

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES

DEPARTMENT NO. 104

HON. CHARLES H. OLDER, JUDGE

COPY

THE PEOPLE OF THE STATE OF CALIFORNIA,  
Plaintiff,

vs.

CHARLES MANSON, SUSAN ATKINS,  
LESLIE VAN HOUTEN, PATRICIA KRENWINKEL,  
Defendants.

193

No. A253156

REPORTERS' DAILY TRANSCRIPT  
Wednesday, March 3, 1971

APPEARANCES:

For the People:	VINCENT T. BUGLIOSI, DONALD A. MUSICH, STEPHEN RUSSELL KAY, DEPUTY DISTRICT ATTORNEYS
For Deft. Manson:	I. A. KANAREK, Esq.
For Deft. Atkins:	DAYE SHINN, Esq.
For Deft. Van Houten:	<del>XXXXXXXXXXXXXXXXXXXX</del> MAXWELL KEITH, Esq.
For Deft. Krenwinkel:	PAUL FITZGERALD, Esq.

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JOSEPH B. HOLLOMBE, CSR.,  
MURRAY MEHLMAN, CSR.,  
Official Reporters

I N D E X

<u>DEFENDANTS' WITNESS:</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
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DITMAN, Keith S.	25273Ke			
	25335F			
	25356S			
	25361Ka			

1       LOS ANGELES, CALIFORNIA, WEDNESDAY, MARCH 3, 1971

2                   10:30 o'clock a.m.

3                   - - - - -

4                   (The following proceedings occur in chambers.  
5 All counsel present except Mr. Musich and Mr. Kay.)

6           MR. BUGLIOSI: We can get started without Mr. Kay and  
7 Mr. Musich, your Honor.

8           THE COURT: All defense counsel and Mr. Bugliosi for  
9 the prosecution are present.

10           I received a memorandum this morning from  
11 Deputy Duval, a memorandum from him to me, just a little  
12 personal memorandum, in which he relates that Deputy Baytos,  
13 No. 104, SEB -- that is the Special Enforcement Bureau of  
14 the Sheriff's Department -- related to Duval today that  
15 while Baytos was with Manson as his courtroom lockup guard  
16 on the afternoon of March 2nd, yesterday, Manson stated the  
17 following:

18                   "The next time anybody lays that knife  
19 out, I am going to grab it and cut the Judge's head  
20 off, which will confuse everyone so much that during  
21 the confusion I will be able to walk out free."

22           Now, I am not particularly concerned about  
23 that, but I suppose that Manson intended it to be communi-  
24 cated, if he said it to a deputy, assuming this is correct.

25           So, I say it for two reasons. One, Mr. Kanarek,  
26 I am sure, is interested in things that his client says.

1 And it may well be that the District Attorney is interested  
2 also.

3 Anyway, I am informing you for whatever value it  
4 may have.

2-1  
1 MR. BUGLIOSI: Is it possible for us to produce evidence  
2 of this?

3 THE COURT: Why not? If he in fact said it. I am  
4 not going to encourage it or discourage it, it is simply a  
5 fact.

6 MR. BUGLIOSI: I think it is admissible in the penalty  
7 trial for the jury to know something like this.

8 But if the Court is definitely against it, I won't  
9 even offer it, but if the Court is neutral --

10 THE COURT: It certainly is relevant.

11 MR. BUGLIOSI: It is very relevant. If the Court is  
12 neutral I would certainly like to offer this because the  
13 jury should know about something like this.

14 MR. FITZGERALD: It presents certain problems.  
15 Assuming --

16 Well, it is a threat and you are the recipient  
17 of the threat, and it might be a little bit difficult for you  
18 to be impartial.

19 I can certainly understand that in ruling on  
20 some aspects --

21 THE COURT: Mr. Fitzgerald, I don't take it seriously  
22 in the first place, even if he meant it seriously; I have no  
23 idea what he meant.

24 But it certainly would not be the first threat  
25 during the trial. Mr. Manson attempted physical contact  
26 with the Court. He made various statements of one kind or

1 another which certainly were threatening.

2 MR. FITZGERALD: Sort of like that situation where the  
3 Court has to rule on a contempt involving an attorney or a  
4 litigant or something where, you know, the Judge himself has  
5 been vilified.

6 It is sort of the same thing here. You are  
7 actually the recipient of the threat, and I wouldn't blame  
8 you if you were upset about it.

9 THE COURT: The reason I am telling you is not because  
10 I am upset. It is because Mr. Kanarek may very well want  
11 to tell his client to shut up, to put it bluntly.

12 On the other hand, if it occurred as a fact,  
13 just as any other fact in the case, it certainly is relevant  
14 on the subject of penalty.

15 MR. KANAREK: I would object. We don't know for  
16 instance what --

17 THE COURT: That's right, at this point we don't  
18 even know if it happened.

19 MR. KANAREK: We don't know where it happened  
20 assuming, arguendo, those words were uttered we have  
21 Massiah vs. the United States; we don't know what process  
22 of interchange --

23 THE COURT: That's right, we don't know any of these  
24 things. Let's not waste time talking about it.

25 You have the information. If the People attempt  
26 or intend to put it on you can make any objection you want

1 to.

2 MR. KANAREK: The words were uttered and the damage  
3 was done, like Mr. Bugliosi did in connection with the  
4 purported letter to Mr. Fitzgerald from Dr. Brown of  
5 Alabama.

6 He gets up and he utters those words --

7 THE COURT: Let's not get into that.

8 MR. KANAREK: Your Honor, he --

9 THE COURT: I don't want to get into it. You have  
10 the information; you do whatever you want about it.

11 la

1a-1

1 MR. KANAREK: I have a motion for the Court.

2 I ask the Court to order Mr. Bugliosi not to  
3 broach that in the presence of the jury.

4 THE COURT: I will make no such order. If he calls  
5 this man as a witness and lays the proper foundation, as far  
6 as I am concerned it is relevant and admissible evidence.

7 MR. KANAREK: Very well, I will allege in advance it  
8 will be a denial of fair trial, equal protection under the  
9 Fourteenth Amendment, due process and a fair penalty trial.

10 THE COURT: Why?

11 MR. KANAREK: Because of the idea you cannot unring a  
12 bell.

13 And when he starts asking those questions --

14 THE COURT: Assuming a proper foundation has been laid;  
15 assuming there was no interrogation, that Mr. Manson just  
16 spontaneously uttered this statement, assuming that to be  
17 the fact, why isn't it admissible?

18 MR. KANAREK: The prejudicial value far outweighs --

19 THE COURT: Of course it's prejudicial.

20 MR. KANAREK: I mean prejudicial prejudicial. I  
21 know everything that is offered against the defendant is  
22 theoretically prejudicial.

23 What I'm speaking of, your Honor, we have to  
24 take into consideration that if we go into that, then we  
25 should be able to go into the horrible type of custody that  
26 Mr. Manson is forced into, the searching and the re-searching,



1a-2

1 and all of this that goes into his state of mind.

2 THE COURT: You did go into it. As a matter of fact  
3 you filed a motion supported with declarations and we had a  
4 hearing and made an order and ruled on the motion.

5 MR. KANAREK: And you forced people to talk to him  
6 through the screen --

7 THE COURT: All right, let's not get into that. I  
8 have your thoughts in mind now.

9 MR. KANAREK: What I am saying is, the condition of  
10 a human being --

11 THE COURT: That will be enough, Mr. Kanarek. If it's  
12 offered you can make your objection.

13 I don't have anything further, gentlemen, except  
14 that I might mention in passing something which really has  
15 nothing to do in this case, but an interesting article  
16 quoting Mr. Younger in the newspaper this morning.

17 MR. FITZGERALD: What does it say?

18 THE COURT: It is on, I believe the first page of  
19 Part 4, Wednesday, March 3rd, 1971, Los Angeles Times.

20 Let's go off the record.

21 (Off the record discussion.)

2 fls.

2-1

1 THE COURT: All right. Let's proceed, gentlemen.

2 (Whereupon the following proceedings were had  
3 in open court; all defendants, counsel and jurors present:)

4 THE COURT: All parties, counsel and jurors are  
5 present.

6 You may proceed, gentlemen.

7 MR. KEITH: May we interrupt Mr. Grogan's testimony  
8 for me to call a doctor, your Honor?

9 THE COURT: Yes.

10 MR. KEITH: Dr. Ditman.

11 (The witness comes forward.)

12 THE CLERK: Raise your right hand, please, and would  
13 you please repeat after me.

14 I do solemnly swear --

15 THE WITNESS: I do solemnly swear --

16 THE CLERK: -- that the testimony I may give --

17 THE WITNESS: -- that the testimony I may give --

18 THE CLERK: -- in the cause now pending --

19 THE WITNESS: -- in the cause now pending --

20 THE CLERK: -- before this court --

21 THE WITNESS: -- before this court --

22 THE CLERK: -- shall be the truth --

23 THE WITNESS: -- shall be the truth --

24 THE CLERK: -- the whole truth --

25 THE WITNESS: -- the whole truth --

26 THE CLERK: -- and nothing but the truth --

1 THE WITNESS: -- and nothing but the truth --

2 THE CLERK: -- so help me God.

3 THE WITNESS: -- so help me God.

4 THE CLERK: Would you be seated, please.

5 Would you please state and spell your name.

6 THE WITNESS: Keith S. Ditman; D-i-t-m-a-n.

7  
8 KEITH S. DITMAN,

9 a witness called by the defendants herein, being first  
10 duly sworn, testified as follows:

11  
12 DIRECT EXAMINATION

13 BY MR. KEITH:

14 Q What is your profession, Doctor?

15 A I am a physician-psychiatrist.

16 Q Specializing in psychiatry?

17 A Yes.

18 Q What was your education, Doctor? Where did you  
19 attend college?

20 A I went to undergraduate at the University of  
21 California at Santa Barbara, graduate school at Cal. Tech,  
22 medical school at USC.

23 Q Did you graduate from the University of  
24 California at Santa Barbara in 1942 with a BA degree?

25 A Correct.

26 Q And did you receive a master's degree at

1 Cal. Tech?

2 A Yes.

3 Q And was that in 1944?

4 A Yes.

5 Q And where did you attend medical school?

6 A USC Medical School.

7 Q And did you graduate from there in 1947?

8 A Yes.

9 Q Now, going on with your professional training  
10 and experience, Doctor.

11 Were you an intern at the U. S. Naval Hospital  
12 in Long Beach?

13 A Yes.

14 Q And during what years?

15 A Of 1947, '48.

16 Q Did you obtain a residency in psychiatry after  
17 that?

18 A Yes.

19 Q And where was that?

20 A That was here in Los Angeles with the Veterans  
21 Administration Hospital in 1950 to '52.

3 fls.

3-1

1 Q Were you a staff psychiatrist at the Veterans  
2 Administration after that?

3 A For a short while, yes.

4 Q And thereafter did you teach for a period of time?

5 A Well, I was in the Navy during the Korean War  
6 two years.

7 Following that I was on the staff doing teaching  
8 and research at UCLA.

9 Q Is that UCLA's Department of Psychiatry?

10 A Yes.

11 Q Was that between 1956 and 1963?

12 A Yes -- through '67.

13 Q Directing your attention to your further  
14 professional training and experience, have you been attached  
15 in some manner to the UCLA Neuropsychiatric Institute?

16 A Yes.

17 Q In what capacity?

18 A I was a research psychiatrist and lecturer there  
19 for an 11-year period from '56 to '71 -- '67, excuse me --  
20 during which time I directed a research project in the area  
21 of alcoholism, the treatment of alcoholism, the use of  
22 drugs in psychiatry, and drug abuse.

23 Q Are you also a member of the Brain Research  
24 Institute, UCLA School of Medicine?

25 A Yes.

26 Q How long have you been an associate of that

1 Institute?

2 A Since about 1957.

3 Q Do you still lecture at UCLA?

4 A Yes.

5 Q And you still do research there?

6 A No.

7 Q Doctor, in the course of your experience have  
8 you had certain consultantships and appointments and  
9 positions in the medical field?

10 A Yes.

11 Q Could you tell us about some of those, please?

12 A Well, I consult and teach at several of the  
13 State hospitals, Camarillo, Metropolitan and Porterville.

14 I also consult and then I teach at the Veterans  
15 Administration Hospital in Sepulveda, and occasionally I  
16 give lectures at Mt. Sinai and some of the other hospitals  
17 in the area.

18 Q Are you on the staff of various hospitals?

19 A Yes.

20 Q What hospitals are those?

21 A UCLA, Westwood Hospital, then I am a medical  
22 director of a foundation that has three psychiatric hospitals.

23 Q Has your particular field, Doctor, been  
24 alcoholism and drug abuse?

25 A Well, in the field of psychiatry I have sub-  
26 specialties, principally they have been what we call

1 psychopharmacology, which are medicines for the mind;  
2 alcoholism and drug abuse.

3 And then a thing we call community psychiatry.

4 Q Are you a member of certain professional  
5 societies?

6 A Yes.

7 Q And what are those, Doctor?

8 A Some of them are the Southern California  
9 Psychiatric Society, the American Psychiatric Association,  
10 the American College of Neuropsychopharmacology.

11 Q At the present time you are also in private  
12 practice, is that correct?

13 A Yes.

14 Q You have offices in this County?

15 A Yes.

16 Q And do you also, in addition to your private  
17 practice, visit these hospitals you have mentioned and do  
18 work there?

19 A Yes.

20 Q Are you the author of publications in the field  
21 of alcoholism and drug abuse?

22 A Yes.

23 Q You have published approximately 65 articles, is  
24 that correct?

25 A That is correct.

26 Q And you have also authored in conjunction with

others books?

A Yes.

Q And in connection with the problem, you might say, of LSD, have you authored any publications in that area?

A Yes.

Q In 1959 did you write an article entitled Comparison of the LSD-25 Experience and Delirium Tremens?

A Yes.

Q And did you also author an article -- Where was that published, incidentally, the first publication, is that in the Archives of General Psychiatry?

A Yes.

Q Did you also assist in authoring an article, a follow-up study of the LSD experience?

A Yes.

Q Where was that published, or was it a lecture?

A No, it was published, I think -- perhaps also in the Archives of Psychiatry.

Q Did you also publish an article called The Use of LSD in Psychotherapy?

A Yes.

Q All of these articles have been published, I take it, in various medical journals?

A That's correct.



- 1 Q Did you also / author along with other doctors,  
2 an article entitled "The Nature and Frequency of Claims  
3 Following LSD"?
- 4 A Yes.
- 5 Q And have you also authored, along with Dr.  
6 Sidney Cohen an article entitled "Applications Associated  
7 With Lysergic Acid Diethylamide?
- 8 A Yes.
- 9 Q That is LSD?
- 10 A Lysergic Diethylamide, yes.
- 11 Q Was that printed in the Journal of the American  
12 Medical Association in 1962?
- 13 A Yes.
- 14 Q Did you also author a publication that  
15 appeared in the Archives of General Psychiatry entitled  
16 "Prolonged Adverse Reactions to LSD," along with Dr. Sidney  
17 Cohen?
- 18 A Yes.
- 19 Q Did you -- well, I can't read this so I think  
20 I'll skip it -- maybe I can:  
21 "Psychomimetics, Pharmacodynamics and Psycho-  
22 therapeutic Problems"?
- 23 A "Psychomimetics."
- 24 Q Does that have something to do with LSD?
- 25 A Yes.
- 26 Q What does that mean?

4-1

1 A It means drugs producing or mimicing a psychosis.  
2 Q And that article appeared in the Proceedings of  
3 the Western Pharmacological Society, Volume 6?

4 A Yes.

5 Q And did you author an article entitled  
6 The Use of LSD in the Treatment of the Alcoholic?

7 A Yes.

8 Q And you have published certain lectures in  
9 psychopharmacology with Dr. William Clarke?

10 A Yes.

11 Q These lectures that were published, did they  
12 contain material concerning LSD?

13 A Yes.

14 Q And did you publish an article entitled  
15 Psychotropic Drugs?

16 A Yes.

17 Q Along with Dr. Clarke?

18 A Yes.

19 Q And did that article have something to do with  
20 LSD?

21 A Yes.

22 Q Is LSD a psychotropic drug?

23 A Yes.

24 Q What is a psychotropic drug?

25 A A mind-changing drug. Any drug that is mind-  
26 changing.

Q Did you also, Doctor, more recently, write a

4-2

1 chapter in a book entitled The Problems and Prospects of  
2 LSD, along with other doctors?

