

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

DEPARTMENT NO. 104

HON. CHARLES H. OLDER, JUDGE

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

vs.

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

Defendants.

198

No. A253156

REPORTERS' DAILY TRANSCRIPT  
Wednesday, March 10, 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>MAXWELL HUGHES, Esq.</del> MAXWELL KEITH, Esq.
For Deft. Krenwinkel:	PAUL FITZGERALD, Esq.

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

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I N D E X

DEFENDANTS' WITNESSES:      DIRECT   CROSS   REDIRECT   RECROSS

HOCHMAN, Joel Simon      26322F   26175F   26348Ke  
   (Reopened) 26176Ka  
   26336   26306B  
   (Reopened)

1 LOS ANGELES, CALIFORNIA, WEDNESDAY, MARCH 10, 1971

2 9:50 o'clock a.m.

3 - - - -

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

6 Will counsel approach the bench, please.

7 (The following proceedings were had at the  
8 bench out of the hearing of the jury:)

9 THE COURT: Mr. Shinn, is there any reason why you  
10 are 20 minutes late?

11 MR. SHINN: There was two wrecks on the Hollywood  
12 Freeway.

13 THE COURT: Whereabout?

14 MR. SHINN: Right on Cahuenga and one right near  
15 Vine.

16 THE COURT: I don't think that is a very good  
17 excuse, Mr. Shinn.

18 MR. SHINN: I couldn't help it.

19 THE COURT: I am not going to accept it any more.

20 I will accept it this morning, but do not  
21 consider that whenever you feel like you don't want to  
22 get here in time you can say there was a wreck on the  
23 Hollywood Freeway.

24 MR. SHINN: You can check with the Police Department.

25 THE COURT: Then start earlier.

26 You kept the whole courtroom full of people

1 waiting for 20 minutes for no reason at all as far as I  
2 can see.

3 MR. SHINN: I'm sorry.

4 THE COURT: All right.

5 MR. KAY: Before I leave, I have been informed that  
6 Attorney General Younger will be available at the start  
7 of the morning session tomorrow at about 9:30 so we won't  
8 have to interrupt anybody.

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1 (Whereupon, all counsel return to their  
2 respective places at counsel table and the following  
3 proceedings occur in open court:)

4 THE COURT: Do you have further examination,  
5 Mr. Fitzgerald?

6 MR. FITZGERALD: Yes. Thank you.

7  
8 NOEL SIMON HOCHMAN,  
9 the witness on the stand at the time of the adjournment,  
10 resumed the stand and testified further as follows:

11  
12 CROSS-EXAMINATION (CONTINUING)

13 BY MR. FITZGERALD:

14 Q Doctor, are you familiar with the music of the  
15 Beatles?

16 A Yes.

17 Q Are you also familiar with the music of some of  
18 the other groups including the Moody Blues, the Rolling Stones,  
19 the Greatful Dead?

20 A Yes.

21 Q And popular artists such as Dillon and Donovan?

22 A Yes.

23 Q Are you familiar, in addition to the music, with  
24 the lyrics of these various artists?

25 A I don't have any committed to memory.

26 Q But are you generally familiar with the content?

1 A Oh, yes.

2 Q Of the various lyrics of the groups and  
3 individual artists that I have mentioned?

4 A Yes.

5 Q To what extent, if any, if you are able to  
6 answer this question, to what extent, if any, did the  
7 music or the lyrics of these various artists or people  
8 influence Leslie Van Houten with respect to the commission of  
9 these offenses, if any?

10 A I think that is an impossible question to answer.

11 It would be impossible for me to measure the  
12 extent to which they would be influenced by the ideas and  
13 the verbalizations of these artists.

14 MR. FITZGERALD: I have nothing further, your Honor.

15 MR. SHINN: I have no questions, your Honor.

16 THE COURT: Mr. Kanarek?

17 MR. KANAREK: Yes, your Honor.

18  
19 CROSS-EXAMINATION

20 BY MR. KANAREK:

21 Q Doctor, you used the word "programmed."

22 That word has sort of come into our usage because  
23 of computing machines in recent years, right?

24 A Yes.

25 Q Can you put yourself back to a time when we  
26 didn't have computers, when we didn't have them the way we

1 have them now? How would you have used, instead of using  
2 the word program, what would you have -- can you use the  
3 word that --

4 A A technical term would be a conditioned  
5 response.

6 This would antedate IBM and also be more  
7 professional. That is to say, a response that you interna-  
8 lize through a variety of repeated learning experiences.

9 For instance, a simple example of that is that  
10 you put your finger into a fire as a child and you learn  
11 immediately that that is pain, so you are conditioned to  
12 respond by taking your finger away from the flame or avoiding  
13 a flame.

