.

⁵³ A. Ludwig et al., 'A clinical study of LSD treatment in alcoholics', *American Journal of Psychiatry*, 1969, 126, 59–69. For a more detailed presentation, see Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, 158–63.

the distractions of hallucinations and ‘nirvana-like feelings’, experiences that had traditionally been regarded as essential for the therapy.⁵⁴

These studies were received by the psychiatric establishment with great relief, and the 1969 Ludwig study was awarded the prestigious Lester N. Hofheimer Prize for Research from the American Psychiatric Association.⁵⁵ However, even though the study was regarded at the time as scientifically sound and was often cited, it has been much criticised, especially since the recent renaissance in LSD-based therapy.⁵⁶ A critical Stanislav Grof concluded already in 1980 that: ‘LSD can best be described as a facilitator, and in the above study it seems to have facilitated mediocrity, however brilliantly reported and adumbrated with elegant statistical techniques.’⁵⁷

Scepticism regarding the therapeutic potential of LSD also became evident in Norway. The Norwegian Directorate of Health began to urge caution even *before* LSD had taken root in youth subcultures, and there were signs of a possible ‘moral panic’, and, as seen, banned it in outpatient private-practicing therapy in 1963. The powerful Director of Health, Karl Evang, was generally critical of pharmaceuticals, particularly of substances considered narcotics. He remained in his post from 1938 to 1972 and, when he retired, he was involved in preparing the first parliamentary White Paper on Drug Policy, published in 1976.⁵⁸ He justified his scepticism of LSD as studies had demonstrated ‘relapses of a highly dramatic nature [...] one had to be

⁵⁴ J. Levine and A. Ludwig, ‘The hypnodelic treatment technique’, *International Journal of Clinical and Experimental Hypnosis*, 1966, 14, 207–15.

⁵⁵ C. Grob, ‘Psychiatric Research with Hallucinogens: What have we learned?’, *The Heffter Review of Psychedelic Research*, 1998, 1, 8–20.

⁵⁶ R.L. Carhart-Harris et al., ‘Psychedelics and the essential importance of context’, *Journal of Psychopharmacology*, 2018, 32, 725–31.

⁵⁷ Grof, *LSD Psychotherapy*, 242.

⁵⁸ St.meld. nr. 66 (1975–1976) *Om narkotikaproblemer* [White Paper no. 66 (1975–1976) Pertaining to problems with narcotics] (Oslo: Sosialdepartementet).

kept under strict supervision'.⁵⁹ Professor Gabriel Langfeldt held the key chair as professor of psychiatry at the University of Oslo from 1940 to 1965. In the 1965 edition of his textbook of psychiatry used to train new psychiatrists, he claimed that it was at least interesting that LSD 'had been proven to have a degree of therapeutic effect on special neurotic conditions'.⁶⁰ However, the experiences gained and arguments proposed were contradictory; some experts were 'enthusiastic', while others were 'highly sceptical'.⁶¹ He concluded that it was doubtful whether LSD was more effective than other drugs 'that do not involve the same risks of complications (including impulsive acts, the risk of suicide, the triggering of latent psychoses)'. Many demands would also have to be made of therapists. According to Langfeldt, it was thus 'impossible for the time being to reach a final stance on whether treatment with LSD' would be of enduring importance.⁶²

At the State Clinic for Drug Addicts, use of LSD ceased in 1965. In a retrospective from 1971, one of the physicians responsible wrote that LSD-based therapy had – like all new methods of treatment – 'undergone the usual phases from an attitude of optimism and enthusiasm to scepticism to a realistic assessment of the efficacy of the treatment'.⁶³ In reality, the doctors at the clinic described treatment with LSD as 'disappointing': six of 22 patients had done reasonably well but as for the others, two had committed suicide at other psychiatric hospitals and in two other

⁵⁹ 'LSD – verdens farligste selskapslek' [LSD – the world's most dangerous party game], *Arbeiderbladet*, 23 February 1972.

⁶⁰ G. Langfeldt, *Lærebok i klinisk psykiatri* [Textbook of Clinical Psychiatry] (Oslo: Aschehoug, 1965), 95.

⁶¹ *Ibid.*, 110.

⁶² *Ibid.*, 112.