3 A Yes.

4 Q And that book was edited by a Dr. Ungerleider  
5 from UCLA; is that correct?

6 A Yes.

7 Q And who were the other doctors who contributed?  
8 Dr. Cohen?

9 A Dr. Cohen.

10 Q Dr. Fort from San Francisco?

11 A Yes.

12 And Dr. Fischer and Dr. Moss.

13 I believe that is all.

14 Q Doctor, clinically speaking, have you observed  
15 many people that have either been under the influence of  
16 LSD or have had experience with LSD?

17 A Yes.

18 Q And what do you mean when you use the word --  
19 or I have used it -- the word "clinically"?

20 A Well, I have observed them under the influence  
21 of LSD, perhaps four or 500 people. I have talked to and  
22 evaluated perhaps a thousand people who have ingested LSD.

23 Q Also, I take it you have done some considerable  
24 research in the field of LSD?

25 A Yes.

26 Q Is this while you were at the USC Neuropsychiatric

4-3

Institute?

A Then and since.

Q Now, when you were at UCLA, were you doing research under the auspices of some grant or Fellowship?

A Yes. We had several grants, from the State, from private foundations, and then our largest grant was from the National Institute of Mental Health.

Q And who were some of the men at UCLA that assisted you in this research?

Was Dr. Ungerleider one of them?

A He wasn't on the research project. So, we collaborated in the area of drug abuse.

Dr. Cohen consulted with us.

There was Dr. Moss, Dr. Zunin, Dr. Lynch, Dr. Wayne and Dr. Mooney.

4a fls.

4a-1

1 Q All right. That is fine.

2 And in your private practice, Doctor, do you  
3 still see and evaluate and treat people who have consumed  
4 or ingested LSD and other mind-altering drugs?

5 A Yes.

6 Q And are you still interested in research in  
7 that area, drug abuse?

8 A Yes.

9 Q Now, Doctor, you haven't personally examined  
10 Leslie Van Houten, have you?

11 A No.

12 Q Therefore, Doctor, I am going to propound to  
13 you what is called a hypothetical question.

14 And perhaps before I do so, the Court has some  
15 instructions.

16 THE COURT: Ladies and gentlemen, I will give you an  
17 instruction now which relates to a so-called hypothetical  
18 question which Mr. Keith intends to propound to Dr. Ditman.

19 In examining an expert witness, counsel may  
20 propound to him a type of question known in the law as a  
21 hypothetical question.

22 By such a question, the witness is asked to  
23 assume to be true a hypothetical state of facts and to give  
24 an opinion based on that assumption.

25 In permitting such a question, the Court does  
26 not rule and does not necessarily find that all of the

1 assumed facts have been proved. It only determines that  
2 those assumed facts are within the probable or possible  
3 range of the evidence. It is for you, the jury, to find  
4 from all the evidence whether or not the facts assumed  
5 in a hypothetical question have been proved, and if you  
6 should find that any assumption in such a question has not  
7 been proved, you are to determine the effect of that failure  
8 of proof on the value and weight of the expert opinion  
9 based on the assumption.

10 You may proceed, Mr. Keith.

11 MR. KANAREK: Your Honor, then may I have an objection,  
12 so that I don't interrupt Mr. Keith, to this hypothetical  
13 question as it purports to relate to Mr. Manson on the  
14 grounds of improper foundation, conclusion and hearsay and,  
15 in effect, actually a denial of a fair trial to Mr. Manson,  
16 due process and equal protection under the Fourteenth  
17 Amendment by the way he alludes to Mr. Manson in his  
18 question.

19 THE COURT: I think your objection is premature. We  
20 haven't heard the question yet.

21 MR. KANAREK: Well, your Honor --

22 THE COURT: And apparently it will relate to Miss  
23 Van Houten, is that correct, Mr. Keith, and not to Mr.  
24 Manson?

25 MR. KEITH: Yes.

26 DEFENDANT VAN HOUTEN: Your Honor, all he is trying to

1 do is drop the load on him.

2 THE COURT: Let's proceed.

3 BY MR. KEITH:

4 Q Doctor, before proceeding to read you this  
5 rather lengthy material, I have provided you with a copy of  
6 it before today, have I not?

7 A Yes.

8 Q Have you had the opportunity to read and  
9 consider the material contained in the hypothetical question?

10 A Yes.

4b fls.

0-1

Q All right. I will start.

Let's assume, Doctor, that a girl 21 years of age has been convicted of first-degree murder and conspiracy to commit murder. At the time of the offenses, she was 19 years old.

She participated in the homicides of two people in the early morning hours of August 10, 1969. The decedents were stabbed to death; each victim suffering multiple stab wounds, many of which were fatal.

The homicides took place within the decedent's home when they were alone. Their residence was located on Waverly Drive, a pleasant and quiet residential area in Los Angeles near Griffith Park.

The male victim, a man in his 50's, was found in pajamas on the living room floor with a knife buried in his throat and a fork buried in his stomach; his wrists were tied behind his back with leather thongs, and a pillowcase was over his head, secured around his neck with an electrical lamp cord.

In addition to the many wounds, the word "war" was carved on his stomach, probably after death.

The other victim, the man's wife, who was in her 40's, was found lying on the floor of the master bedroom with a pillowcase over her head. In addition to the many fatal stab wounds, she had 14 or so stab wounds in her buttocks, 13 of which occurred after death.



1 There was no sign of a struggle except for an  
2 overturned lamp in the master bedroom. There was no evidence  
3 of self-defense, and robbery or burglary was not the motive.

4 On the living room walls of the home were  
5 written in blood the words "Death to pigs," and "Rise" and  
6 on the refrigerator door was written "Helter Skelter," also  
7 in blood.

8 The young girl, whom we will call Leslie, was,  
9 at the time of the homicides, with two others, a young man  
10 and a woman in their early 20's. The three of them, along  
11 with four others, had driven in the same car from a place  
12 known as the Spahn Ranch located in the mountainous, north-  
13 western part of Los Angeles County, to the victim's residence,  
14 after rather aimlessly driving all over half the County.

15 None of the seven had ever seen or heard of the  
16 victims before.

17 *Q. n. 6. 11-12-67*  
18 *Q. n. H.S.*

4c-1

1 On the evening before, five others were killed  
2 in an expensive residence in another part of Los Angeles  
3 County. Leslie did not participate in any way in these  
4 homicides, but her two companions did, along with three of  
5 the others who were in the car on the night of the second  
6 homicides.

7 Concerning the night before, briefly, on the  
8 preceding evening, four of the five victims met their  
9 death by multiple stab wounds, while a fifth was killed by  
10 gunshot wounds in an automobile outside the house.

11 The word "pig" was written in blood on the  
12 front door of the residence, and again robbery or burglary  
13 was not the motive.

14 We will speak more of possible motives later.

15 Turning to Leslie's background, she was born  
16 and raised in Monrovia, California, a relatively small  
17 suburban town 20 miles or so east of Los Angeles. Her  
18 parents were not well to do, but Leslie suffered no  
19 economic deprivation. She had a very active childhood, was  
20 constantly on the go, and had many hobbies which she  
21 pursued enthusiastically.

22 She had an older brother, and in the 1950's,  
23 her parents adopted two Korean war orphans, a boy and a  
24 girl, both younger than Leslie.

25 In 1962, Leslie's parents were divorced, her  
26 father moving to Manhattan Beach.

1 According to Leslie, the divorce did not bother  
2 her, but her mother feels she may have been hurt by the  
3 parents' separation. Custody of the four children remained  
4 with the mother.

5 Except for the broken home, her childhood was  
6 not remarkable, no traumatic experiences, no parental  
7 rejection, no sibling rivalry.

5 fls.

5-1  
1 She was happy, bright and active.

2 In Leslie's Freshman and Sophomore years of  
3 high school in Monrovia, she continued to be engrossed in  
4 numerous hobbies and school activities, was very competitive  
5 and was elected a Homecoming Princess in those years.  
6 She was growing into a very pretty, vibrant young lady.

7 However, in her junior and senior years of  
8 high school she virtually dropped out of school activities  
9 and her grades which had been good, suffered; that to  
10 Leslie's mother she appeared rather unhappy but her mother  
11 was in a quandary as to the reason.

12 Unknown to her mother Leslie was introduced to  
13 marijuana and LSD by her boy friend, at the age of 15.

14 She enjoyed the effects of the two drugs and used  
15 them often thereafter without qualms.

16 Leslie says that once she started to use  
17 marijuana and LSD she no longer could take the world around  
18 her seriously; that nothing but drugs and their effects  
19 seemed important, and she began to withdraw into a fantasy-  
20 land, accounting for her loss of interest in school  
21 activities and mediocre grades.

22 In 1967, during her senior year in high school,  
23 Leslie's boy friend, the one who started her on drugs,  
24 decided he wanted to become a monk in a religious order  
25 known as the Self-Realization Fellowship.

26 So Leslie decided she would be a nun.

1 For eight months she studied Self-Realization,  
2 although her interest in the program was never particularly  
3 profound.

4 In the meantime she managed to graduate from  
5 high school, moved to Manhattan Beach to live with her  
6 father, and entered Sawyer's Business School. Her reason  
7 in attending Sawyer's was to become a secretary for SRF.

8 However, she gradually became disenchanted  
9 with SRF, and in December, 1967 dropped it. During the SRF  
10 episode she did not use drugs.

5a

1 After discontinuing SRF, Leslie remained at  
2 business school and graduated in June of 1968.

3 Leslie started using marijuana and LSD again.  
4 Her secretarial skills diminished as her interest in being  
5 constantly on a trip increased.

6 After business school Leslie did not seek a  
7 job because she had no interest in a 9:00 to 5:00 life,  
8 and in fact abhorred the thought.

9 In her drug-oriented world, people who worked  
10 were drudges. Leslie became very hedonistic, one might say,  
11 and felt society made no sense, and wanted freedom without  
12 responsibility.

13 She went to Victorville, California, to live  
14 on a cattle ranch with two other girls who were also  
15 drug users.

16 She stayed there a relatively short time, then  
17 moved to San Francisco with one of the girls, where she  
18 lived in the Haight-Asbury area.

19 She disliked Haight-Asbury; its atmosphere of  
20 potential violence frightened her.

21 While there, however, she met a handsome,  
22 charming young man named Bobby Beausoleil and two girls who  
23 were living with him, named Gypsy and Gail.

24 She was immediately attracted to Bobby and  
25 without any urging left with him and the two girls in a  
26 truck to travel about the State of California, using a

1 credit card Leslie had previously obtained from her father  
2 to finance their wanderings.

3 It should be said Leslie undoubtedly took  
4 advantage of her father's largesse in giving her the credit  
5 card in the first place, as she had taken advantage of  
6 their permissiveness -- they were not disciplinarians --  
7 in seeking grass and LSD.

8 For a number of months, Leslie, Bobby, Gail and  
9 Gypsy led a nomadic, drug and pleasure filled existence.  
10 They particularly were fond of the beauty and wilderness of  
11 Mendocino and Santa Cruz Counties. Leslie had always loved  
12 the outdoors.

13 Leslie fell in love with Bobby, who, along with  
14 his other attributes, was extremely talented musically.  
15 It may be assumed sex was not unknown to her during this  
16 period.

17 Leslie's idyllic existence, unfortunately,  
18 was disturbed by the constant bickering between Gail and  
19 Bobby.

20 Leslie became sick of it and with Gypsy left  
21 Bobby and Gail to their squabbles and joined a group of  
22 young men and women living a communal style life at the  
23 Spahn Movie Ranch in an isolated area of Los Angeles  
24 County.

25 Leslie was still very much in love with Bobby,  
26 however, and continued to see him at Spahn's, when he would

1 visit from time to time.

2 Life at Spahn's was no different than life with  
3 Bobby, drug-oriented with none of society's restraints and  
4 responsibilities. In short, no 9:00 to 5:00.

5 The basic motif was love -- love yourself and  
6 everybody else -- love flowing in all directions to every-  
7 one from everyone.

8 It was not uncommon for everyone at the ranch  
9 to play roles. They called it magical mystery tours,  
10 and the parts they played from cowboys and cowgirls,  
11 pirates, princesses, southern belles, to bikers' girl  
12 Fridays.

13 Motorcycle groups were frequent visitors to the  
14 ranch although they were not always welcome.

15 Leslie and another young girl's special magic  
16 mystery tour was to make believe they were bikers and could  
17 usually be found helping bikers overhaul their bikes.

18 It is now very difficult for Leslie to remember  
19 dates and time, as time then meant nothing to her. She  
20 lived in a totally unreal world of wonderland.

21 It does appear, however, that she probably  
22 arrived at the Spahn Ranch in October or November of 1968  
23 and remained there or in the desert in Inyo County until  
24 October, 1969, when she was arrested.

25 The killings previously described occurred in  
26 August, 1969.



5b-1

1           Concerning the desert, Leslie went there for  
2 the first time with some of the group probably in late 1968  
3 or early 1969, and lived there for approximately three  
4 months. They stayed at an abandoned ranch near Death Valley.

5           She loved its isolation, but was compelled to  
6 return to Spahn's when money, supplies and dune buggy parts  
7 ran out.

8           She returned to the desert in the latter part of  
9 August, 1969 and stayed there until her arrest in October.

10           Up to the time of the homicides Leslie had  
11 taken many, many acid trips, although she is not sure of the  
12 exact number.

13           She preferred a white tablet known as white  
14 lightning because of its strength.

15           She, in addition to marijuana, used hash and  
16 mescaline. The latter was too mild for her taste.

17           There is no evidence Leslie ever had any  
18 predilection towards violence until the events of August,  
19 1969; that she had ever committed any crimes of violence  
20 although she did on occasion while at Spahn's burglarize  
21 some unoccupied homes in the city.

22           Now, back at the ranch there lived a small  
23 bearded man in his 30's named Charles Manson. Manson was  
24 the leader of the commune and its dominant figure.

25           MR. KANAREK: Your Honor, may we approach the bench?

26           THE COURT: Don't interrupt, Mr. Kanarek; we have gone

1 over all of this before.

2 You may make your objection at the appropriate  
3 time.

4 Continue, Mr. Keith.

5 MR. KEITH: He reflected a father image and by some he  
6 was looked upon as a God.

7 Despite little formal education and having  
8 spent most of his life from boyhood in penal institutions,  
9 he was intelligent, articulate, persuasive, and very much a  
10 philosopher.

11 Runaway girls, discontented with the confinement  
12 of ordinary society, were drawn to him as he espoused the  
13 freedom they were seeking.

1 Manson had little use for the so-called  
2 establishment, referring to its members as pigs. The  
3 establishment included people of wealth, power, 9-to-fivers,  
4 and the police. Manson envisioned a war between the blacks  
5 and whites, culminating in the eventual destruction of  
6 organized society.

7 The blacks would triumph, but having been  
8 depressed for so long and unused to managerial responsibility,  
9 they would be unable to cope with running the world.

10 Now, during the black-white war Manson planned  
11 to take his followers to the desert and there escape  
12 Armageddon.

13 But the inept blacks, after the victory, would  
14 seek him out and ask him to become their ruler. Thus, Manson  
15 believed eventually he would take over the world, and his  
16 followers believed in him.

17 Manson called the imminent black revolution  
18 halter skelter after the name of a Beatle song.

19 The words "rise" and "pigs" also figured  
20 prominently in Beatle songs.

21 The Beatles were favorites of the group at the  
22 Spahn Ranch, and Manson considered them prophets. In the  
23 song named "Piggies," the last verse mentioned the pigs  
24 eating their bacon with knives and forks.

25 Manson also believed killing was not wrong,  
26 and that one should not be afraid of death; that death was a

1 beautiful thing.

2 We can assume, Doctor, that Leslie was pro-  
3 foundly influenced by his views.

4 To foment the black revolution and to strike a  
5 blow against the establishment, Manson masterminded and  
6 directed the seven murders previously described. He was not  
7 present at or near the scene of the homicides on the first  
8 night.

9 On the second night Manson was with six others,  
10 including Leslie and Tex, in the same automobile.

11 He did in fact go into the house alone with the  
12 victims lived, tied up the husband, returned to the car and  
13 instructed Leslie, Tex and the other girl, Katie, to in  
14 effect, go inside and kill the occupants.

15 The three followed Manson's instructions, but  
16 Manson wasn't there, having left in the car with the balance  
17 of the group, taking with him a wallet belonging to the female  
18 victim which he had taken from her house.

19 The wallet was left in a women's toilet at a  
20 gas station some miles away. It was Manson's expectation  
21 the wallet would be found by a Negro who would be caught with  
22 it and charged with the homicides. The populace would be  
23 outraged and the black-white war would be underway.

24 After the homicides, Leslie, Katie and Tex hitch-  
25 hiked back to the Spahn Ranch.

26 In the latter part of August, 1969, Leslie left

1 the Spahn Ranch and went back to the desert where she  
2 remained until her arrest in October, 1969.