14 That is a simple one-trial learning situation  
15 for a conditioned response.

16 And then, obviously, more complex learning  
17 would require more complex conditioning.

18 Q Now, by way of example, say that someone were a  
19 member, for example, of the Ku Klux Klan,

20 A Yes.

21 Q If someone were a member of the Ku Klux Klan,  
22 and some other people in the Ku Klux Klan had done something  
23 improper, say murder, would you say that there would be  
24 criminal liability in a member who didn't participate in the  
25 murder?

26 MR. BUGLIOSI: Calls for a conclusion.

THE COURT: Sustained.

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BY MR. KANAREK: ↓ ↓

1 Q Now, I hope this is close to your language  
2 of yesterday:

3 Someone can tell you to shoot a person but the  
4 decision to do it is your own.

5 Do you remember telling us that yesterday?

6 A Yes.

7 Q What did you mean by that?

8 A Well, there are two elements in a decision by  
9 any individual, a conscious and an unconscious element.

10 If someone tells you to do something, then you  
11 consciously attempt to weigh the factors, using ego  
12 function as examples I cited yesterday.

13 And then you try to arrive at a decision based  
14 on your conscious thought.

15 Unconsciously there are also factors that  
16 enter into that decision, feelings that you are vaguely  
17 aware of or are not aware of at all, impulses you may or  
18 may not be aware of.

19 The psychological theory is these unconscious  
20 elements most often play a larger part in the decision  
21 than the conscious.

22 In any case the actual decision occurs within  
23 your own psychology.

24 The other person acts as a stimulus to you.

25 The processing and the eventual result, to use  
26 ↑ ↑

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1 a computer model, must remain inside yourself. ✓ ↓

2 Q And so are you telling us then in layman's  
3 language that when someone takes a knife and stabs,  
4 that the decision to do that is a personal decision,  
5 when that stabbing takes place?

6 A In the ultimate analysis, it is.

7 Q It is a personal decision of the person who  
8 is doing the stabbing?

9 A Yes.

10 Q Now, can you give us an example other than -- ↑ ↑  
11 Say we back off from the situation where there  
12 is a passing away of a human being, where there is a kill-  
13 ing of a person.

14 Would a -- can you give us some other example  
15 or examples of this conditioned response that you are  
16 thinking of?

17 A Well, I think that my pie example, to be very  
18 simple about it, could be used again.

19 The conditioning that one would lend to the  
20 decision whether or not to eat the whole pie, to follow  
21 the impulse to devour the entire pie, the conditioning  
22 that would come in opposition to that would be all of the  
23 lessons you learned from your parents, society, your  
24 nursery school or Sunday School teacher about greed,  
25 selfishness, about delaying gratification, about not  
26 eating the whole pie at once.

1                   And these would be the conditioned restraints  
2 or the learned behavior, if you like, against following  
3 your impulse.

4           Q       And so if you ate the pie, you would be doing  
5 it on your own; that would be a personal decision?

6           A       Yes, you would be psychologically speaking,  
7 your id would be dominating your superego restraints,  
8 and, through the agency of the ego, would be eating the  
9 pie, the whole pie, not just one piece.

10          Q       When you are saying ego, in that sense, are  
11 you using it in the --

12          A       -- the psychoanalytic sense.

13          Q       Can you give us the psychoanalytic definition  
14 of ego?

15          A       It is thought to be that portion of function  
16 that mediates between the impulsive aspect of the person-  
17 ality and the restraining portion of the personality.

18                   It has both unconscious and conscious elements.

19                   Your ego has portions of which you are aware,  
20 since the self or thing are elements you are aware of,  
21 but there are also elements you are still unaware of that  
22 are in operation and mediating between these two portions  
23 of your psychology.

24          Q       Now, my notes indicate that you spoke about  
25 treatment for LSD.

26                   Can you tell us what treatment is there for

1 the chronic user or abuser of LSD?

2 A I don't recall mentioning treatment for LSD.

3 Q I think you stated something that you were  
4 engaged in activities involving the treatment of people  
5 who were chronic --

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6 A Chronic drug users.  
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Q Yes.

A Yes. Well, let's make the distinction.

I see the use of drugs as strictly a symptom.  
I don't think there are any drug problems per se.

I think there are only drug symptoms. There are people problems that express themselves in the taking of drugs inappropriately or with inappropriate results.

So we treat people whose symptoms happen to have been, perhaps, drug abuse, but we find that this class of individuals frequently have some common denominators so we can talk about treating a class of drug abusers.

Q So if a group of people, the group of people are taking LSD --

A Yes --

Q And this group of people congregate together, you would say that the group, the individuals in that group have some kind of problem, because the taking of the LSD is merely a symptom?

A Well, I want to further distinguish between the taking of LSD and the symptomatic taking of LSD.

Now, we know that a large percentage of the young people in this country, from Gallup Polls and other polls, have taken LSD at least once.