⁶³ Ringberg, 'Gruppebehandling kombinert med L.S.D.-behandling av narkomane' [Group treatment of drug addicts combined with LSD], 93.

cases, the treatment had had to be terminated due to psychosis. A number of the patients were readmitted after relapse.⁶⁴

There was, as we have shown, positive public attention on the use of LSD in psychotherapy in Norway in the early 1960s. At the time, no one was worried by its recreational use by young people. This changed in 1966, when the American poet and psychology student, Noel Cobb, was expelled from Norway after being convicted for the smuggling, possession, use and sale of marijuana. He was also charged with – but not convicted for – obtaining the raw materials to make LSD.⁶⁵ Because of this, LSD drew much attention from the Norwegian public even before the police and health authorities became aware of its recreational use in Norway. The first reported case of illicit use LSD in Norway, took place in the summer of 1967.⁶⁶

At the same time, new youth subcultures became visible and gathered together, especially in the Palace Park in Oslo, inspired by international cultural youth trends. Inspiration came from the US especially, where the ‘hippies’ had gathered at Haight-Ashbury in San Francisco. Cannabis and LSD were their drugs of choice. LSD ‘was a means for gaining insight with which to redirect the course of one’s life along inwardly more satisfying lines’, sociologists claimed.⁶⁷ Moreover, he continued, LSD was regarded as having potential virtues as far as ‘universal peace, freedom, brotherhood and love’ were concerned.⁶⁸ In Norway, too, these subcultures drew much attention, and as in Haight-Ashbury, cannabis and LSD (to a lesser extent) were the drugs of

⁶⁴ *Ibid.*, 93–94; S. Varhaug, ‘L.S.D.-behandling’ [Treatment with LSD], in *Statens klinikk for narkomane – 10 års jubileumsskrift 1971* [The Norwegian State Clinic for Drug Addicts: tenth anniversary publication] (Hov: Statens klinikk for narkomane, 1971), 88–9.

⁶⁵ Stortingsforhandling [Parliamentary Papers], 1965–1966, 7, 2843–5 (3 May 1966); ‘Marihuana-studenten må forlate landet’ [Marijuana student must quit the country], *Dagbladet*, 3 May 1966; ‘Solgte narkotika for å få tak over hodet’ [Sold drugs to get a roof over [their] heads], *Dagbladet* 3. May 1966.

⁶⁶ ‘Oslopikere tilstår bruk av LSD’ [Oslo girl admits using LSD], *Verdens Gang*, 8 July 1967.

⁶⁷ F. Davis and L. Munoz, ‘Heads and freaks: patterns and meanings of drug use among hippies’, *Journal of Health and Social Behavior*, 1968, 9, 156–64.

⁶⁸ *Ibid.*, 157.

choice.⁶⁹ Recreational use of these new substances had little in common with the culture of alcohol use predominant in Norway. The subcultural values and norms were perceived as strange by Norwegian society at large, the lifestyle frightening and provocative.⁷⁰ In the first phase, the young cannabis users were recruited from resourceful and oppositional middle-class segments. However, gradually school dropouts with less resources would play a more prominent role.⁷¹

Concern about the use of cannabis and LSD increased during the late 1960s. In 1970 a Norwegian study ranked LSD as the most dangerous of drugs, with cannabis in second place, followed by amphetamine and morphine.⁷² The way in which this ranking differs from more contemporary rankings of drug harm is striking. According to more recent scales, LSD is one of the least potentially harmful, whereas alcohol tops the harm scale.⁷³

After 1965, Modum was the only psychiatric hospital in Norway offering LSD psychotherapy. Gordon Johnsen felt obliged to defend its use. He represented the strongest voice of opposition to the generally critical atmosphere. For example, he wrote about LSD psychotherapy in *Sunday Greetings*, a newspaper Modum sent each week to former patients and other followers of the hospital's activities. The article was also published in a Norwegian regional newspaper.⁷⁴ He began by saying that substances that had been used respectfully for many thousands of years by

⁶⁹ S. Sandberg and W. Pedersen, *Cannabiskultur* [Cannabis Culture] (Oslo: Universitetsforlaget, 2010).

⁷⁰ N. Christie, *Langhåret livsstil* [Long-Haired Lifestyle] (København, Christian Ejlers forlag, 1968).

⁷¹ B.B. Lind, *Narkotikakonflikten* [The drug conflict] (Oslo, Gyldendal, 1974), 146–68.