3 At the present time Leslie is very convinced of  
4 the imminence of the black revolution, her beliefs having  
5 been strengthened by what she has seen and heard in the County  
6 Jail.

7 She denies Manson had or has any power and con-  
8 trol over her mind and conduct, though whatever he does she  
9 often follows suit.

10 The most graphic example occurred when Manson,  
11 during this trial, cut an X into his forehead. Leslie and  
12 the other two female defendants the next day or so also  
13 cut X's into their foreheads, which presumably signified  
14 they had X'd themselves out of our society.

15 Leslie professes no remorse nor shame nor sorrow  
16 for her participation in the killings. She has no feelings of  
17 guilt or responsibility or even a sense of having done  
18 something that was wrong.

19 She believes she did what had to be done and that  
20 it was the right thing to do. She is unable to ascribe any  
21 social usefulness to the homicides, such as they were bad  
22 people and the world is better off without them.

5d

5d-1

1 We may also assume, Doctor, that both Leslie and  
2 Katie were on an acid trip on the night of the second  
3 homicides.

4 Having in mind the facts assumed, do you have  
5 an opinion based on reasonable medical probability whether  
6 Leslie's long use of LSD, as I have described, in some  
7 manner has affected her personality or mind or both?

8 MR. KANAREK: Your Honor, may we approach the bench.

9 THE COURT: For the purpose of making an objection?

10 MR. KANAREK: Yes, your Honor.

11 THE COURT: Very well.

12 DEFENDANT VAN HOUTEN: Your Honor, that is nowhere  
13 near my voice and you know it!

14 (The following proceedings were had at the  
15 bench out of the hearing of the jury:)

16 MR. KANAREK: Your Honor, this is a non sequitur,  
17 this question.

18 In other words, he could read Gone With the  
19 Wind, or something, to the doctor and then ask this question  
20 as to whether or not LSD has affected her mind.

21 There is no relationship between this question  
22 and what he has just read.

23 THE COURT: Is that your objection?

24 MR. KANAREK: That is one objection.

25 The other objection, of course, is that the  
26 prejudicial value far outweighs any probative value as far

5d-2

as Mr. Manson is concerned.

There is no foundation for the question.

It is hearsay; it contains conclusions; it is an improper conclusion.

I would ask your Honor for either --

I will ask your Honor to admonish the jury not to consider what has been read for any purpose.

Mere admonishment not sufficing, I ask for a mistrial.

And I ask for a severance in the alternative, that we sever Mr. Manson's case from these other defendants, from Leslie Van Houten, because he cannot get a fair trial in this context.

MR. KEITH: It's all right with me; I would be delighted.

THE COURT: It's not that easy, Mr. Keith.

MR. KEITH: I am afraid not.

MR. KANAREK: We just cannot get a fair trial with that.

THE COURT: The objections are overruled; the motions are denied.

Does anyone else have anything they want to bring up while we are up here?

MR. KANAREK: Well, he has three other --

THE COURT: Your objection to the other questions will be deemed to have been made and denied.

5d-3

(The following proceedings were had in open court in the presence and hearing of the jury:)

MR. KEITH: May I proceed?

THE COURT: Yes. Perhaps you'd better reask the question, Mr. Keith.

MR. KEITH: Very well.

BY MR. KEITH:

Q Having in mind the facts that we are assuming, do you have an opinion based on reasonable medical probability whether Leslie's use of LSD, long use, as I have described, has in some manner affected her personality or mind, or both?

A Yes.

Q And what is that opinion?

A I would think it would have.

Q Now, turning to the bases of your opinion.

What are the bases of that opinion, Doctor?

A Well, from what I have seen in the past of people who have used LSD, or LSD-like compounds chronically.

Q Would you call the use of LSD, the fairly regular use of LSD over a period of some four years heavy or chronic usage?

A Yes.

Q And is there some special significance you might attach to chronic usage that you would not attach to sporadic or very isolated usage of LSD?

A Yes.

5e fls.



1 Q And what would that be, Doctor?

2 A Well, it means that the individual is not a one-  
3 time experimenter, but more of what we call of the drug culture,  
4 and more, as it were, dependent on drug usage.

5 Q Is LSD addictive, say, as heroin is?

6 A No.

7 Q Or cigarettes?

8 A No.

9 Q Can an individual, such as Leslie, as I have  
10 described, assume a psychological dependence on the drug,  
11 however?

12 A Yes.

13 Q Or acquire, I should say?

14 A Yes.

15 Q And what does that mean?

16 A Well, it means they don't have to be addicted,  
17 but they can become so that this is their way of life,  
18 as it were.

19 Q What are the properties of LSD, what is in it?

20 A Well, it's lysergic acid diethylamide.

21 LSD is the experimental abbreviation given to  
22 it.

23 However, when we speak of LSD, I think we should  
24 realize there is the compound; then there is the street  
25 compound which usually has LSD in it, but is not pure, and  
26 has an unlimited number, probably, of impurities in it.

1           Q       In what respect, Doctor, would you expect in  
2 Leslie's case her chronic ingestion of the drug to have  
3 altered or changed her mind?

4           A       Well, it could produce, first of all, it would  
5 produce an alteration in values, so that what are the usual  
6 mores and values of people, those can be radically altered.

7           Q       Now, you have heard in my assumed facts that  
8 Leslie no longer took any interest in school, or getting a job  
9 or going to college once she became a chronic user of LSD.

10           A       Is this consistent with your experience and  
11 research?

12           A       That is a common change in behavior which one  
13 sees with young people using such drugs.

14           Q       Is there some explanation radically as to why  
15 young people use LSD and suddenly lose all their goals and  
16 social values?

17           A       Well, the drug alters, as I said, values;  
18 consequently it alters judgment and goals.

19           A       It generally moves people toward beliefs and  
20 such things as religion, mysticism, pushes them more in what  
21 we might call an anti-intellectual or even an anti-reality  
22 viewpoint.

23           A       They become, as it were, unreal.

24           Q       In other words, are you telling us that the  
25 assumed fact that Leslie could have lived in an unreal world  
26 is consistent with the use of LSD and other hallucinogen?

1 A Yes.

2 Q I mean, is this what you might expect from a  
3 chronic user of LSD?

4 A Yes.

5 Q And Leslie's or was Leslie's --

6 We are just assuming now, but assuming Leslie  
7 has dropped out of society and began to live this existence  
8 as I have described, is that consistent with the chronic  
9 use of LSD?

10 A Yes.

11 Q And do you see this on many occasions, and during  
12 your research -- or have you, during your research?

13 A It's a common thing to witness.

14 Q What other effects, if any, Doctor, would you  
15 expect from the chronic use of LSD, such as in Leslie's  
16 case?

17 A Besides the alteration of values and judgments  
18 and way of life, one might see developments of a psychosis,  
19 one would become overly determined on certain viewpoints,  
20 which are, as I indicated, often in a religious or  
21 fanatic direction.

22 Q In your opinion, Doctor, does an individual  
23 such as Leslie, having taken so much LSD, would you expect  
24 such an individual to have some underlying personality or  
25 character defect in order to drop out in the manner as I  
26 have described?

1 A Well, people who have -- let me say this:  
2 Young people tend to have more difficulty with  
3 that type of drug than older people.

4 It is partly, apparently, because of how well  
5 ingrained their beliefs in their ways of life are,

6 People who are young and have some confusion of  
7 identity are much more susceptible to that kind of drug  
8 experience, have it produce either a mental illness or a  
9 marked change in their way of life or in their value system.

5r

5f-1

1 Q In other words, this mind altering drug can do  
2 more damage in a young, immature person than it would in  
3 someone who is matured and more set in his ways?

4 A That is correct.

5 Q And is this something you have encountered,  
6 actually encountered in your many years of study?

7 A That is right.

8 Q And one's environment, one's way of life also  
9 contributes, let us say, to the effect of heavy use of LSD  
10 in a young person?

11 A Yes.

12 Q I mean, let's take this case, that is, assuming  
13 this commune-style living, where everyone took drugs, would  
14 that have a bearing?

15 A Yes, sir. The effect of the drug is partially  
16 determined by the past environment of the person, their  
17 makeup, their personality and the setting, or the environment  
18 in which they take it.

19 That is, where and with whom.

20 Q Does the setting -- in other words, if the setting  
21 is amenable to the taking of the drug but it is mind altering,  
22 would the mind altering qualities be more pronounced in an  
23 individual?

24 A The setting would influence, augment the further  
25 effect of the drug experience.

26 Q Is there another effect the drug may or probably

5f-2

1 may have on a young immature individual besides the  
2 attribute you have already told us about?

3 Does it make someone more suggestible or  
4 easily influenced?

5 A Well, the basic effect of the drug, one of the  
6 basic effects is it makes them -- it makes an individual more  
7 suggestible. It makes them more impressionable.

8 Q Is this an effect that is virtually unanimous  
9 with young people in your experience, or is it a rare effect  
10 of the drug?

11 A No, it's a very common effect.

12 Most people become -- apparently all people who  
13 get enough of the drug to have a drug alteration of  
14 consciousness become suggestible.

15 Q What do you mean?

16 A Highly suggestible.

17 Q What do you mean by suggestible?

18 A So that what is suggested to them, what is  
19 indicated to them, what is happening in their immediate  
20 environment influences them.

21 Q I'm going to ask you another question, Doctor:

22 Having in mind all of the facts that we have  
23 just been assuming, for the sake of this discussion, do you  
24 have an opinion based on reasonable medical probability  
25 whether Manson's assumed influence, together with the usage  
26 of LSD, could be a significant factor in causing Leslie's

5f-3

1 participation in the two homicides?

2 A Well, the drugs would allow that and any other  
3 influence to have a far greater effect than it would  
4 normally have.

5 Q What do you mean?

6 A A far greater effect, a more profound effect,  
7 more of a, as it were, a hold on one's mind, one's views,  
8 one's thoughts, one's attitudes.

9 Q In other words, we can assume if someone  
10 suggested or indicated to Leslie that she should go some  
11 place and kill someone, assuming she was a chronic user of  
12 the drug, and this particular person was very influential,  
13 that this is something that could happen?

14 A Yes.

15 Q Would you expect that under the assumed facts  
16 that I have been discussing with you that Leslie in addition  
17 to this assumed influence and the chronic influence of LSD,  
18 would also have to have some deep-seated personality  
19 disorder, or would the personality disorder be part and  
20 parcel of the use of the drug?

21 A Well, there have been marked untoward reactions  
22 following LSD in presumably normal people.

23 A young, immature, fully identified personality  
24 is just that much more susceptible.  
25  
26

6 fls.

6-1

1 Q Could these homicides be explained, in your  
2 opinion, by a combination of factors such as we have been  
3 talking about, the influence of LSD, the influence of  
4 somebody else in the communal setting we have been  
5 discussing?

6 A Well, that plus being under the influence of  
7 the drug at the time would have a marked, a profound  
8 effect on one's behavior.

9 Such things can conceivably occur.

10 Q Now, let's assume that at the time of the  
11 homicide Leslie wasn't under the influence of LSD. In  
12 other words, wasn't actually on a trip. But we will still  
13 assume that she was a chronic user.

14 Could this still have happened and be explained  
15 by --

16 A It could have. It would be less likely.

17 Q Can one, in your opinion, Doctor, function in  
18 the sense of doing things while on a trip?

19 A Yes.

20 Q Driving a car, walking?

21 A Yes.

22 Q Using a knife, for that matter?

23 A Yes.

24 Q In other words, when you are on a trip, would  
25 you expect one to sort of lie on their backs in bed and  
26 stare at the sun, or are people actually able to function?



1 A Yes.

2 Q They are able to function, in your opinion?

3 A Motor-wise they are.

4 Q How about their minds?

5 A It functions in an intoxicated manner.

6 Q What do you mean by an intoxicated manner,  
7 Doctor?

8 A Well, they are intoxicated. Therefore, they  
9 may make bizarre judgments or do bizarre things.

10 Q Is judgment impaired, in your opinion, by the  
11 heavy and continued use of LSD?

12 A Yes.

13 Q Assuming a young girl whose judgment has been  
14 impaired by the heavy continued use of LSD. Would such a  
15 person, such as I have described Leslie being, be sort of  
16 wide open to the influence of somebody else, the domination  
17 of somebody else?

18 A Well, she would be more vulnerable.

19 DEFENDANT VAN HOUTEN: I was influenced by the war  
20 of Vietnam and TV.

21 This is all such a big lie.

22 MR. BUGLIOSI: I will make a motion to strike and ask  
23 that the jury be admonished.

24 DEFENDANT VAN HOUTEN: Oh, Mr. Bugliosi.

25 THE COURT: Miss Van Houten, you will have to remain  
26 quiet.

1           DEFENDANT VAN HOUTEN: Then I am not on trial here,  
2 your Honor.

3           THE COURT: You are admonished to disregard the  
4 defendant's comments.

5           If you don't remain quiet, I will have to have  
6 you removed from the courtroom, Miss Van Houten.

7           MR. KEITH:     Q     Doctor, bearing in mind all the  
8 facts that we have been assuming, do you have an opinion  
9 as to whether Leslie's chronic use of drugs, and let's say,  
10 we will also assume Manson's influence and views, could  
11 explain her lack of remorse and feeling of responsibility?

12           A     It would contribute to it, I would think,  
13 profoundly.

6a fls.

ca-1

Q And what is the basis of that opinion, Doctor?

A The kind of effects that hallucinogenic drugs have on individuals.

Q Pardon me? I didn't hear.

A The kind of effects that hallucinogenic drugs have on individuals.

Q What kind of effects do you mean, Doctor?

A Alteration of values.

Q Anything else?

A Well, principally that.

Q When you say values are altered by the chronic use of the drug, perhaps you could expatiate a little on how or in what manner values are altered.

A There are certain things that we believe <sup>in</sup> and are guidelines in life and what we do and don't do. These can be altered so that people change their goals, they change the things that they believe in, the things that they will do and not do.

For example, a person may go from being agnostic to becoming quite religious, believing in every day reality to not believing in that, and believing in what we call, in philosophy, the ultimate reality, and assuming, taking the position that the every day reality we all deal in is nothing but a smoke screen between us and this ultimate reality which, as it were, is the final thing or the only thing.

1 Q In your experience, Doctor, in your long  
2 experience in the study of LSD and other hallucinogens --  
3 incidentally, is that the proper term for LSD, an  
4 hallucinogen?

5 A It is one of the commonest terms with which it  
6 is referred to.

7 Q When are you on a trip, do some people hallucinate?

8 A Yes.

9 Q And are there other reactions that take place  
10 when a person is on a trip?

11 A Yes.

12 Q Can you generalize, or does each person react  
13 differently when he or she is on a trip?

14 A Well, it is highly individual, but there are  
15 certain things that are fairly common to the drug experience.

16 Q And what are those things?

17 A Well --

18 Q You have already told us about suggestibility.

19 A Yes. They are very suggestible.

20 There is usually a euphoria. However, there,  
21 it can run from high euphoria to profound depression.

22 There is an intensification of colors and sounds  
23 and tastes and touch, of all the senses.

24 There may be a kaleidoscopic play of things  
25 around one so that the whole environment becomes fluid and  
26 in play as if it has lost its structural permanency.

1           There is a distortion of thought so that there  
2     may be delusions.

3           There is a good number of what we call after-  
4     images, such as you see when you look at the sun. And here  
5     you see it with just ordinary objects, you have the play on  
6     images and after-images. This is what we call in medicine  
7     synesthesia, and they are where one's sensory modality, as  
8     it were, jumps the track and you perceive in another sensory  
9     modality.

10          For example, you hear the sound of different  
11     colors and you see different sounds, what different sounds  
12     look like.

13          It sounds a little strange, but these things  
14     happen under certain marked alteration of consciousness such  
15     as produced by these types of drugs.

6b

6b-1

1 There are also such things as sense of double  
2 awareness; that you are in this reality and you are in that  
3 reality. That you may, oddly enough, at the same time, have  
4 a profound feeling of depression along with a great intensi-  
5 fication of happiness. You may be feeling both, depressed  
6 and happy at the same time.

7 There are feelings of distortion of body scheme,  
8 feelings of depersonalization, to the extent that you can  
9 be somebody else or some other thing. That is, you are, as  
10 it were, outside of yourself, literally outside of yourself,  
11 as far as your sense of awareness is concerned.

12 So that the thought, perception, mood and  
13 behavior is, in a way, very much altered to the point that  
14 it is almost jumbled.

15 That people lose their alternates in life. That  
16 is, the things they use to tell where they are, their  
17 sense of -- like the gravitational pull we use to help  
18 us sense where we are on the planet, in a certain room,  
19 and so on.

20 All these become gravely altered so that one,  
21 in walking, might feel that they are a foot or two off the  
22 ground.

23 Q You used the expression depersonalization.

24 In your experience, Doctor, when people are on  
25 trips, other people, do other people seem depersonalized?

26 A Depersonalization is a feeling that you have

5b-2

1 lost you. You begin to become unreal about yourself. And  
2 it can go to the point that you no longer feel you are you,  
3 that you are somebody else, or nobody.

4 Q When a person on a trip, or a young person as  
5 I described Leslie and her background, sees somebody else,  
6 could that other person that she sees be changed or  
7 depersonalized in some manner?

8 A Yes.

9 The objects viewed change, and can change  
10 drastically, from animate to inanimate, and back. A  
11 person being viewed can take on all kinds of other  
12 personages, so to speak, other appearances.

13 Q You mean, if I were on a trip and I were looking  
14 at you, to me you could seem like an animal?

15 A An animal or a deity, or some other individual,  
16 or what have you.

17 Q You, I take it, can't generalize in that area,  
18 that everyone on a trip sees things differently, although  
19 these are some of the examples that you have discovered  
20 from your experience?

21 A The generality is that it is highly individual  
22 experience, influenced by the drug, the dosage, the past  
23 experiences of the person, their personality, the setting  
24 in which it is taken, and what is, as it were, suggested  
25 or presented to them at the time.

26

6c fls.

6c-1

Q Getting back to Leslie's assumed lack of remorse. Is that consistent, in your opinion, Doctor, with someone that has repeatedly taken LSD doses plus the other factors that we have been discussing?

A It could be consistent, yes.

Q And could it be explained by these various assumed facts?

A In that there is this marked alteration of values.

Q Human life itself can have a lesser value?

A That's right.

Q Have you seen this in your experience, Doctor?

A Yes.

Q Doctor, the chronic use of the drug, in your opinion, could it even cause a mature, stable, very intellectual person to lose all his or her values?

Have you seen experiences of that, Doctor?

MR. BUGLIOSI: I will object. It assumes facts not in evidence, and it is irrelevant.

MR. KEITH: I will withdraw the question. It isn't really particularly material.

Q Now, Doctor, I am going to read to you -- which I presume you have already read --

THE COURT: I don't think you will have time now, Mr. Keith. It is two minutes to 12:00. Perhaps you should



1 defer that until this afternoon.

2 We will recess at this time.

3 Ladies and gentlemen, do not converse with anyone  
4 or form or express any opinion regarding penalty until that  
5 issue is finally submitted to you.

6 The court will recess until 1:45.

7 (Whereupon, at 11:58 p.m. the court was in  
8 recess.)

LOS ANGELES, CALIFORNIA, WEDNESDAY, MARCH 3, 1971

2:05 o'clock p.m.

- - - - -

KEITH S. DITMAN,

the witness on the stand at the time of the noon recess,  
resumed the stand and testified further as follows:

THE COURT: All parties, counsel and jurors are  
present.

You may continue, Mr. Keith.

MR. KEITH: Thank you, your Honor.

DIRECT EXAMINATION (Continued)

BY MR. KEITH:

Q Doctor, let's assume now another set of facts  
which I will read to you:

Assume, Doctor, all of the facts set forth  
in the preceding question, except do not assume Manson  
was the leader or dominant figure within the commune.

Do not assume that he had any grandiose ideas  
of fostering a black revolution culminating in his being  
ruler of the world.

Simply assume he was one of the members of the  
commune with no special powers, mystical or otherwise; that  
he ate, slept, made love, went on magical mystery tours,  
smoked grass, did chores, sang, played the guitar, listened

1 to the Beatles and other rock groups just as the rest.

2 He did talk about his life in prison and his  
3 empathy towards oppressed minorities, but he did not express  
4 any hatred towards the establishment; that he was a very  
5 much live and let live sort of person, everyone doing his  
6 own thing.

7 His only show of aggressiveness was towards  
8 people who came to the Spahn Ranch, outsiders that is, who  
9 tried to take advantage of the girls.

10 In other words, he was the girls' protector,  
11 and on occasion showed boorish males off the premises.

12 Assume also, Doctor, that he had nothing to do  
13 with any of the homicides, did not order or counsel them,  
14 nor participate in any way, and was not present in the car  
15 or in the house on the second night.

16 Assume, Doctor, that on the second night Leslie  
17 and Katie had dropped some acid; that, for no reason than  
18 wanting to go for a car ride, hopped in the car with Linda,  
19 Sadie, Tex and Clem.

8 fls.

6-1  
1 That Linda drove aimlessly all over various  
2 parts of Los Angeles County, that nobody had a change of  
3 clothing, that there were no weapons, that there was no  
4 conversation regarding murder or killing, that Manson was  
5 not along nor had they talked to him before getting into the  
6 car, that there was no prearranged plan as far as Leslie  
7 knew to kill anyone.

8 Assume, Doctor, that a few days earlier, however,  
9 Linda, Katie, Sadie and Leslie had discussed the interesting  
10 possibility of committing homicides in a fashion similar to  
11 the killing of one Gary Hinman, who met his death in late  
12 July, 1969.

13 Hinman, a musician living near Malibu, was  
14 actually stabbed to death by Sadie in a fit of passion.  
15 Bobby Beausoleil was arrested for his murder. The four  
16 girls, knowing Bobby was innocent, wanted to convince the  
17 authorities that Bobby had nothing to do with the homicide.  
18 They opined other killings, using the same modus operandi,  
19 committed while Bobby was in jail, would free him as the  
20 police would then believe the real killer was still at  
21 large.

22 It should be noted that Hinman was stabbed to  
23 death in his apartment and that on the wall of his living  
24 room was written in blood the words "political piggy."

25 Be that as it may, Leslie did not participate in  
26 the killings of the lady on Waverly Drive with any thought

1 that by doing so Bobby would be exonerated.

2 As stated, the freeing of Bobby through other  
3 homicides never progressed beyond the thought or idea stage.

4 And you should be reminded Leslie had no fore-  
5 knowledge of the murders the night before, nor was she aware  
6 of the identity of the perpetrators at the time of the  
7 second night's foray.

8 Leslie states that upon arriving at the residence  
9 at Waverly Drive, Linda and Tex went inside. A short  
10 time later Linda returned and told Leslie and Katie to go  
11 inside.

12 The two, without questioning Linda, did so and  
13 found the man with his hands tied behind his back seated  
14 on one living room couch while his wife, not tied, was seated  
15 on the other.

16 Tex was standing over them. No words were  
17 spoken. Tex did not explain what was going on nor did Leslie  
18 and Katie inquire.

8a

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1           The woman told Leslie and Katie they could have  
2 anything they wanted, and took the two girls into her bed-  
3 room, showing them her closet full of dresses.

4           While Leslie and Katie were admiring her  
5 wardrobe, but with no thought of robbing her, she picked  
6 up a table lamp and tried to hit them with it.

7           Leslie knocked the lamp out of the woman's  
8 hands -- who we will call Mrs. La Bianca -- threw her on  
9 the bed, grabbed a pillowcase and put it over her head.

10          Katie ran into the kitchen and returned with  
11 kitchen utensils, including knives.

12          Mrs. La Bianca started to scream for the police.

13          The two girls' reaction, paranoid about the  
14 police -- I should say, the two girls being paranoid about  
15 the police reacted -- and it was immediate and devastating.  
16 They picked up the kitchen knives and stabbed Mrs. La  
17 Bianca to death.

18          Returning to the living room, they found Mr.  
19 La Bianca stabbed to death by Tex.

20          Leslie was not surprised, because Tex, Katie  
21 and Leslie were acid freaks and on the same "wave length."  
22 She assumed if Katie and herself were killing Mrs. La  
23 Bianca, Tex would be killing Mr. La Bianca.

24          She would have been more surprised if Mr.  
25 La Bianca had not been dead.

26          Leslie wiped off fingerprints, mostly in places

1 never touched by the trio, while Katie wrote the bloody  
2 words previously described.

3 Katie has no explanation for writing Helter  
4 Skelter, et cetera, in blood except that it had nothing to  
5 do with any purported black revolution.

6 Katie stuck the fork in Mr. La Bianca's stomach,  
7 without reference to the Beatles song "Piggies," and carved  
8 "War" on his stomach, in hopes that the La Bianca's son,  
9 if they had one, would avoid the draft.

10 The three then left, did not change clothes,  
11 and hitchhiked back to the Spahn Ranch.

12 Leslie states that as far as she knew, none of  
13 them had any weapons with them before entering the La Bianca's  
14 residence.

8b fls. 15

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8b-1

1 After returning to the ranch, Leslie and Katie  
2 went to the Fountain of the World, an isolated place near  
3 the ranch where a religious order lived and worshiped.

4 The two girls spent their time helping the cult  
5 in a variety of small but important ways. Thereafter they  
6 returned to the desert.

7 Now, do you have those assumed facts in mind?

8 A Yes.

9 Q Along with all the other assumed facts set forth  
10 in the preceding set of assumptions?

11 A Yes.

12 Q With the exception of the part about Mr. Manson.

13 Now, having in mind these assumptions, Doctor,  
14 do you have an opinion based upon reasonable medical  
15 probability, whether Leslie's chronic use alone of LSD  
16 could be a contributing or significant factor in causing  
17 Leslie to participate in the La Bianca homicides?

18 A I would think it might have some effect.  
19 It would predispose her to do things that ordinarily she  
20 wouldn't do.

21 Q The mere use, chronic use, of LSD alone?

22 A Yes.

23 Q In your opinion, Doctor, would the use of LSD  
24 be the sole causative factor or explanation of her partici-  
25 pation in the La Bianca homicides in the manner as  
26 described by Leslie in this last question?



1 A Now, by that, do you mean sole use prior to,  
2 or --

3 Q Both the chronic use and being on a trip at the  
4 time, Doctor.

5 A Yes. I think that both could contribute to  
6 behavior that showed poor judgment and poor impulse control,  
7 but particularly more so would be the effect of the drug  
8 that evening in question. In other words, their being  
9 under the influence of it. The acute effects.

10 Q We are assuming that at the present time, that  
11 she was on a trip.

12 A Yes.

13 Q At the time.

14 A Yes.

15 But the acute effects could have a more pro-  
16 nounced role in determining her behavior than would the  
17 accumulated effects.

9-1

1 Q Would the cumulative effects be of significance,  
2 however?

3 A Yes, it depends what kind of mental state these  
4 have left her in, whether she was chronically psychotic,  
5 or suffering mainly just from marked alteration of values  
6 and judgment.

7 Q You understand, Doctor, that with respect to  
8 the assumed facts that I have last stated that there is  
9 nothing in them that refers to anybody else's influence?

10 A That is correct.

11 Q And there is nothing in those facts that would--  
12 Well, let me put it this way:

13 So we understand each other, would suggestibility,  
14 the suggestibility of the long use of the drug created in  
15 people be a factor?

16 A Yes, but the long use of such drugs can leave  
17 people in varying degrees of mental compensation, let's say,  
18 from distortion of values, mild distortion of values,  
19 gross distortion of values, to a frank psychosis.

20 You haven't told me and I don't know her state  
21 of mind from this chronic use other than some fact that she  
22 was a pro-drug user, she had gotten that far along.

23 So that I don't really know what kind of  
24 diagnosis, for example, psychiatric diagnosis she might  
25 carry at the time.

26 Q At the time of the events --

1 A Right.

2 Q -- that we have been talking about.

3 A And then the acute effects would depend not  
4 just on the drug and the dosage, but on the surrounding  
5 influences of the evening.

6 Who was there? What was done? What happened?  
7 What was seen?

8 Q In other words, LSD disrupts the ordinary  
9 homeostatic mechanisms of the brain, and one then is quite  
10 incapable of controlling their responses to stimuli, also,  
11 to some extent, their behavior in situations.

12 That they are, as it were, very vulnerable to  
13 outside influences.

14 9a fls.  
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1 Q Are you telling us that without any outside  
2 influences, as you put it, it would be unlikely that the  
3 acute effect of the drug would cause, say, a homicidal urge?

4 A Well, let me say that if one would take the  
5 drug in a protected medically-controlled and, as far as  
6 one is possible, a stimulus-free environment, then the kinds  
7 of responses -- the kind of behavior the person would  
8 indulge in, the kind of thoughts they might have would be  
9 much more limited.

10 That is why the street use of the drug is so  
11 dangerous, why it is so -- why so many catastrophes have  
12 happened, those we are familiar with.

13 These things generally don't happen in a medically-  
14 supervised use of the drug.

15 The two settings are quite different.

16 Q Then, in assessing the effect of a particular  
17 acid trip, you have to take into account the outside stimuli,  
18 the setting, the life style of the individual, among other  
19 things?

20 A Yes. May I elaborate and give an example?

21 Q Yes, please.

22 A This was a medical setting, and we had a fairly  
23 mature, well-educated sales engineer who volunteered for one  
24 of our research programs, and he passed all of our  
25 evaluations and testing and was included.

26 During the height of the effect of the drug --

1 We had not checked on this before, we had not  
2 done a dental examination on him, but a few days before he  
3 had lost a cavity from his tooth --

4 Q You mean a filling?

5 A A filling, excuse me, and he had a cavity, and  
6 he spent the afternoon, as he put it, in the cavity of his  
7 tooth.

8 And he said, when we tried to get him out of the  
9 cavity of his tooth, we said, "Come on out and talk to us."

10 He said, "No." There was everything in the world  
11 he wanted to know about and explore, and it was much too  
12 interesting for him to come out of the cavity of his tooth  
13 and talk to us.

14 And for the purposes of our study a good deal was  
15 lost because he would not participate in any psychological  
16 testing we had in mind.

9b

9b-1

1 Q When you were doing research on LSD, I take it  
2 you use a pure form?

3 A Yes, we were using that that was manufactured  
4 by the Sandoz Pharmaceutical Company and we could be assured  
5 of its potency and its purity and its stability.

6 Q In the street use of the drug is it more than  
7 likely that it has been contaminated by other substances?

8 A Yes, the drugs that I have had analyzed by  
9 the Food and Drug Administration, and the reports I received  
10 from other analyses, that it runs some fairly good grade of  
11 LSD to practically no LSD, or none, with all kinds of  
12 impurities in the product.

13 And no one really knows the extent of damage,  
14 or effect that all of these impurities might have.

15 Q When you speak of impurities, are you speaking  
16 of other dangerous substances?

17 A By and large, and some of them are LSD-like  
18 compounds.

19 Also the potency is never quite what the street  
20 user believes. It may be much much more; it may be much  
21 less.

22 Q And it is usually, nowadays, ingested in the  
23 form of a tablet, is that a fair statement?

24 A Well, it has gone through many versions.

25 There have been liquids and there have been  
26 tablets, and powders, and some have been in other vehicles,

1 such as sugar cubes, and so on.

2 Q Have there been instances in your experience  
3 in research and reading of the literature, Doctor, where it  
4 appears that the use of LSD alone in and of itself has  
5 caused homicidal tendencies in people, or is that very  
6 rare or unlikely?

7 MR. BUGLIOSI: It's irrelevant.

8 THE COURT: Sustained.

9 MR. KEITH: I will ask it this way:

10 Q Do you have an opinion as to whether the use of  
11 LSD alone could, without any other stimuli, could cause  
12 homicidal tendencies?

13 A Well, I know of some cases where homicide was  
14 an outcome of LSD, of street LSD use.

15 Also suicide was an outcome of street LSD use.

16 Q But in those cases do you know what other  
17 outside stimuli, as you put it, may have been operating on  
18 the individual?

19 A I know some of the other outside stimuli.

20 Q In order to create in an LSD chronic user  
21 the impulse towards violence, would you expect to find,  
22 assuming you examined such person, some other forces  
23 operating beyond the use of the LSD alone?

24 A Yes, I would think that something would have to  
25 occur, an action or something being said, or some form of  
26 communication which would make a person under the influence

1 of the drug, with a distorted thinking, come to the conclusion  
2 that this was perhaps a threat to them; they had to protect  
3 themselves, or they become delusional or paranoid about this,  
4 say, other individual, and consequently would justify their  
9c fls. 5 action, or make their action absolutely necessary.  
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9c-1

1 Q Well, let's assume, Doctor, as we already have,  
2 that Mrs. La Bianca screamed for the police when the pillow  
3 was being put over her head, and let's also assume, as  
4 really we already have, that Leslie and Katie were sort of  
5 paranoid about the police.