⁷² S. Brun-Gulbrandsen, 'Hvor farlig er farlige stoffer?' [How dangerous are dangerous substances?], in S. Brun-Gulbrandsen and B.B. Lind, eds, *Marihuana og hasjis: holdninger og bruk* [Marijuana and Hashish: Attitudes and Use] (Oslo: Universitetsforlaget, 1970), 9–26; A. Skretting, 'How dangerous are dangerous substances?', *Nordic Journal of Alcohol Research*, 1990, 7, 137–45.

⁷³ D. Nutt et al., 'Drug harms in the UK: a multi criteria decisions analysis', *Lancet*, 376, 1558–1556. In this study, drug harms are combined and given a score from 1 (low) to 100 (high). Alcohol is given a score of 72, LSD and mushrooms are given scores of 7 and 6 respectively.

⁷⁴ 'Sannheten om LSD' [The truth about LSD], *Stavanger Aftenblad*, 8 June 1966.

people more in touch with nature were now unfortunately being abused as intoxicants in Western culture.⁷⁵ He used LSD as an aid in psychotherapy, he said, ‘especially with diseases where all forms of treatment have fallen short’.⁷⁶ At Modum, LSD was never used with outpatients, unlike in some other countries. No adverse reactions or addiction had been recorded. There was nothing to fear, Johnsen claimed.⁷⁷

The national daily, *Dagbladet*, followed up his article by describing LSD psychotherapy at Modum, headlining with ‘LSD – the Wonder Drug of Psychiatry’.⁷⁸ To many patients, the newspaper claimed, LSD represented a cure, leading them out of the darkness of neurosis. Johnsen was interviewed, saying that it was used only with the most difficult of conditions. It also saved precious time in therapy. The journalist asked why such horror stories about it abounded; Johnsen answered that it had been used incorrectly, rounding off the interview by saying that ‘all these fearful tales about the substance [are] highly exaggerated’.⁷⁹

In the autumn of 1966, NRK radio, the Norwegian state broadcasting monopoly, transmitted a debate about LSD. The participants consisted of three top figures from the Norwegian health service and psychiatry: the Director of Health, Karl Evang, the chief physician, Professor Nils Retterstøl and Gordon Johnsen. *Dagbladet* introduced the programme as follows: ‘[LSD] is widely abused in countries like the US and France and there are many people who would like it banned. On the other hand, the substance has been used in psychiatry, and with good results. It has become a

⁷⁵ In recent debates about psychedelics, the argument that ‘magic mushrooms’ have been used for thousands of years has also been employed to legitimise their use. See M. Pollan, *How to Change your Mind. The New Science of Psychedelics* (New York, Penguin, 2018).

⁷⁶ ‘Sannheten om LSD’ [The truth about LSD], *Stavanger Aftenblad*, 8 June 1966.

⁷⁷ *Ibid.*

⁷⁸ ‘LSD vidundermiddel i psykiatrien’ [LSD wonder drug of psychiatry], *Dagbladet*, 25 June 1966.

⁷⁹ *Ibid.*

shortcut out of the darkness that neurosis represents for many people.⁸⁰ Meanwhile, the national daily, *Arbeiderbladet*, introduced the programme thus: 'A patient or doctor can stand at the counter of the pharmacy and be given LSD if prescribed. This pharmaceutical is what people in certain circles call *stoff* [slang for illegal drugs, literally 'stuff'] i.e. a type of narcotic. [...] On the plus side, it is known that its effect can be beneficial in certain cases. On the minus side, there is its abuse, which has indeed taken place in American and English pop circles. The substance induces intense hallucinations and symbols'.⁸¹ The use of LSD could be problematic but its potential therapeutic benefits were given equal weight.

Backlash: 1967–1970

The clinical literature of the 1950s and early 1960s had suggested that LSD psychotherapy involved few risks if the treatment was conducted by experienced psychotherapists under controlled conditions, suggesting that psychological and social factors play a crucial role in the formation of the patients' hallucinogenic drug experience.⁸² In Norway, the Director of Health, Karl Evang, described the importance of such regimes in a book about drugs from 1967. However, he was now even more critical of LSD than before: 'Any experimentation with this substance outside of the safe walls of a psychiatric hospital, and without the direct, long-term supervision by a psychiatrist and his staff of assistants must therefore, in terms of our current knowledge, be characterised as more than merely frivolous, it is life-

⁸⁰ 'LSD – "djevelens vodka" eller snarvei til helbredelse [LSD – 'the devil's vodka' or shortcut to healing], *Dagbladet*, 31 October 1966.