6 Would that sort of stimuli be apt to, in the  
7 case of Leslie and Katie, to cause the violence that did  
8 occur, assuming also they were on an LSD trip?

9 A It could be enough, yes.

10 Q Are you telling us, Doctor, that in your opinion  
11 under certain circumstances LSD could be a very dangerous  
12 drug in the sense the user can cause harm to someone else,  
13 where, if they had not been under the influence of the drug  
14 or had not been long users, such harm would never have  
15 occurred?

16 A That's right.

17 MR. KEITH: I don't have any further questions at  
18 this time.

19  
20 DIRECT EXAMINATION

21 BY MR. FITZGERALD:

22 Q Dr. Ditman, do users of the drug LSD frequently  
23 experience auditory and visual hallucinations while under  
24 the influence of the drug?

25 A Yes, I should qualify that a bit.

26 These are generally what we call illusions of

1 hallucinations.

2 Q What is the difference between an illusion and  
3 a hallucination?

4 A Illusions of hallucinations, that is, they  
5 are usually aware that they are hearing them due to the  
6 drug, as a drug effect.

7 Q Unless otherwise stated, the questions I ask you  
8 are going to refer to the street use of the drug rather than  
9 the pure, stable Sandoz Pharmaceutical Laboratory variety of  
10 LSD.

11 Are the hallucinations experienced by the user  
12 of street LSD frequently terrifying and unpleasant?

13 A Well, actually it is a small percentage of them  
14 that become unpleasant or terrifying.

15 Oddly enough, the LSD experience is generally  
16 pleasant, generally the individual feels it is rewarding,  
17 they have gained insight and understanding on a variety of  
18 things.

19 Consequently, they get carried away with that  
20 and that is one reason they become chronic users.

21 But regardless of who they are, whether they  
22 are an unstable, immature individual, or even a more mature  
23 and stable individual, they can get into that situation  
24 where they get caught by something, and then panic, and that  
25 can snowball on them, and when it does they can be in trouble.

26 Q Perhaps you could outline the medically-approved

1 uses of the drug, and compare it with --

2 Well, maybe you can just outline the medically-  
3 approved uses of the drug.

4 A Well, the only medically-approved use is  
5 research, for a variety of areas, particularly in psychiatry  
6 as a means of looking for new treatments for certain kinds of  
7 mentally-ill people, and also for certain psychodiagnostic  
8 understanding of individuals.

9 There is no established medical use in the  
10 ordinary sense of the word for LSD in this country.

11 Q Can the user of street LSD, can that user  
12 experience anxiety, fear and panic while under the influence  
13 of the drug?

14 A Yes.

15 Q Does the drug occasionally produce bizarre  
16 ideation?

17 A Yes.

18 Q Does it frequently produce bizarre ideation?

19 A Yes.

20 Q Do these bizarre ideas frequently include  
21 notions of persecution?

22 A Yes.

9d-1

1 Q Are the untoward or ill effects of the drug  
2 increased when used by emotionally unstable individuals?

3 A Yes.

4 Q Are the ill effects increased when used by  
5 adolescents or persons whose personality is not yet  
6 completely formed?

7 A Yes.

8 Q Are impressionable persons more likely to  
9 suffer ill effects from the drug?

10 A Yes.

11 Q Do pre-existing personality difficulties  
12 accentuate the effect of the drug?

13 A Well, they accentuate the likelihood of some  
14 disastrous or untoward reaction.

15 Q Now, in addition to your own personal experience  
16 with the drug, and in addition to your experience in writing  
17 and preparing medical literature in the field, have you from  
18 time to time conferred with your professional colleagues and  
19 discussed the use and abuse of LSD?

20 A Yes.

21 Q Are you also familiar with, aside from the  
22 literature you yourself have prepared, are you familiar  
23 with literature that has been prepared by other experts  
24 in the field?

25 A Yes.

26 Q Does the medical literature in the field contain

9d-2

1 numerous reports of adverse and often catastrophic effect of  
2 the drug particularly among those with pre-existing severe  
3 pathological conditions?

4 A Yes.

5 Q Have numerous cases in recent years been  
6 reported in the literature or from your personal experience  
7 concerning the prolonged psychotic reaction from LSD?

8 A Yes.

9 Q Has there also been reported as an observed  
10 effect of LSD, impaired judgment and impaired thinking?

11 A Yes.

12 Q How does, if you are able to answer this  
13 question in the form in which I will place / <sup>it</sup> how does the  
14 impaired judgment of the LSD user manifest itself?

15 A Well, the categorization of the untoward effects  
16 of LSD -- and Dr. Cohen and I were the first to make this  
17 categorization -- includes these kinds of things:

18 Frank psychosis with confusion, needing hospitali-  
19 zation.

20 Frank psychosis without confusion but needing  
21 hospitalization.

22 Bizarre thought processes and beliefs, depressions,  
23 agitated depressions, anxiety states, what might be called  
24 over determination in ideas in certain directions, like  
25 people giving up their life work and turning in the  
26 direction of being an artist or a musician or song writer, or

1 what have you, which may be a bit, perhaps not inappropriate,  
2 but showing poor judgment on their part.  
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10-1

1           They may become obsessive, be bothered by  
2 obsessive thoughts regarding things such as losing their  
3 mind, becoming homosexual or being homosexual, having cer-  
4 tain kinds of illness, such as cardiophobia, cancer,  
5 coming over to quasi-pseudo religious viewpoints, giving up  
6 their family and life style and going off to retreats which  
7 is a hazard to their health as well as their social and  
8 economic standing, showing no concern about their own  
9 welfare in letting themselves, particularly under the  
10 influence of LSD but even after, commit suicide, or doing  
11 something which, for example, ends in their own death,  
12 taking a hazardous boat trip or something, going strongly  
13 in the direction of certain religions or aesthetic pursuits,  
14 such as art or music or nature, what-have-you, to profound  
15 alteration in their value judgment and beliefs, and what we  
16 might call their way of life.

17           Sometimes these are for the better and sometimes  
18 they are not. And that is the problem with even medically-  
19 used LSD in a medical treatment setting, that the drug is a  
20 two-edged sword. You really can't always be sure what the  
21 outcome is going to be.

22           I must say that a number of investigators,  
23 they, themselves, although well trained, presumably fairly  
24 mature, have become, I would say, victims of LSD.

25           And I think some of us know, for example, the  
26 questionable value of Dr. Timothy O'Leary, who, I would say,

1 has been a victim of his own researches and ingestion of  
2 LSD.

3 Q A person taking LSD, then, in a sense, plays  
4 some sort of psychological Russian Roulette?

5 Is that a fair statement, Doctor?

6 A Well, it might be a little unfair because  
7 nothing comes of Russian Roulette of benefit.

8 However, there is a potential, and a body of  
9 literature to support a potential, that LSD might have some  
10 value in medical research for some very resistant type of  
11 patients to treatment, such as the chronic alcoholic.

12 So, I would say that Russian Roulette -- it has  
13 been compared to Russian Roulette -- but I feel that that  
14 is looking only at the dark side.

15 You must remember that the street use of drugs  
16 is quite different than the medical use.

17 Morphine and heroin are essentially identical  
18 except in potency, and morphine, in surgery in the use of  
19 medicine, is a Godsend, and in the street it is the work of  
20 the devil, or worse.

21 Q All right. Thank you.

22 Would the LSD user, the user of the street LSD,  
23 be less responsible for his or her judgmental activities  
24 than the non-user?

25 MR. BUGLIOSI: Calls for a conclusion and is ambiguous,  
26 too.



THE COURT: Sustained.

10a-1

BY MR.FITZGERALD:

Q Is it possible for someone under the influence of the drug to reject beliefs previously held and construct new beliefs, no matter how irrational?

A Yes.

Q Would it be possible for someone under the influence of the drug to reject moral beliefs?

A Yes.

Q Is that a probable consequence of the chronic use of the drug, a rejection of previously held moral beliefs?

A Yes.

Q Does the impairment of judgment that you referred to earlier, Doctor, does the impairment of judgment and responsibility carry over into the non-drug state as the result of prolonged use of street LSD?

A Yes.

Q In a non-controlled setting?

A Well, in both. But the changes are persistent.

Q Does the rejection of moral beliefs also carry over into the non-drug state?

A Yes.

Q Do users of the drug frequently report an enhanced sense of belonging, particularly to other drug users?

A Yes.

10a-2

1 It is a common thing that they report increased  
2 empathy and oneness with those around them.

3 Q Could that even be referred to as a solidarity?

4 A Yes.

5 Q Does this enhanced sense of belonging include  
6 a feeling of brotherhood and love?

7 A Yes.

8 Q Does the user frequently report a heightened  
9 sense of religious consciousness?

10 A Frequently.

11 Q Does this religious sense frequently include  
12 aspects of the mystical?

13 A Very much so.

14 Q Does the LSD user frequently profess to believe  
15 things that do not make sense to the nonuser of the drug?

16 A Yes.

17 Q Does the LSD user frequently adhere to or believe  
18 in abstract metaphysical concepts?

19 A Yes.

20 Q Are the professed beliefs of the LSD user  
21 frequently irrational?

22 A Yes.

23 Q Do LSD users frequently report that they have  
24 achieved an understanding of the universe?

25 A Yes.

26 Q Do LSD users frequently -- strike that.

10a-3

1 Do reports of users frequently contain references  
2 to cosmic consciousness and other pseudo profundities?

3 A Frequently.

4 Q Does the user frequently report feelings of  
5 omnipotence?

6 A Yes.

7 Q Does the user frequently report that they have  
8 seen or otherwise experienced God?

9 A Yes.

10 Q Does the user frequently report that seeing and  
11 experiencing God has had a profound influence on him?

12 A Yes.

13 Q Do persons who have used the drug over long  
14 periods appear to be preoccupied with fantasy?

10b fls.

15 A Yes.  
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Ob-1

1 Q Does the LSD user frequently exhibit philoso-  
2 phical naivete?

3 A I would say so.

4 Q Does the LSD user frequently exhibit an  
5 impractical detachment, a personality detachment?

6 A Yes.

7 Q Does the LSD user frequently exhibit inadequate  
8 foresight?

9 A Yes.

10 Q Does the LSD user frequently exhibit impulsive-  
11 ness?

12 A Yes.

13 Q Is there some carryover of these previously  
14 mentioned characteristics -- philosophical naivete,  
15 impractical detachment, inadequate foresight, inadequate  
16 judgment -- into the non-drug state?

17 A Yes.

18 Q Do chronic users of the drug frequently display  
19 confusion?

20 A Confusion?

21 Q Yes, confusion; a disorganized thought and  
22 activity process.

23 A Not in the sense that the information -- for  
24 example, knowing where they are, time, place and person.  
25 Unless they are suffering from an acute psychosis with  
26 confusion.

They have, as it were, their ordinary ability to

1 compute, to understand verbal directions, information,  
2 and that type of thing.

3 The confusion is in -- it is more of like a  
4 higher level of confusion, in separating out what is, for  
5 example, fact and fantasies, such as in philosophical  
6 truths and beliefs.

7 Q Does the prolonged use of LSD produce confusion  
8 in the sense that the user has difficulty determining what  
9 is fantasy and what is reality?

10 A Yes.

11 Q Is there a blurring of fantasy and reality?

12 A Yes. There is a weakening of the ego and inter-  
13 nal and external reality do seem to be blurred.

14 Q Many users take the drug in order to destroy  
15 ego concepts in their own psyche, do they not?

16 A Well, I don't know that they think in those  
17 terms, and that that is their goal.

18 I think it may be more that they take it for  
19 kicks, exploring metaphysical things, aesthetic appreciation,  
20 self-understanding.

21 I don't know if they are actually trying to  
22 destroy their ego in the strict sense of the term as  
23 laid down by psychoanalysis.

24 Q Does the prolonged use of LSD change the  
25 personality of the user?

26 A Yes.

Q What personality changes have you observed in

1 heavy users, other than what you have already mentioned,  
2 Doctor?

3 You have talked about personality changes in  
4 your previous testimony.

5 A A number of them have become -- have drifted  
6 into what we might call a hippy way of life, following  
7 pursuits that might seem a little ludicrous to the average  
8 person, talking in terms of drugs as if they were almost  
9 sacraments, giving up the way of life which, perhaps, most  
10 of us lead, and becoming -- in fact, some of them become,  
11 as it were, wards of society, asking their existence out by  
12 handouts, what they pick up, what is given to them, what  
13 they might obtain from welfare, that type of existence.  
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1 Q What is the minimum dose of the drug LSD that  
2 produces an effect?

3 A Well, that varies with the individual.

4 You see, many people are suggestible, and some  
5 are more suggestible than others. Some are highly suggesti-  
6 ble.

7 A small dose of the drug given with the proper  
8 reinforcement could produce a profound alteration in  
9 consciousness.

10 But generally, the average dose that would  
11 produce a massive alteration in consciousness in the  
12 average individual would be a hundred micrograms, or a  
13 tenth of a milligram, or more.

14 Few would withstand a marked alteration in  
15 consciousness from 200 micrograms.

16 Q Does the effect of the drug increase as the  
17 dosage is increased?

18 A Yes, to a certain extent.

19 Some things increase, I think, a little more pro-  
20 foundly than others.

21 Q Is there an ultimate point of diminishing  
22 return in terms of the effect produced by a dosage?

23 A Yes.

24 At a certain depth, we believe death would occur.

25 Q Is there such a thing as a lethal dose of LSD?

26 A We know the lethal dose for a rabbit, and we

1 have seen the lethal dose for an elephant, and we can kind  
2 of speculate about the lethal dose for a human being, but  
3 no one has ever quite given that.

4       Though I did read an article from the  
5 literature, I think from Israel, where they gave an Arab  
6 one gram. He didn't die.

7       Q     One gram?   How many micrograms would that be?

8       A     That would be a million.

9             He didn't die.

10       Q     He didn't?

11       A     No. But that would be close.

12       Q     What killed the elephant?

13       A     300 milligrams, as I recall.

14             He died in the Oklahoma Zoo.

15       Q     Is there some relation between the dosage and  
16 brain size?

17       A     No.

18             The dosage -- certain species are more suscepti-  
19 ble than others, but generally, it is more in proportion  
20 not to the size but to the surface area of the body. So  
21 that a larger animal actually takes smaller per weight.  
22 A child can take more drug than a man.

23             It is the relationship of the weight of the  
24 animal to their surface size.

25             As you know, a ball that is larger has a larger  
26 surface than a smaller ball.



1 It is a rule of thumb, but not always accurate.

2 Q If somebody should take, let's assume, to be  
3 entirely fair, let us assume a normal dose is 200 micro-  
4 grams. If somebody took a dose of 400 micrograms, would the  
5 effects be doubled what they would be with 200?

6 A No,

7 You see, a dose less than a hundred micrograms --  
8 25, 50, 75, depending upon the individual, is what is used  
9 in what they call psycholytic therapy.

10 What it does, it brings up things from the  
11 unconscious, helps the individual ventilate feelings and  
12 past memories and things, which some claim is very helpful  
13 in the process of psychotherapy.

14 When one goes over a hundred micrograms, to  
15 200 or so, maybe 400, they get into what is called psyche-  
16 delic therapy. Namely, the massive alteration of the  
17 consciousness into the level where it is the great change  
18 in awareness, and then the things that can be seen under  
19 this "with this all-seeing eye" -- or whatever, then becomes  
20 more of a therapeutic experience.

21 But as you progress on higher doses, what the  
22 subject generally experiences is more of the discomfort  
23 effects and nausea, the sensitivity to cold, the feelings of  
24 body discomfort, schematic distortions, and generally they  
25 become quite ill.

26 Q Would it be fair to say, then, that the greater  
the dose, the greater likelihood of a so-called bad trip?

10d-1

1 A Yes.

2 Q What is a bad trip?

3 A A bad trip is a street term, for the most part,  
4 that means that they freaked out, that they got very uncom-  
5 forttable; and for the most part, it means that they became  
6 anxious or panicked. Or they can even say a "bummer," or  
7 it could mean that they didn't have the sightful beautiful  
8 understanding experience that was expected or that they have  
9 usually had if they are a multiple user.

10 Q Is there any way -- well, strike that.

11 In your experience, Doctor, what is the average  
12 dosage in a tablet of acid that is sold on the street?

13 A We have had some of those analyzed, and some of  
14 them have run fairly low, 80 micrograms, when they claimed  
15 they had 250.

16 Some have run quite high, like maybe a thousand  
17 micrograms.

18 Q In one tablet?

19 A Yes.

20 In other words, it is kind of how reliable and  
21 capable your pusher is, I guess.

22 Q In your experience, Doctor, is the street LSD,  
23 you know, manufactured in people's homes, like bathtub  
24 gin or something?