⁸¹ 'Ikke helse og lykke alt vi får på apotek?' [Are health and happiness not everything we can buy at the pharmacy?], *Arbeiderbladet*, 31 October 1966.

⁸² LSD psychotherapy in a medically controlled milieu was integral to what is called 'set and setting'. On the history and evolution of 'set and setting', a concept coined by Timothy Leary in the 1950s, see I. Hartogsohn, 'Constructing drug effects: a history of set and setting', *Drug Science, Policy and Law*, 2017; 3, 1–17.

threatening.⁸³ Gordon Johnsen tried to accommodate this criticism, saying in an interview with the national newspaper *Aftenposten* in 1967 that the regime at Modum was rigorous: 'We don't take any chances'.⁸⁴ He was convinced that 'the use of psycholytica is a serious form of treatment which is not dangerous if carried out in a clinic with trained staff, and given under the correct indications'.⁸⁵ As Johnsen had told Leuner and other colleagues in 1962: 'I am no coward, but I would never dare [to use LSD] in private practice [i.e. outpatient treatment]'.⁸⁶ In particular, he emphasised the importance of monitoring the patient after treatment because of the risk of delayed reactions: 'We have seen after-effects and recurrences of LSD experiences, and it is for that reason that we dare not recommend out-patient treatment.'⁸⁷ Johnsen also informed the Director of Health, Karl Evang that Modum did not allow outpatient LSD psychotherapy.⁸⁸

Gradually, the discourse surrounding LSD shifted, from balanced optimism to a pronounced scepticism. Meanwhile, its illegal use by various subcultures increased, though it throughout the 1960s, when the use levelled off, continued to be much less popular than cannabis. All use of illegal substances by these subcultures was harshly punished in the courts.⁸⁹ Traditionally, patients needing treatment for drug addiction had been older adults; the new drug users seeking treatment, however, were

⁸³ K. Evang, *Aktuelle narkotikaproblemer* [Contemporary Problems with Narcotics] (Oslo, Tiden, 1967), 104.

⁸⁴ 'Villaer for problemfamilier ved Modum Bads Nervesanatorium' [Housing for troubled families at Modum], *Aftenposten*, 30 December 1967.

⁸⁵ Johnsen, 'Three years' experience with the use of LSD as an aid in psychotherapy', 388; See also 'Referat fra 8. psykoterapiseminar på Modum Bads Nervesanatorium 9–11 september 1965 [Minutes from the 8th seminar on psychotherapy held at Modum 9–11 September 1965] (Vikersund: Modum, 1965), 19.

⁸⁶ 'Referat fra psykoterapiseminaret på Lier sykehus og Modum Bads Nervesanatorium 4–6 oktober 1962' [Minutes from the seminar on psychotherapy held at Lier Hospital and Modum 4–6 October 1962] (Drammen: Lier sykehus, 1963), 85.

⁸⁷ 'Discussion', in *Acta Psychiatrica Scandinavica*, 1964, 40, S180, 408–9

⁸⁸ Letter to K. Evang from G. Johnsen, 3 October 1967, in S–1286 The Ministry of Social Affairs, Records of the Office of Psychiatry in the Directorate of Health (H4, Dc, Box 589) (The National Archives of Norway, Oslo, Norway).

⁸⁹ Lind, *Narkotikakonflikten* [The Narcotics Conflict], 169–94.

younger.⁹⁰ They were also often in possession of a subcultural identity, resisting the traditional role of the 'sick patient'.⁹¹ The increasingly critical attitude to using LSD in psychiatry in the second half of the 1960s also reflects the fact that the substance had come to be associated with new, provocative youth cultures that roused both irritation and great alarm. As Gordon Johnsen wrote to Karl Evang in 1967: 'Because of the abuse and the sensationalism around LSD, most researchers have agreed to end the use of LSD, and above all not talk about LSD treatment. Instead, we are talking about psycholytic treatment in addition to psychotherapy, and we are increasingly using Psilocybin because it is not available on the black market, at least not yet'.⁹²