25 A Well, it is there, and where it comes from, I  
26 don't know.

But in our meeting we had in Washington, the

1 Food and Drug Administration people, who are analyzing  
2 these things and also investigating them, said they come  
3 from very sophisticated mobile labs, that the chemists were  
4 fairly well trained, they had a fine library of literature  
5 to refer to, and turning out reasonably good products.

6 Q In your experience, Doctor, has the street  
7 variety of LSD been cut with other deleterious drugs?

8 A Well, in the process, certain things can be  
9 left in which God knows what they do. Perhaps they are  
10 LSD-like compounds.

11 Often, they have to put in certain substances  
12 as a vehicle, because the potency of the compound would be  
13 less than perhaps -- I mean, the amount of the compound would  
14 be less than a fly speck.

15 So, you would have to have some vehicle.

16 The sugar cube was one of the earlier ones.  
17 They could drop it in there and the water would evaporate  
18 the sugar.

19 Sugar is not a bad vehicle.

20 There is some problem with the stability of the  
21 compound. It is destroyed by sunlight and chlorine in the  
22 water, and a few other things.

23 So, there is a problem which many street  
24 producers haven't been able to surmount.

25 Q You are talking, though, primarily about  
26 impurities that result from the illicit manufacture of the

1 drug.

2 My question was -- and perhaps it was inartfully  
3 stated -- my question was: Are there other drugs that are  
4 used to cut the LSD, combined with LSD? For example,  
5 methydrine, and more recently strychnine?

6 A I would think those would be -- those compounds  
7 have been reported to be used in there. They lace it with  
8 those.

9 And it is not a bad choice from the standpoint  
10 of the position of the street user, if he wants something  
11 that is going to sell and pass as LSD.

10e fls.

10e-1

1 Q Why?

2 A Well, strichnine is a stimulant, gives a  
3 stimulation to the brain, the psyche.

4 Methedrine is also a stimulant. Taken in large  
5 enough quantities, it is also an hallucinogen.

6 Mescaline is very similar to LSD, but one needs  
7 to take it in a much larger quantity to get an equal effect.

8 Q Strychnine, in addition to being a stimulant, is  
9 a very powerful toxin, is it not, Doctor?

10 A Well, all drugs are toxins, by and large. They  
11 work on a toxin principle.

12 Strychnine we think of as a poison because we  
13 kill certain animals with it.

14 Q Primarily, rodents?

15 A Yes.

16 And if you take enough of it, you die in con-  
17 vulsions, and that seems kind of toxic.

18 MR. FITZGERALD: Fine.

19 Thank you very much, Doctor.

20 MR. SHINN: I have a few questions, your Honor.

21  
22 CROSS-EXAMINATION

23 BY MR. SHINN:

24 Q Doctor, you stated that the average dose is  
25 about between 200 to 1000 micrograms?

26 A The average dose?

1 Q Yes.

2 A In which setting?

3 Q Street; from the street.

4 A Well, that would be a guess because, you know,  
5 you don't know who is taking it and where they are  
6 getting it.

7 But I would say those dosages must range some-  
8 where, if they are getting LSD, somewhere between 50 micro-  
9 grams to maybe a couple of thousand.

10 Q Okay.

11 Now, when one takes LSD by itself and takes  
12 some other food with it, will it counteract?

13 A Food?

14 Q Yes. Any type of food. Would it balance it or  
15 act as an antidote?

16 A Food is not strictly an antidote to it.

17 There was at one time a belief, there was one  
18 theory that LSD worked by interfering with the metabolism  
19 of sugar in the brain. Therefore, fast and you take your  
20 LSD, and you have got a much more intense trip.

21 This is only a theory, and I think there are  
22 things clinically that would indicate that this hasn't  
23 been too good a theory.

24 The one thing you could take that would counter-  
25 act it, that is, if you took it at the same time, is just  
26 good old tap water, because it has chlorine in it and that

1 destroys LSD.

2 Q Okay.

3 Let's assume a person takes ten average doses.

4 Ten now.

5 Between what, now, Doctor, 200 and a thousand;  
6 right?

7 A Ten average doses? Two thousand micrograms,  
8 right.

9 Q Let's assume that a person puts it in a ham-  
10 burger and eats it.

11 What effect would it have on a person?

12 A Without knowing it is there?

13 Q Either way.

14 A Well, people generally who have taken it with-  
15 out their knowing it have panicked.

16 Q Let's assume that a person that has been taking  
17 LSD in the past now takes a hamburger with, say, ten tablets.

18 A He would probably know it. If he was fairly not  
19 too anxiety ridden, he would know he had been tricked or  
20 doped with LSD, and he might, if in an environment that he  
21 felt comfortable and protected in, with friends, he might  
22 ride it out without a bad trip.

23 Q Okay.

24 In other words, you would say that that would  
25 not be a lethal dose?

26 A Lethal?

1 Q Lethal.

2 A Well, no one that I know has had a lethal dose.  
3 I only know of two cases close to what I would calculate  
4 to be very near a lethal dose.

5 Q In other words, in your opinion, do you think a  
6 person that had taken a hamburger with 10 tablets of LSD  
7 would be in danger?

8 MR. BUGLIOSI: Irrelevant, your Honor.

9 THE COURT: What is the relevance, Mr. Shinn?

10 MR. SHINN: He is talking about LSD and the lethal  
11 dose, your Honor.

12 THE COURT: What is the relevance of the hamburger?

13 MR. SHINN: I beg your pardon?

14 THE COURT: What is the relevance of it?

15 MR. SHINN: He was talking about a lethal dose of  
16 LSD.

17 THE COURT: I know what he was talking about.

18 MR. SHINN: And I believe it is relevant to that.

19 What amount does a person have to take?

20 THE COURT: The objection is sustained.

21

22

23

24

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11-1

1 BY MR. SHINN:

2 Q Now, Doctor, when a person takes a dose of LSD,  
3 is there a high point and a low point?

4 A You mean of the experience?

5 Q No, the effect of LSD -- before I ask that  
6 question:

7 How long does an average trip take, how many  
8 hours?

9 A It varies between, say, six to twelve hours.

10 Q Six to twelve hours.

11 Now, is there a high point and a low point?

12 A Yes.

13 Q When does the low point start and when does the  
14 high point start?

15 A It depends on the method; assuming it's oral,  
16 it would begin as early as a half hour or as late as two  
17 hours, depending on the contents of the stomach and the  
18 rate of absorption of the individual.

19 And it would reach its height, perhaps two hours  
20 after that.

21 And then it will go on and begin to decline  
22 within four to six, eight hours, and for the most part it  
23 should be gone within twelve hours.

24 Q Okay, now, a person that uses LSD, say, in the  
25 past constantly, and if he is under the influence of LSD,  
26 now, he is going to do something like, say, look out of the

11-2

1 window and he doesn't want to jump, but there is some  
2 urge because of the LSD.

3 Will it force him to jump out of the window?

4 A Well, it might not be like that.

5 Let's say he is looking out the window and  
6 perhaps he is looking over a ledge and there is no restraint  
7 there, like a window or a bar, and a bird flies by.

8 And he looks, "What a beautiful bird, how nice  
9 it is to fly, I guess I'll fly, too," and off he goes.

10 Q He cannot stop himself from jumping out of the  
11 window?

12 A He thinks he is a bird, and the concept of  
13 stopping does not exactly enter his head.

14 Flying is beautiful and we are all birds around  
15 here and let's fly.

16 MR. SHINN: I have nothing further, your Honor.

17 THE COURT: Any questions, Mr. Kanarek?

18 MR. KANAREK: Yes, your Honor.

19  
20 DIRECT EXAMINATION

21 BY MR. KANAREK:

22 Q Doctor, when you use the word suggestible, what  
23 do you mean by that?

24 A Well, I mean that a person is more suggestible  
25 than, let's say, most of us are when we are plied with  
26 commercials, and one form of innuendo or advertising; a

11-3

1 person becomes, as it were, highly suggestible, overly  
2 suggestible.

3 Q Is someone who has taken LSD, a chronic user  
4 or an abuser, does that person become suggestible --  
5 does this suggestibility remain after they no longer have  
6 taken LSD for some time?

7 A Generally, from our studies, we found the  
8 influence on the individual tends to wear off; that after  
9 three months it is attenuated appreciably.

10 Six months or a year, it is usually greatly  
11 attenuated.

12 However, on follow-up on people three years and  
13 five years later, they would still speak of their experience,  
14 and in profound terms, and often with, you know, great  
15 admiration for it.

16 That the memory of it was still there; the  
17 changes in their life may still be there.

18 Let's say they have taken up painting. They  
19 may not be as avid painters as they were the first month  
20 after their experience.

21 We had a number of alcoholics who gave up  
22 drinking for a period of time.

23 For the most part none of those remained  
24 abstinent indefinitely.

25 Q You say they did not become abstinent indefi-  
26 nitely?

11-4

1 A No, none that we had, though there are reports  
2 of such people in other studies and in the literature.

3 Q Would the purpose there be that they be  
4 completely abstinent or would it be just that they use the  
5 alcohol in moderation?

6 A Well, these were chronic alcoholics and we felt  
7 their only hope was in complete abstinence, and in the case  
8 I am thinking of -- none in our group, in that one follow-up  
9 study that Mr. Keith mentioned in the early part of this  
10 testimony, did any of them stay completely off.

11 Though we had alcoholics who were not drinking  
12 at the time; they were not drinking shortly before they  
13 entered our research project, and they went on, not only  
14 to sobriety but to do some remarkable things towards helping  
15 other alcoholics and drug addicts.

16 In fact, Synanon is one of the things that grew  
17 out of one of our LSD research projects.

11-5

1 Q Then, would you say that someone who was in  
2 custody, let's say, for a period of 15 to 18 months, and  
3 assume that during this period of custody these individuals  
4 did not get any LSD because they are in Sybil Brand Institute.

5 Would you say that their suggestibility would  
6 attenuate because of the lack of LSD?

7 A Well, I would say in general, all of the effects  
8 of LSD -- all of the effects of LSD would attenuate.

9 Q With time?

10 A With time.

11 Q And non-use of LSD, that would create this  
12 attenuation, right?

13 A Right.

14 Q So that, then, what a person did who had been  
15 in custody, and we certainly can assume had not had any  
16 LSD for some 15 to 18 months, we can assume that the effect  
17 of the LSD upon their actions, you are saying, would be a  
18 nullity, would attenuate down, would approach no effect?

19 A That is with the average case, of course not  
20 with all cases.

21 Q Well, is there such --

22 Well, you say with an average case?

23 A Yes.

24 Q Now, you have a controlled situation where you  
25 know for sure, you know for sure that the particular subject  
26 has not used LSD for 15 to 18 months, is it your opinion

11-6

1 that the effect of the LSD would have attenuated or would  
2 have approached zero effect upon their thinking processes?

3 A Well, in most cases I would say that most of  
4 the effects would have approached zero.

5 THE COURT: We will take our recess at this time.

6 Ladies and gentlemen, do not converse with  
7 anyone or form or express an opinion regarding penalty until  
8 that issue is finally submitted to you.

9 The court will recess for 15 minutes.

11a flm0

(Recess.)

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1 THE COURT: All parties, counsel and jurors are  
2 present.

3 You may continue, Mr. Kanarek.

4 MR. KANAREK: Thank you, your Honor.

5 BY MR. KANAREK:

6 Q Doctor, would you tell us what is a psychotic  
7 episode?

8 A A psychotic episode is where an individual has  
9 a major break with reality, that is, they have delusions  
10 often, hallucinations, usually auditory but they can be  
11 visual.

12 They have a disturbance of their affect, of their  
13 perceptions, and there is a major deviation from their affect  
14 and their thought to the point it becomes inappropriate.

15 That is, their affect becomes inappropriate to  
16 their thought.

17 Q And when you say their affect, what do you mean  
18 by that?

19 A Feeling, mood.

20 Q In other words, like are you saying that --  
21 Could you give us an example?

22 A Well, let's say that a tragedy might occur and  
23 the person smiles or says something very light about it,  
24 like one of my patients died and I had to report it to this  
25 patient who was in the mental hospital.

26 I was in the Navy at the time and this was my

11a-2

1 job.

2 I called him up and I said "I'm very sorry to  
3 tell you but I must report to you that your brother died."

4 He said, "Well, do you know what?"

5 I said, "No, what?"

6 He said, "You know, we had prunes for breakfast!"

7 In other words, it was completely inappropriate  
8 to the conversation.

9 Q Now, when someone is under the influence of LSD,  
10 are they going through an artificially induced psychotic  
11 episode where the psychotic episode is due to the ingestion  
12 of LSD?

13 A If they reach that state, yes. We refer to it  
14 as a toxic psychosis.

15 Q A toxic psychosis?

16 A Because it is drug induced, and that is the  
17 agent.

18 Q But as far as their reality is concerned they  
19 have a faulty reality and therefore in medical terms they  
20 are undergoing a psychosis?

21 A Right.

22 Q Now, Mr. Keith read to you some facts, some  
23 assumed facts, hypothetical?

24 A Yes.

25 Q Now, because Mr. Keith read those to you,  
26 that does not mean that all of those matters that he read



11a-3

1 to you necessarily have any significance.

2 Is that a fair statement -- in connection with  
3 your answer?

4 A I understand that.

5 Q Of course, I am asking you -- I mean, I want  
6 to ask you whether you are saying --

7 I don't want to suggest to you -- I am asking  
8 you if everything that he said to you necessarily has any  
9 significance in connection with your answers.

10 A No, not everything.

11 Q In other words, let us say, let us say that  
12 Leslie Van Houten in fact, in fact was not even present or  
13 was present very briefly in connection with -- with matters  
14 involving philosophical discussions.

15 Then that part of the assumed facts would be of  
16 no significance as far as her state of mind is concerned.

17 Is that correct?

18 MR. BUGLIOSI: Assumed facts not in evidence.

19 MR. KANAREK: Yes, it is, your Honor. The evidence  
20 clearly is open to interpretation as to whether Leslie Van  
21 Houten was even present when Gregory Jakobson --

22 THE COURT: Mr. Kanarek, save your breath. I am on  
23 your side.

24 MR. KANAREK: Thank you.

25 THE COURT: The objection is overruled.

26 MR. KANAREK: Thank you.

1 THE WITNESS: May I have the question?

2 MR. KANAREK: May that question be read, your Honor.

3 THE COURT: Reframe the question.

4 MR. KANAREK: I would like to keep it the way it is,  
5 your Honor, if I may. May it be read?

6 THE COURT: Do you have it in mind, Doctor?

7 THE WITNESS: I think I do.

8 THE COURT: All right, you may answer.

9 THE WITNESS: My understanding is that these philoso-  
10 phical discussions -- she may not have been present or very  
11 infrequent or on the periphery of the discussions.

12 It isn't to be -- it would not be exactly  
13 how intimate she was from the time that these things were  
14 first propounded.

15 It was on how they further got to her, maybe  
16 verbally, or non-verbally.

17 One does not have to have been at the beginnings  
18 of Christianity and heard the Lord to get all of the views  
19 of Christianity and become deeply influenced by them.

20 These things do filter down.

21 I would have to know how much else she heard,  
22 what were the other kinds of influences that gave information  
23 other than just, say, verbal, and to see how she responded  
24 to it, to get an idea as to what extent these things had an  
25 influence on her.

26 Q Yes.

1 For instance, Mr. Keith pointed out that she  
2 graduated from high school?

3 A Yes.

4 Q And let's say that she had read books like  
5 H. G. Wells, the kind of books that he has written.

6 Let us say she has read the kind of books that  
7 Mr. Huxley wrote; she may have read The Fall of the House of  
8 Usher; she may have read all of Edgar Allan Poe's works.

9 There is a multitude of influences that may have  
10 impinged upon the state of mind of Leslie Van Houten.

11 Is that a fair statement?

11b fls. 12

A I would assume so.

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1 Q And one of the individuals that was with  
2 Leslie Van Houten was Charles Tex Watson, a person who has  
3 had some degree of education, maybe even a college back-  
4 ground.

5 His influence would also be part and parcel of  
6 what her state of mind was on this occasion.

7 Is that a fair statement?

8 A Yes.

9 Q So is it also a fair statement that as you  
10 depart, as you depart from the actual events themselves,  
11 from the instant of the events themselves, that is, the  
12 actual moving of the knife and the close proximity of  
13 Leslie and Katie to, let's say, Mrs. La Bianca, that the  
14 influences of other things attenuated, because less impor-  
15 tant.