Developments in the Penal Code also influenced the discourse. Although use and possession of narcotics (e.g. amphetamine) were technically illegal at the beginning of the 1960s, few people were prosecuted in practice.⁹³ The problem of drug abuse was limited in numbers and mainly seen as a medical problem that the authorities sought to counter by regulating drug sales and physicians' prescriptions, and – from the late 1950s – by committing to treatment those with chronic abuse. At all, the medical control of narcotics was stronger than the legal one.⁹⁴

This was, however, before LSD and other psychedelics were brought under the Norwegian drug law, and eventually under the Penal Code. In 1966, the Ministry of

⁹⁰ A. Teigen, *Behandling av stoffmisbrukere i Statens Klinikk for Narkomane* [Treatment of Substance Abusers at the State Clinic for Drug Addicts] (Oslo: Universitetet i Oslo, 1978).

⁹¹ H. Waal, 'Behandling av unge stoffmisbrukere i spesialklinikk for narkomane: Etterundersøkelse av 40 ungdomspasienter behandlet i Statens Klinikk for Narkomane, Hov i Land' [Treatment of young substance abusers at [the] special clinic for drug addicts: a follow-up study of 40 adolescent patients treated at the State Clinic for Drug Addicts, Hov i Land], *Nordisk Psykiatrisk Tidsskrift*, 1975, 29, 3–20.

⁹² Letter to K. Evang from G. Johnsen, 3 October 1967, in S-1286 The Ministry of Social Affairs, Records of the Office of Psychiatry in the Directorate of Health (H4, Dc, Box 589) (The National Archives of Norway, Oslo, Norway).

⁹³ R. Hauge, 'Cannabis i lovgiving og rettspraksis' [Cannabis in legislation and law], in A.L. Bretteville-Jensen, ed., *Hva vet vi om cannabis?* [What Do We Know about Cannabis?] (Oslo, Universitetsforlaget, 2013), 109–22.

⁹⁴ Lind, *Narkotikakonflikten* [The Narcotics Conflict], 30–56.

Social Affairs, mandated with allowing the regulations to apply to substances that could easily be abused, decided that the legal framework pertaining to narcotics should also apply to the psychedelic substances LSD, mescaline and psilocybin.⁹⁵ The decision was informed by, and reflected, the international process of criminalisation of LSD in the wake of a growing recreational use of psychedelics. The Ministry of Social Affairs also feared that the growing recreational use of LSD in Copenhagen, the capital of Denmark, soon would be spread to Norway. At the same time, from being almost restricted to medical use, cannabis was increasingly used recreationally. This caused a shift from a medical to a legal conception of drug abuse and narcotics now fell under the jurisdiction of the Penal Code to a much greater degree. In 1968, the penal provisions for drug offenses were transferred from the drug law to the Penal Code; and while other youthful misdemeanours were usually ignored, cases involving drugs were almost always brought to court. Many young people were imprisoned for use and possession.⁹⁶ Increasingly, those incarcerated on more serious drug convictions came from low social class; many had experienced lack of care and struggled with psychosocial and substance use problems.⁹⁷

This development may be seen as surprising: Norway was comparatively speaking an advanced welfare state, built on values such as equality and inclusion.⁹⁸ Criminal justice policy reflected such values and the country had exceptionally low prison population rates, placing it as part of the so-called Scandinavian penal

⁹⁵ Straffelovrådet [the Penal Code], *Innstilling om endringer i straffebestemmelsene for overtredelser av regler i lovgivningen om narkotika m.v.* [Report on changes in the regulations for violations of the acts related to narcotic drugs etc.], 1967, 8. Printed attachment to Ot.prp. nr. 46 (1967–1968) *Om lov om endrede straffebestemmelser for overtredelser av regler i lovgivningen om narkotika m.m.* [Pertaining to the Act on changes to penalties for breaching rules in the legislation on narcotics etc.] (Oslo: Justis- og politidepartementet)

⁹⁶ Hauge, 'Cannabis i lovgiving og rettspraksis' [Cannabis in legislation and law], 115.

⁹⁷ K. Bødal, *350 narkoselgere* [350 drug dealers] (Oslo: Universitetsforlaget, 1982).

⁹⁸ N.F. Christiansen et al., *The Nordic Model of Welfare: A Historical Reappraisal* (Copenhagen: Museum Tusulanum Press, 2006). See also G. Esping-Andersen, *The three worlds of welfare state capitalism*. (London: Polity Press, 1990).

exceptionalism pattern.⁹⁹ However, the drug field was an anomaly in this lenient Nordic crime policy picture, albeit with considerable variation between the Nordic countries, 'running from the pragmatic liberalism of Denmark to the extremely restrictive control policy of Norway'.¹⁰⁰ There are, however, few studies exploring the origins of these variations. The American 'war on drugs' is often regarded as a response to youthful rebellion, social upheaval, and political dissent of the 1960s.¹⁰¹ However, we lack research regarding why it was implemented differently in the Nordic countries. Note also that e.g. the Netherlands, a country with much in common with Norway, chose another policy regarding 'softer' drug, such as cannabis as well as psychedelics.¹⁰²

In parallel to this, a growing body of professionals doubted the efficacy and safety of LSD psychotherapy. The Director of Health, Karl Evang, stated categorically that LSD had failed to fulfil its therapeutic expectations. He cited the fact that only one psychiatric hospital in Norway, Modum, still used it. According to Evang, although in a number of countries there were 'a few psychiatrists who still believe they benefit from this drug in some [...] difficult cases', he believed that LSD was just 'one of the many interesting, but failed attempts, to arrive at a new drug'.¹⁰³ In a revised edition of his book in 1972, he pointed out possible side effects: even when using 'small doses under controlled conditions', it was not always possible 'to predict and control the patient's reaction'. There was also 'a not insignificant number of

⁹⁹ J. Pratt, 'Scandinavian exceptionalism in an era of penal excess', *British Journal of Criminology*, 2008, 48: 119–37.

¹⁰⁰ P. Hakkarainen, L. Laursen and C. Tigerstedt, *Discussing drugs and control policy: Comparative studies of four Nordic countries*. (Helsinki: Nordic Council for Alcohol and Drug Research, 1996).

¹⁰¹ 'A brief history of the drug war', retrieved 11 August 2019 from <http://www.drugpolicy.org/issues/brief-history-drug-war>.

¹⁰² R.J. MacCoun and P. Reuter, *Drug War Heresies: Learning from Other Vices, Times, and Places* (Cambridge: Cambridge University Press, 2001), 238–64.

¹⁰³ Evang, *Aktuelle narkotikaproblemer* [Contemporary Problems with Narcotics], 98.

patients treated with LSD who experienced a strong delayed effect (a so-called flashback) quite some time after the effect of the original dose had worn off'.¹⁰⁴

Professor of psychiatry and increasingly the key Norwegian authority on drugs and drug abuse, Nils Retterstøl, was also critical. In 1967, and with reference to a statement from the American Psychiatric Association (1966), Retterstøl in a book about the abuse of medications deemed LSD to be a dangerous substance, even in a medical setting.¹⁰⁵ In a revised edition (1972), he claimed that interest in LSD had 'faded out' in medical circles because 'the experiences were far from encouraging'. There would always be the danger of 'relapse, often long afterwards'. As in 1967, he pointed to 'the well-known American psychiatrists Cole and Katz' who claimed that there were no materials based on 'detailed, controlled studies, free of tendentiousness and enthusiasm that show that the preparations are of therapeutic value'. In 1972, Retterstøl still considered their conclusions valid: LSD had not been 'proven to be effective in any psychiatric condition.' As he concluded: 'We have to face the fact that this treatment involves considerable dangers'.¹⁰⁶ 'What we ought to do', he told a daily newspaper, 'is to give [the patient] our time, not artificial substances'.¹⁰⁷

The increasing scepticism of Norwegian health experts was probably the main reason Gordon Johnsen started expressing himself in stronger terms to warn against any untrammelled use of LSD. 'LSD – Like Stabbing a Knife in the Brain', wailed the front-page headline of the national daily newspaper, *Verdens Gang*, in January 1969.

¹⁰⁴ K. Evang, *Narkotika, generasjonene og samfunnet* [Narcotics, Generations and Society] (Oslo: Tiden, 1972), 150.

¹⁰⁵ N. Retterstøl, *Medikamentmisbruk: et aktuelt samfunnsproblem* [Abuse of Medicines: A Contemporary Social Problem] (Oslo: Universitetsforlaget, 1967), 53–5.