16 THE COURT: Do you understand that question?

17 THE WITNESS: I do, but do you want me to assume that  
18 they are so ephemeral, these instances, that they only last  
19 over a matter of hours or days at most?

20 MR. KANAREK: Now, what I would like to have is your  
21 opinion as to -- let me withdraw that, and perhaps try to  
22 phrase it this way:

23 Q If a person is under the influence of LSD,  
24 and some unusual event happens, that unusual event may  
25 trigger an episode and be, let's say, a 99 per cent factor  
26 as to what happens, rather than some pre-existing history of

philosophy concerning God and Jesus Christ and so forth.

A I understand your question.

Q What would be your response, what would be your opinion?

A I don't know what event you are referring to, but I suppose there are such catastrophic events that they could overwhelm all other considerations, yes.

Q In other words, Leslie Van Houten might not have had any intent whatsoever to kill anyone, but under the influence of LSD, and having in mind the psychological effects that LSD has on the mind, suddenly hearing the words, "I'm going to call the police," that, in itself, could be the overwhelming influence, the trigger that could cause stabbing, or some offensive conduct towards the person of Mrs. La Bianca?

A Yes, LSD does greatly magnify things that otherwise would be just ordinary stimuli.

Q Now, you used the terms, internal and external reality,

What did you mean by those terms, Doctor?

A I mean the things that we think goes on in our head, that we believe, our feelings. This is internal reality for us.

External reality are the things we perceive, we see, are told to us, that are outside of us.

Sometimes we have a regulating mechanism that

1 allows us to distinguish between -- at least ordinarily  
2 distinguish between what is outside and what is inside.

3 But in certain states we get very confused as  
4 to what is inside and what is outside, to what has really  
5 happened and what we imagined.

6 For example, in a dream state, sometimes we may  
7 not be sure whether it was a dream that we had or it was  
8 really so.

9 Under the drug state, the disability to  
10 discriminate between actuality and what we call fantasy or  
11 internal reality becomes greatly blurred.

12 Amazingly blurred, fantastically blurred to the  
13 extent that some people don't -- are not able to distinguish  
14 between fact and fantasy.

15 Q So is it a fair statement that someone who is a  
16 chronic user or abuser of LSD, in observing some events and  
17 then later on relating these events, may have difficulty in  
18 separating what we would call the external reality from that  
19 person's internal reality?

20 A Yes.

21 Q And this then, this ability to relate, by relate  
22 I mean the ability to speak and convey what one things he has  
23 seen, may create problems as far as determining whether or  
24 not the words uttered reflect true external reality?

25 A That is right.

26 Q Now, you used the term, if I got it right,

1 homeostatic mechanisms.

2 What do you mean by that?

3 Do I have it right?

4 A Homeostatic mechanisms.

5 Q Is that h-o-m-e-o?

6 A H-o-m-e-o, yes, these are mechanisms that are  
7 believed to be in the brain, and they keep us in balance.

8 For example, we sit down to a meal and we eat,  
9 and our appetat finally shuts off and we lose our appetite.

10 If there wasn't such a mechanism we would go in  
11 the opposite direction or just go on, and one would eat  
12 indefinitely.

13 We look at something for a while, such as,  
14 perhaps, a painting, or we pursue an activity.

15 In a period of time we become bored with it or  
16 we are satiated, as it were.

17 These mechanisms tend to, as it were, dampen  
18 our activity so we don't go indefinitely in one direction.

19 For example, a moth shows a lack of homeostatic  
20 mechanism when he flies to the light, he keeps flying into  
21 it, to his own destruction.

22 If we didn't have this dampening or homeostat  
23 instinct, we would be the victims of our outside stimuli  
24 as the moth is when he sees the light.

25 LSD tends to somehow, seems to disrupt these,  
26 so people will go in a direction indicating a lack of control,

1 a lack of dampening, and they become, as it were, overdeter-  
2 mined.

3 They may go in practically any direction.

4 They become very hep on certain religions or  
5 they become finatics in another direction.

6 Conceivably they can go in a useful direction.

7 Q Now, you used that --

8 In your examination by Mr. Keith, in using that  
9 term, did you intend to convey that the use of LSD dampens  
10 these, what we might call normal mechanisms?

11 A No, not dampen, it tends to, well, let's say  
12 temporarily put them out of commission, so instead of  
13 having a dampening effect, one has an undampened effect, or  
14 they tend to go on and on in a direction that is uncommon  
15 for them.

16 Q And this could lead to a disaster, like  
17 stepping out of a window several stories up and thinking  
18 that they are just inches from the ground.

19 Is that correct?

20 A Yes, they may get an idea about flying, and  
21 birds can fly, and they see a bird and they think they are  
22 what they see; they don't have a good internal-external  
23 control to evaluate what is fact and what is fantasy.

24 They then think they are a bird and take off  
25 to fly.

26 Q Now, directing your attention, then --



1 Assume someone is a chronic user or abuser of  
2 LSD, and that this person, this person has occasion to go to  
3 a residence wherein, for whatever the reason may be,  
4 violence erupts.

5 And let's say that this violence erupts before  
6 the eyes of the person who is a user or abuser of LSD.

7 Do you have any opinion as to how -- what the  
8 effect of this sudden appearance of violence before the eyes  
9 of the user or abuser, what effect that would have upon him  
10 or her?

11 MR. BUGLIOSI: Assumes facts not in evidence.

12 MR. KANAREK: That is before the Court, your Honor,  
13 certainly the first night is indicative of violence  
14 erupting.

15 THE COURT: I think you should be a little more  
16 specific.

17 I think the question is ambiguous, Mr. Kanarek.  
18 The objection will be sustained.

19 It could be more specific.  
20  
21  
22  
23  
24  
25  
26

11c

11c-1

1 Q Well, Doctor, let us assume, let us assume that  
2 a person who was a user or abuser of LSD comes to a  
3 residence in the middle of the night and observes a person  
4 who is an individual that this person did not accompany to  
5 the residence, observed this other person shot three or four  
6 or five times by a person who is in the company of the  
7 chronic user or abuser.

8 Do you have an opinion as to what effect this  
9 would have upon the chronic user or abuser of LSD?

10 A Well, they may go off in any one of a number  
11 of directions.

12 Q Would you tell us -- would you go forward and  
13 tell us what these directions are?

14 A They may become very anxious and panicky.  
15 They might flee the scene.

16 They might develop a great deal of intensification  
17 of a psychosis and become confused.

18 They might become involved in it and go on with  
19 it, without appropriate feelings and affect for the situation.

20 They may, as it were, ignore it, think that it  
21 was nothing, so to speak.

22 In other words, it would not have the ordinary  
23 meaning for them.

24 They could go in many directions, depending on  
25 what things are influencing their mind at the moment,  
26 and their state of mind in general.

11c-2

1 Q And assuming that this chronic user or abuser  
2 of LSD has an affection for the person who is the one who  
3 did the shooting, do you have an opinion as to what the  
4 conduct of this person, the chronic user or abuser of LSD,  
5 do you have an opinion as to what that --

6 A Well, if they are comfortable with those around  
7 them --

8 Q I'm sorry, I did not hear that.

9 A If they are comfortable and familiar with those  
10 around them, they are apt to go in the direction that these  
11 others are going, as it were, to not be bothered by it,  
12 or to be able to carry along with it.

13 In other words, they would become caught up  
14 because of the suggestibility in the events of the moment.

15 Q Now, you spoke of methydrine as being a  
16 hallucinogen?

17 A In higher doses it can be hallucinogenic.

18 Q And is methydrine, is the street or other name  
19 for methydrine speed?

20 A Yes.

21 Q Now, can you describe the effect of methydrine  
22 upon a person and compare it with LSD as far as, let's  
23 assume two individuals, one under the influence of LSD and  
24 one under the influence of speed.

25 Can you describe for us the psychological  
26 differences in their behavior?

12 fls.

12-1

1           A       Methydrine is one of the amphetamines which we  
2       classify as a stimulant, a central nervous system stimulant.

3           They have an effect, in small doses, of being  
4       antifatigue drugs, suppressing appetite, and being anti-  
5       depressants in the sense that they give a feeling of euphoria.  
6       They can counteract sleepiness due to fatiguing or sleepiness  
7       due to sedative drugs.

8           In higher doses, they tend to cause nervousness,  
9       excitement. They can become even, in higher doses, they can  
10      cause disruption of efficient mental processes, so that  
11      people become perseveratory where they write and rewrite the  
12      same thing over on top of the same thing they have written,  
13      for example.

14          There is a very common condition called the  
15      "amphetamine psychosis," and methydrine is one of the most  
16      commonly abused of the amphetamines to produce the  
17      amphetamine psychosis.

18          These people can become extremely psychotic,  
19      hypermanical, hyperactive, even violent, assaultive.

20          And typical of the amphetamine psychosis is  
21      that the individual sometimes has no insights, no recognition  
22      that the mental aberration he is suffering from is drug  
23      induced. He does not see the connection.

24          The street term "speed kills" is very appropriate  
25      in that it leads sometimes to crimes of violence and violent  
26      activity, as well as it is a very hard substance on the body,

12-2

particularly when taken by injection.

Now, the hallucinogenic or psychomymetic states of methydrine are somewhat like LSD except I think they are more filled with a sense of great energy and physical capability, whereas under LSD the people often feel that they might not be able to get up out of a chair and do things, although when encouraged to do so, or after a few experiences, they can find they move with very little or no impairment motor-wise.

The two drugs are frequently taken together, one to kind of augment the other, the methydrine to give an added sense of physical energy which is somewhat lacking in an LSD psychosis.

Then, of course, they are taken in all combinations just to see what they will do by street users who are generally experimenting without a very good plan of experimentation.

It is just "Let's try this and that, and what will it be like?" More of an irresponsible form of playing what we might call Russian roulette.

12a fls.

4a-1

Q You used a word, Doctor, perseveratory.

A Perseveratory.

Q How do you spell that?

A P-e-r-s-e-v-e-r-a-t-o-r-y.

They repeat over and over, or do something over and over. Their actions become repetitive.

Q Now, this repetitive action, could that take the form of a stabbing action?

A Yes, it could.

If you saw a victim from a stabbing, if it was methedrine-induced, you might say that it would be a rather brutal thing plus a great deal of unnecessary stab wounds. In other words, a repeated stabbing.

Q So that the speed intake, if the speed intake is such, what you would call perseveratory action, that could cause a person to stab, say, more than one individual who happened to be in his immediate proximity?

A Yes.

Q You used the term, I believe, Doctor, anti-reality viewpoint.

What did you mean by that?

A I thought I said anti-intellectualism.

Q Well, maybe I have it wrong.

A Or anti-reality. That is all right.

People who become chronic drug users take what has been called an anti-intellectual viewpoint, that things

1 can be had without effort, that cause and effect relationships  
2 can be bypassed, mystical states or mystical orientation  
3 becomes, as it were, the philosophy of life. That there  
4 is a breakdown in what you might call hard work, preparation,  
5 the kinds of things we do in science where you learn to  
6 measure.

7 Science, of course, is not only where you  
8 learn to predict what is going to happen, but you learn to  
9 control it. And to bypass that, in a sense, and all the  
10 things that are learned, is anti-intellectualism.

11 To say that there is nothing to be learned in  
12 high school. As one of my patients said: Why, there is  
13 nothing here that I don't know. He was a junior in college.  
14 "There is nothing that I need to know. I know it all."

15 That is an example of anti-intellectualism.

16 And, of course, his was brought about by  
17 alcoholic drug use.

18 Q You used the term motor-wise. Now, I think you  
19 used that, you stated that under the influence of LSD  
20 someone behaves, motor-wise, in a certain way.

21 What did you mean by that, Doctor?

22 A Well, under LSD, a person, particularly one  
23 on an initial experience, might get the feeling that  
24 they are close to being paralyzed, or they can't perform  
25 motor-wise, they can't do things, they couldn't get out of  
26 a chair and walk, that they feel like they are floating, or

1 they might stagger.

2 But when encouraged to do so, people find that  
3 they do much better than they would expect, and a casual  
4 observer, not highly familiar with the signs of LSD  
5 intoxication, wouldn't necessarily note anything wrong with  
6 their motor performance.

12b



12b-1

1 Q Now, when you use the term "motor-wise,"  
2 Doctor, are you indicating that the person is acting  
3 more or less automatically, there is no mental process  
4 behind the motor action?

5 A No. No.

6 It is just that they get the feeling that their  
7 motor abilities have been impaired, such as the ability to  
8 walk, the ability to ride a bicycle or to operate an  
9 automobile.

10 The motor part doesn't seem to be so greatly  
11 impaired. Of course, they are preoccupied, therefore, with  
12 maybe even minutiae, or their own fantasy life and, there-  
13 fore, they should not operate a motor vehicle because they  
14 need to attend to the external reality and what is going on  
15 in the traffic, and not just their own fantasy life.

16 Q Well, if I may, I'd like to show you, for  
17 instance, People's Exhibit 224.

18 May I approach the witness, your Honor?

19 THE COURT: Yes.

20 (Mr. Kanarek approaches the witness.)

21 BY MR. KANAREK:

22 Q Now, People's Exhibit 224, looking at that,  
23 which I believe is a picture, an autopsy picture, of  
24 Mr. La Bianca, looking at those stab wounds, and assuming  
25 that the person who did that was under the influence of  
26 speed, are those wounds the type of wounds that are -- what

12b-2

1 is that word -- perseveratory?

2 A Perseveratory.

3 MR. BUGLIOSI: Calls for a conclusion.

4 This doctor is in no position to answer that  
5 question.

6 MR. KANAREK: I don't see why not.

7 MR. BUGLIOSI: Furthermore, it assumes facts not in  
8 evidence.

9 The only evidence on speed is that Linda  
10 said she saw a tablet in Tex Watson's hand.

11 THE COURT: Sustained.

12 BY MR. KANAREK:

13 Q Well, assuming that the person who wielded a  
14 knife and caused that knife to enter the body of the person  
15 you see in People's 224, assuming that that person was under  
16 the influence of speed --

17 THE COURT: That was the question that was asked, Mr.  
18 Kanarek, to which an objection was sustained.

19 MR. KANAREK: Your Honor, there is evidence before the  
20 Court that there was speed.

21 THE COURT: The objection has been sustained.

22 MR. KANAREK: May I approach the bench, your Honor?

23 THE COURT: It is not necessary.

24 Ask your next question.

25 BY MR. KANAREK:

26 Q Would you tell us what you mean when you have

12b-3

1 testified concerning -- when you used the word euphoria,  
2 Doctor?

3 What does euphoria mean?

4 A It is a marked sense of well being.

5 Q And is this a synthetic sense, an artificial  
6 sense of well being?

7 A Well, it is a real sense to the person. It is  
8 drug induced, and in that sense it is synthetic.

9 Q Are you saying that sometimes when people take  
10 LSD, they take it again and again and again because they  
11 remember that the last time they took it and the time before  
12 that it made them feel good, what they saw and what they  
13 sensed seemed to give them a feeling of exhilaration or  
14 well being, as you put it?

15 A Right. They felt euphoric, they felt good,  
16 things were beautiful, they felt at one with things around  
17 them, they thought they saw things that were revelations,  
18 maybe about themselves, about nature, about certain philo-  
19 sophical concepts, and so on.

12c fls.

1261

1 Q Sometimes they feel like they are getting  
2 vibrations from outer space, and they are in complete  
3 tune with the universe?

4 A Yes.

5 Q Now, I think you used the term synesthesia,  
6 if I am not correct?

7 A That's right.

8 Q What does that term mean?

9 How do you spell it first of all?

10 A S-y-n-e-s-t-h-e-s-i-a.

11 Did I get it right?

12 Q Yes.

13 What does it mean?

14 A That means where there is, in the various sensory  
15 modalities, such as hearing things and seeing things,  
16 that the sensation, as it were, jumps the track. You hear  
17 some music but you would know what color it looked like.  
18 Or you see a color and you know what sound that is.

19 It is almost as if -- it is as if you are  
20 seeing the color in the sound.

21 Q And so, under the influence of LSD, a chronic user  
22 or abuser of LSD, may actually think that he sees sound;  
23 is that correct?

24 A Well, this is sort of an acute experience  
25 while under the immediate effects of the drug, before the  
26 drug has left the body.

1                   However, in what we call flashback experiences,  
2 this kind of thing has also been reported.

3           Q       Do unusual or startling experiences have a  
4 tendency to cause flashbacks?

5           A       You mean, would precipitate an LSD flashback?

6           Q       Yes.

7           A       Well, they can be suggested by something that  
8 was reminiscent of the experience.

9                   Certain drugs do seem to be likely to reproduce  
10 them.

11                   Getting anxious or under stress seems to.

12                   Some have reported they just come on.

13                   People getting around others who talk about LSD,  
14 who are on LSD, get what has been labeled a "contact high,"  
15 and in turn get a flashback.