¹⁰⁶ N. Retterstøl, *Medikament- og stoffmisbruk* [Abuse of Medicines and Drugs] (Bergen, Universitetsforlaget, 1972), 84–86. Cf. first edition, Retterstøl, *Medikamentmisbruk: et aktuelt samfunnsproblem* [Abuse of Medicines: A Contemporary Social Problem], 48–50.

¹⁰⁷ 'Lærde i 5 timers duell om narkotiske stoffer' [Academics in 5-hour duel about narcotic substances], *Arbeiderbladet*, 24 February 1972.

At the same time, however, he claimed that doctors working with LSD were aware of its dangers. LSD was ‘a short-cut down to the unconscious, but without controls and medical supervision, it is a life-threatening journey’.¹⁰⁸ In other words, Johnsen distanced himself from ‘radical psychiatry’ and those who promoted LSD as a recreational drug, such as Timothy Leary.¹⁰⁹ Whereas such influences was typical in the subcultural and illegal user groups of psychedelics in Norway, Johnsen, the key figure in Norwegian LSD psychotherapy, had nothing at all in common with the so-called radicals in terms of e.g. subcultural style. Johnsen was a Christian, interested in culture, but with no links to the countercultures, and very sceptical to the hippies and their use of LSD.

By the autumn of 1969, criticism by patients also entered the fray. ‘New “Thalidomide Scandal”’, read the newspaper *Verdens Gang*’s headline, reflecting the ongoing international debate that followed in the wake of the first article on the topic in *Science* in 1967.¹¹⁰ A married couple treated with LSD at Modum was considering taking court action. The woman had aborted after the treatment, and the couple had been informed by a medical doctor that the abortion was due to a natural rejection of a defective fetus. The newspaper contacted a Norwegian genetic specialist (unnamed) who warned in no uncertain terms against treatment with LSD: ‘The fact of the matter is that LSD can change patients’ chromosomes’, he told *Verdens Gang*.¹¹¹ Gordon Johnsen denied the claim: ‘We have conducted investigations of 300 patients who have had a total of 3000 treatments and not one case of

¹⁰⁸ ‘LSD – som å stikke en kniv i hjerne’[LSD – like stabbing a knife in the brain], *Verdens Gang*, 22 January 1969.

¹⁰⁹ Richert, *Strange Trips: Science, Culture, and the Regulation of Drugs*, 84–91.

¹¹⁰ ‘Ny “Thalodomid-skandale”: Ektepar overveier rettssak etter LSD-behandling’ [New ‘thalidomide scandal’: Couple consider suing after being treated with LSD], *Verdens Gang*, 24 September 1969; M.M. Cohen, M.J. Marinello and N.Back, ‘Chromosomal damage in human leukocytes induced by lysergic acid diethylamide’, *Science*, 1967; 155, 1417–9.

¹¹¹ ‘Ny “Thalodomid-skandale”: Ektepar overveier rettssak etter LSD-behandling’ [New ‘Thalidomide scandal’: Couple consider suing after being treated with LSD], *Verdens Gang*, 24 September 1969.

chromosomal change has been proven', he told the newspaper. The conclusion was based on a questionnaire that Johnsen had sent off in 1968 to evaluate the psycholytic treatment that had hitherto been carried out at Modum. This was in accordance with an advice of the European Medical Society of Psycholytic Therapy to make follow-up studies and examine whether among other things, patients treated with LSD psychotherapy had given birth to deformed children. Johnsen reported the findings at the congress of the European Medical Society of Psycholytic Therapy in October 1969 in Würzburg. He did not write out the results in an article.¹¹² However, several key figures from the realms of Norwegian psychiatry and drug treatment said that adverse chromosomal effects might have taken place, thereby placing increasing pressure on Modum and Johnsen.¹¹³ Yet, contemporary research did not support any such effect.¹¹⁴

In 1971, *Aftenposten* published a more investigative report about LSD treatment. 'Useful for Some, Dangerous for Many. LSD Use in Medical Treatment in Norway for Ten Years', the headline read. The newspaper referred to Gordon Johnsen who said that he still considered LSD a positive, useful substance in psychiatric treatment but was a 'little more reticent' to use it. The reason why LSD was not more widely used in psychiatric treatment, Gordon Johnson said, was due to its uncritical use at outpatient clinics and its use in cases with no specific indications. Its future in psychiatry was thus uncertain: 'No one today can say whether LSD will always be

¹¹² On Johnsen's follow-up study, see J.D. Madsen, T. Øyslebø and A. Hoffart, 'A follow-up study of psycholytic therapy with the aid of LSD', *Nordic Journal of Psychiatry*, 1996, 50, 487–94.

¹¹³ See e.g. Evang, *Aktuelle narkotikaproblemer* [Contemporary Problems with Narcotics], 101; T.B. Sirnes, *Gled dere da...* [May you rejoice...] (Oslo, Gyldendal, 1970), 124; N. Bejerot, *Narkotika og narkomani* [Drugs and Drug Addiction] (Oslo, Cappelen, 1970), 29. One Norwegian voice of opposition against the narrative of chromosomal damage was the young, politically radical psychiatrist, S. Haugsgjerd, *Nytt perspektiv på psykiatrien* [New perspective on psychiatry] (Oslo, Pax, 1970), 245.

¹¹⁴ R.G. Smart and K. Bateman, 'The chromosomal and teratogenic effects of lysergic acid diethylamide: a review of the current literature', *Canadian Association Medical Journal*, 1968, 99, 805–10; N.I. Dishotsky, W.D. Loughman, R.E. Mogar, W.R. Lipscomb, 'LSD and genetic damage', *Science*, 1971, 172, 431–40. See also Brecher, *Licit and Illicit drugs*, 373–374; Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, 131–3.

used in medicine or whether it will be regarded as an episode similar to electroshock or insulin treatment'.¹¹⁵ Even though the tone of the article seemed discursive and curious, Gordon Johnson had become defensive.

However, even though he did not have any successors at Modum or in other institutions, Johnsen remained convinced of the therapeutic potential of LSD. In 1980, four years after retiring, he was sure that 'this drug will once return to medico-psychological research.'¹¹⁶ He proudly told about his cooperation in the 1960s with cutting-edge psycholytic milieus in the United States, England, Germany and Switzerland. In retrospect, however, he was convinced that their belief in LSD psychotherapy curing all kind of sexual deviations from the norm of heterosexuality was an 'absolute deception.'¹¹⁷

A complex array of factors

The Norwegian case echoes developments in other countries: around 1960, several psychotherapists regarded LSD as a promising drug for psychiatric conditions that were difficult to treat. However, in the course of a few years, health officials and key researchers began to argue that the research underlying the results of LSD-based therapy was shaky and that its therapeutic use could even be dangerous. These voices drew increasing attention in Norway and other countries, resulting in problems for the key producer of LSD, Sandoz. In 1965, the company decided to cease production of LSD, and, in the following year, its sponsorship of LSD research.

¹¹⁵ 'Nyttig for noen, farlig for mange: LSD i medisinsk behandling brukt her i landet i ti år'[Useful for some, dangerous for many: LSD use in medical treatment in Norway for ten years], *Aftenposten*, 30 January 1971.

¹¹⁶ Johnsen, 'Religiøse forestillinger versus vrangforestillinger'[Religious beliefs versus delusions], 544–5.

¹¹⁷ G. Johnsen, Seksuell legning [Sexual orientation], in G. Johnsen, *Sammen om ansvaret: kristent syn på samlivet* [Shared responsibility: Christian view of cohabitation], Oslo: Ansgar, 1988: 31–35. [originally published in a Norwegian daily in 1980]

Increasing scepticism could be witnessed in Norway, reflecting a similar development in the United States and other jurisdictions. With the exception of Modum, all hospitals that had performed LSD psychotherapy ended this practice by 1965. At Modum, the hospital director Gordon Johnsen continued the LSD programme despite a growing scepticism within the psychiatric profession and the state health authorities. But even if the use of LSD psychotherapy continued at Modum into the 1970s, the number of individual LSD sessions decreased markedly after 1967 until the practice ended when Johnsen retired in 1976.

Parallel with the growing professional scepticism in the 1960s, a new drug policy based on criminalising use and possession took hold in Norway. Adolescents who experimented with cannabis and LSD were also harshly punished. Thus, LSD was given a new symbolic framing. The substance had seemed a promising psychotherapeutic tool but it now became the most dangerous illegal drug imaginable.

A complex array of factors thus led to the demise of LSD psychotherapy in Norway. Most important were the combination of fears about LSD use in the counterculture and a lack of evidence base that led to LSD getting out of therapeutic fashion.