16                   I had one patient who would go into this when  
17 there was any discussion on the television about LSD.  
18 It bothered him so much he wouldn't watch the television,  
19 or would certainly try to avoid such programs.

20                   They can be, in other words, suggested.

21           Q       And you used the term depersonalization. What  
22 did you mean by that, Doctor?

23           A       Well, that the person does not feel themselves,  
24 that they are themselves. They feel they are something  
25 else, or not anything at all.

26           Q       And this feeling of depersonalization, does  
this same feeling occur when someone is under the influence

1 of speed?

2 A Well --

3 Q The dosage that you have indicated turns a  
4 speed trip into an hallucinogenic experience?

5 A It is common to have marked alteration of  
6 consciousness from hallucinogens.

7 It is also common to the major psychoses, such  
8 as toxic psychosis and the schizophrenias.

9 Q Now, Doctor, under the influence of LSD, if  
10 someone has this particular lack of orientation between  
11 internal reality and external reality that you have spoken  
12 of, can stabbing take place that is -- what is that,  
13 perseveratory?

14 A Perseveratory.

15 Q Yes.

16 A It could.

17 Perseveratory activity is common to the  
18 psychotic states, it is common to high doses of speed,  
19 methedrine, and it can occur, of course, even in alcohol  
20 drunkenness, we see it.

21 People repeat themselves.

22 And it occurs with a number of other conditions,  
23 and it can occur with LSD psychosis.  
24  
25  
26

12d-1

1 Q All right.

2 I will show you a series of pictures.

3 May I approach the witness, your Honor?

4 THE COURT: Yes.

5 BY MR. KANAREK:

6 Q I show you a series of pictures of what I  
7 believe is a lady who, in life, I believe her name was  
8 Abigail Folger.

9 Would you look at these wounds, and if you  
10 would study these pictures, these are exhibits, People's  
11 Exhibit 155, a series of them in order that we don't  
12 belabor the record, could you look at those while I --

13 A Surely.

14 THE COURT: Ask the question first, Mr. Kanarek.

15 MR. KANAREK: 150 through 159.

16 Q The question is:

17 Would you tell us whether, under the influence  
18 of LSD, the stabbing that you see there is this perseveratory  
19 phenomenon?

20 MR. BUGLIOSI: That calls for a conclusion and he is  
21 not in a position to give a conclusion like that.

22 THE COURT: Sustained.

23 BY MR. KANAREK:

24 Q Assuming that the person who did the stabbing  
25 that you see there in People's 150 to 159, is there a  
26 reasonable medical probability that such a person, if that



12d-2

1 person was under the influence of LSD, did that stabbing in  
2 a manner that you would call perseveratory?

3 MR. BUGLIOSI: Same objection.

4 THE COURT: Sustained.

5 MR. KANAREK: Well, your Honor, if I may, I'd like to--

6 THE COURT: The objection is sustained.

7 Do you have any further examination?

8 MR. KANAREK: Q Well, you say that this  
9 perseveratory activity is a repetitive kind of thing;  
10 is that right, Doctor?

11 A Right.

12 Q If someone who is under the influence of LSD  
13 stabs and stabs and stabs a person, is this the perseveratory  
14 phenomenon that you have been speaking of?

15 MR. BUGLIOSI: Same objection.

16 THE COURT: The form of the question is objectionable.  
17 The objection is sustained.

18 You are asking the same question over and over  
19 again, Mr. Kanarek.

20 BY MR. KANAREK:

21 Q Doctor, if you would look at Exhibit 150 to 159  
22 and assume that the person who did the stabbing that you  
23 see there in Exhibit 150 to 159 was under the influence of  
24 LSD, would you tell us whether or not what you see there  
25 appears to be perseveratory?

26 MR. BUGLIOSI: Calls for a conclusion.



12d-3

1 THE COURT: Sustained.

2 Approach the bench, Counsel.

3 (Whereupon all counsel approach the bench and  
4 the following proceedings occur at the bench outside of the  
5 hearing of the jury:)

6 THE COURT: Mr. Kanarek, you have asked the same  
7 question four times in a row. I have sustained the objec-  
8 tion each time.

9 If you ask it once more, I am going to find you  
10 in contempt of court.

11 You are wasting time. Let's get on with it.

12 MR. KANAREK: Your Honor --

13 THE COURT: I don't want to hear any more. Get on  
14 with it.

15 MR. KANAREK: May I ask your Honor --

16 THE COURT: You may not.

17 Either get on with your examination or sit  
18 down. You are wasting time.

19 (Whereupon all counsel return to their respec-  
20 tive places at the counsel table and the following proceed-  
21 ings occur in open court within the presence and hearing of  
22 the jury:)

23 BY MR. KANAREK:

24 Q Doctor, is there a term in psychedelic psychiatry,  
25 a term known, or a term "supersane"?

26 Have you ever heard of that term?

1 A It is not a psychiatric term.

2 Q That is not a psychiatric term?

3 What does it mean?

4 A Well, I think it is more of a lay term.

5 Sanity and insanity, in psychiatry, are legal  
6 terms, not psychiatric terms per se; and supernormal or  
7 supersane applies to, I think is a lay term applying to  
8 people who, let's say, are a little above normal.

9 It may be a euphemistic term applying to  
10 people who have been psychoanalyzed, or in some way assume  
11 that they are above the usual stresses and foibles of life.

12e fls.

12e-1

1 Q Is there such a term as where an awareness is  
2 referred to as "all-knowing"?

3 A I know the term. It is not exactly a psychiatric  
4 term. It is more of one that you run into in reading  
5 literature, particularly on mysticism.

6 Q What is the general meaning of the term,  
7 Doctor?

8 A Well, that these people have, as it were,  
9 contact with what might be called the hereafter or the  
10 ultimate reality; or if I may use the term, what some would  
11 like to modify it a bit and refer to it as the undifferen-  
12 tiated aesthetic continuum.

13 Q What does that mean?

14 A Well, that means that the terms, the other  
15 terms, aren't quite explanatory; therefore, since aesthetics  
16 and things are really not divisible, that the spiritual  
17 quality and the aesthetic world have something in common,  
18 and that it is in continuum with, let us say, our mundane  
19 every day world.

20 Q Now, directing your attention to a person who  
21 takes or who takes a vast amount of drugs and also different  
22 kinds of drugs.

23 For instance, belladonna, in great quantities,  
24 speed, marijuana, hash, peyote, STP, MDA, psilocybin.

25 Do you have an opinion as to whether or not a  
26 person who takes a large number of different kinds of drugs

1 has what you might call a drug-oriented personality?

2 A I would say very definitely that they do.

3 Q And what are the characteristics of a drug-  
4 oriented personality?

13

13-1

1 A Well, some of them are reported on, and there  
2 are some types you spoke of.

3 But one is the chronic marijuana user, for  
4 example, who is a person who is -- well, he is an angry  
5 young man.

6 He's got a good deal of latent and not so  
7 latent hostility.

8 Many chronic drug users are hedonists, looking  
9 for kicks.

10 Many of them are borderline mental states, and  
11 they are genuinely trying to help themselves, feeling that  
12 maybe some way they -- it's a road to self analysis, or  
13 that they feel better momentarily under the drug.

14 And then there are those who are, perhaps,  
15 sincere in their pursuit of the occult, or the hereafter or  
16 what have you, and it is their way of furthering their  
17 knowledge or achievement of being into the mystical state.

18 Q Now, do you know J. Thomas Ungerleider?

19 Directing your attention to this article,  
20 "The problems of LSD and emotional disorders," you have  
21 read this?

22 A Yes.

23 Q This article, is that correct?

24 A Yes.

25 Q It is one of the front of, or it is --

26 Would you say that this article is part of your

13-2

1 information, part of the information that you have in  
2 connection with your research and studies of the literature  
3 of LSD?

4 A Well, a lot of it was drawn from my own  
5 researches.

6 Some of it was from his researches.

7 It is a compilation, as I recall, of his  
8 clinical experiences, and some of my colleagues' published  
9 works.

10 Q So you are very familiar with "The Problems of  
11 LSD," where it says "superscript 25 and emotional disorders,"  
12 right?

13 A Yes.

14 Q And in that connection did you have the case  
15 where a man became convinced a few hours after ingesting  
16 LSD for the first time that he had to offer a human sacri-  
17 fice, that is, kill someone or die himself?

18 He was prevented from throwing his girl friend  
19 off the roof of a Hollywood hotel.

20 Is that one of the incidents that make up your  
21 fund of knowledge in connection with --

22 A Such events are not out of keeping with the  
23 LSD psychosis.

24 Q They are what?

25 A They are not out of keeping with an LSD psychosis.

26 Q What do you mean by that, not out of keeping with

1 an LSD psychosis?

2 A That kind of thing, that sort of thing happens,  
3 sacrificing one's self or others.

4 Q Now, directing your attention then to --

5 You remember Mr. Keith's question, Mr. Keith's  
6 question, he mentioned you actually had an opportunity to  
7 read that over ahead of time before you took the witness  
8 stand, is that right?

9 A Yes.

10 Q Do you have in mind the political piggy incident  
11 that he set forth in that hypothetical question?

12 A Yes.

13 Q Having<sup>in</sup>/mind that political piggy, the sequence  
14 of the word, pig, that was written at the Tate residence,  
15 do you have that in mind, and having in mind the words  
16 rise, death to pigs, and Helter Skelter that were written  
17 at the La Bianca residence.

18 Do you have an opinion as to whether or not  
19 these writings were made while under the influence of LSD?

20 MR. BUGLIOSI: Calls for a conclusion.

21 THE COURT: Sustained.

22 BY MR. KANAREK:

23 Q Well, in answer to Mr. Keith's question, having  
24 in mind --

25 I am referring now to the last question that  
26 Mr. Keith propounded to you:

1 "Having in mind these assumed facts, do you  
2 have an opinion based on reasonable medical probability  
3 whether her use alone of LSD could be a significant  
4 factor, causing Leslie to participate in the La  
5 Bianca homicides?"

6 Do you remember that question being asked of you  
7 by Mr. Keith?

8 A I remember reading it.

9 Q Do you remember him asking you that question?

10 A I don't believe he asked it.

11 MR. KANAREK: Well, then, let me play Mr. Keith for  
12 a minute, because I believe he did ask you that question.

13 Maybe it will refresh your recollection and  
14 perhaps save some time.

15 Q "Now, assume all of the facts set forth in  
16 the preceding question except do not assume Manson was  
17 the leader and dominant figure within the community" --

18 MR. KANAREK: May I approach the witness, your Honor?

19 THE WITNESS: I know the question, it is the last one  
20 on the list.

21 BY MR. KANAREK:

22 Q Right.

23 A Read it again, the last page.

24 MR. KANAREK: The last page is the question.

25 THE WITNESS: Right.  
26



1 BY MR. KANAREK:

2 Q I will read the last question again:

3 "Having in mind these assumed facts, do you have  
4 an opinion based on reasonable medical probability  
5 whether her use alone of LSD could be a significant  
6 factor causing Leslie to participate in the La  
7 Bianca homicides?"

8 Do you remember that?

9 A Yes.

10 Q Now, and remember at the beginning of that  
11 question there was reference to the word "political piggy,"  
12 that was part and parcel of that question, the very last  
13 question, right? Having that in mind:

14 Would you tell us what significance the content  
15 "political piggy", the content "pig" -- what significance  
16 the word political piggy and the word piggies in the Beatles  
17 song and the carved words "war" on the stomach of Mr. La  
18 Bianca.

19 What significance do those words have?

20 MR. BUGLIOSI: Ambiguous, also calls for a conclusion.

21 THE COURT: Sustained.

22 13a fls. 21

23

24

25

26

27

13a1

1 Q BY MR. KANAREK: Well, in your opinion in  
2 coming to your opinion, Doctor, did you use those facts,  
3 those assumed facts that Mr. Keith read to you?

4 A Yes.

5 Q Would you tell us, in coming to your opinion,  
6 how did you use these assumed facts that I am pointing out?

7 The word "political piggy," the word "piggies,"  
8 and the word "war"?

9 A That there is a subconscious influence on the  
10 individual in question to further believe that their  
11 cause, their actions, their deeds were as it were, the  
12 thing to do.

13 Q And having in mind that this is the hypothetical  
14 question where you are assuming that Mr. Manson has no  
15 influence whatsoever on the thinking of Leslie, is it a  
16 fair statement that the subculture that you are speaking  
17 of is the subculture that involved certain factors such as  
18 a feeling of being against the establishment, not liking  
19 police officers, not liking to live a 9-to-5 existence,  
20 and so forth?

21 Is that right?

22 A Right.

23 Q Now, would you tell us, when you say a sub-  
24 culture environment, or a subculture background, what do you  
25 mean by that?

26 A Well, a group that has their own values, their

1 own goals, their own slogans, their own meaningful words,  
2 their own things, as it were, invoking certain specific  
3 kinds of emotional attitudes in them.

4 Q And the driving force, or the thought, or the  
5 reality that you are speaking of is not dependent upon  
6 one person in connection with this last question.

7 It is not dependent upon Mr. Manson; it is  
8 dependent upon Leslie Van Houten's total surroundings in  
9 this subculture.

10 Is that a fair statement?

11 A Yes. I don't know where they came from. I  
12 have not been presented any facts to give me any clues to  
13 think where they came from other than this is the way they  
14 struck me.

15 This was my interpretation of them.

16 Whether they came just from hearing music or  
17 where else they came from I don't know.

18 Q Well, you will recall that in this question  
19 Mr. Keith eliminated the presence of Mr. Manson.

20 But he included all of the facts set forth in  
21 the preceding question except those that referred to  
22 Mr. Manson.

23 Now, in the preceding question there is set  
24 forth that on the living room walls of the home, referring  
25 to the first night, were written in blood the words, "Death  
26 to Figs," and "Hise" -- pardon me, the second night.

1 "Death to pigs," and "Rise" and on the  
2 refrigerator door was written "Helter Skelter," all of  
3 this in blood.

4 Now, would your answer be the same that this  
5 was done because of the expression, due to the subcultural  
6 environment of Leslie Van Houten?

7 A I would assume they were terms common to that  
8 particular subculture.

9 How they got to that subculture I don't know.  
10 Who introduced them, I don't know.

11 Q But would you say that these writings that  
12 were done under the influence of LSD were writings wherein  
13 the person who wrote them picked up somewhere back in their  
14 mind, having seen earlier the words "political piggy"?

15 MR. BUGLIOSI: Calls for a conclusion.

16 THE COURT: Sustained.

17 Q BY MR. KANAREK: Now, in your experience with  
18 people who use LSD, have you heard use of the word "pigs"  
19 or "pig"?

20 MR. BUGLIOSI: It's irrelevant.

21 THE COURT: Sustained.

22 Q BY MR. KANAREK: Now, you stated that under  
23 LSD a person gets "new truths."

24 Do you remember that?

25 A Yes, that "truths" is in quotes.

26 Q Right, meaning that these are not truths.

1 A To them they are, yes.

2 Q But they are sort of, it's the kind of thinking  
3 that may motivate the person while under the influence of  
4 LSD, is that right?

5 A And later, yes.

6 Q Pardon?

7 A And afterwards.

8 Q You mean even when they are not under the  
9 influence of LSD?

10 A Yes.

11 Q The chronic user or abuser?

12 A Right.

13 Q And is it your experience that a person who gets  
14 and is motivated by these "untruths" is not a person who is  
15 guided by just one person in the subculture but is guided  
16 rather by many people in the subculture itself?

17 A Yes, it can be.

18 Q Now, you mentioned, for instance, that --  
19 You mentioned Dr. Timothy O'Leary, and you said that  
20 he was -- he was an example of the misuse of LSD,

21 Is that correct?

22 Am I paraphrasing you correctly?

23 A An example of a person who has changed his  
24 values and his orientation as a result of the drugs.

25 Q In other words, it's a misuse.

26 Would you say this was certainly a misuse on

1 his part of LSD?

2 MR. BUGLIOSI: Irrelevant.

3 MR. KANAREK: It has been gone into, your Honor --

4 THE COURT: Sustained.

5 MR. KANAREK: -- without objection.

6 THE COURT: Ladies and gentlemen, do not converse  
7 with anyone or form or express any opinion regarding penalty  
8 until that question is finally submitted to you.

9 The Court will adjourn until 9:30 tomorrow morning.

10 (Whereupon, an adjournment was taken to  
11 reconvene at 9:30 a.m., Thursday, March 4, 1971.)