The last result, 15 per cent of those under 30 years of age, in the latest study.

1           We can hardly say 15 per cent is symptomatic.  
2           That is foolish and inappropriate judgment.

3           But there are individuals within those who  
4           experimeted with the drugs who are symptomatic, who are  
5           psychologically disfunctioning, who are not maintaining  
6           their adaptation to society, who cannot function  
7           psychologically, who have other expressions of dysfunction.

8           And these people are what I would call LSD  
9           abusers or symptomatic LSD users.

10          Q       And what would be the treatment of the people  
11          wherein the symptom is the chronic use or abuse of LSD?

12          A       Well, I will give you a little anecdote.

13                 I worked at Camarillo, running the adolescent  
14          drug unit out there for six months several years ago --  
15          '68, I guess it was.

16                 Whenever a drug user was committed for 90 days'  
17          observation, my first question to him always was:

18                 "All your friends are smoking marijuana; why  
19          are you here? What is it inside of you that brought you  
20          to the attention of the law or the courts or psychiatry?"

21                 Very shortly my goal was to get away from dia-  
22          cussion of drugs altogether and discern what was it inside  
23          that individual that was emotionally symptomatic that caused  
24          him to seek the symptomatic use of drugs.

25                 So all of my treatments of patients have been  
26          person oriented, not drug oriented. The drugs are a red

1 herring.

2 Q Taking, for instance, Leslie Van Houten, in order  
3 to treat Leslie Van Houten for this problem, the chronic  
4 use and/or abuse of LSD, would require her to go under some  
5 kind of analysis.

6 Is that what you are saying?

7 A Well, I think optimally, an intensive psycho-  
8 analytically oriented relation therapy would be the treatment  
9 of choice, yes.

10 Q And then I gather that you are saying that the  
11 treatment that you have spoken of, this treatment of people  
12 rather than of the symptom --

13 A Uh-huh.

14 Q -- would involve -- would involve the psychiatric  
15 techniques.

16 A Yes.

17 Q Is that correct?

18 A Yes.

19 Q And would this involve any kind of use of  
20 drugs, or what does this generally involve other than  
21 getting some kind of relationship with an analyst?

22 A Well, there are some people who feel that the  
23 acute, bad reactions to LSD are best handled with major  
24 tranquilizers such as thorazine.

25 Others, who are perhaps more expert, feel you  
26 can do just as well talking with someone who is bad tripping.

1           In my experience that is true.

2           So my personal approach is not to use drugs at  
3 all. I would rather substitute a relationship for a drug,  
4 and not interfere with that by substituting another drug,  
5 if they come in with a drug problem; that means looking  
6 for something through drugs, and I would rather not augment  
7 that personal approach.

8           So I personally do not use drugs in treatment  
9 of people who have had drug abuse.

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1 Q Would you tell us what Leslie Van Houten has  
2 spoken to you about, what she has said concerning Mr.  
3 Manson?

4 A May I read you my notes on that?

5 Q Certainly. Certainly.

6 A The words that come to mind -- let's see --  
7 the words that come easily to mind to me about her  
8 statements about him were her adjectives like beautiful,  
9 peaceful, serene, together.

10 Then she would describe him as having a total  
11 awareness. Totally on top of his thought is a phrase  
12 that all of them he used.

13 I am not sure what that means exactly but I  
14 have a feeling for it.

15 She describes him as beautiful, but not in a  
16 physical sense.

17 I will remind you what she said yesterday about  
18 his being short and that turned her off a little bit. He  
19 wasn't pretty like Bobby.

20 These are the things that come immediately to  
21 mind.

22 She talked very briefly about his philosophies  
23 or philosophizing, but denied any particular interest of  
24 her own in that because she had always seen herself as not  
25 intellectually inclined or philosophically bent.

26 Further, she denied later being influenced by

4-2

1 him, in the general category of not being influenced by  
2 anyone, not trusting anyone, having no trust for anyone  
3 since Sadie did what she did, quote unquote.

4 Q Can you tell us what you, as a psychiatrist,  
5 believe was going through Leslie Van Houten's mind from the  
6 time she entered the La Bianca home until she started  
7 the stabbing?

8 MR. BUGLIOSI: That is too broad and ambiguous.

9 MR. KANAREK: He is the psychiatrist, your Honor.

10 MR. BUGLIOSI: Calls for a conclusion.

11 MR. KANAREK: He has spoken with the lady. He has  
12 made his analysis. He, if anyone, can give an opinion.

13 THE COURT: Are you able to answer such a question,  
14 Doctor?

15 THE WITNESS: On the basis of an assumption, yes,  
16 your Honor.

17 On the assumption that she was on LSD, I think  
18 I would have some feeling or some opinion of what was going  
19 through her mind.

20 MR. KANAREK: Yes. Assume that, Doctor. I think  
21 we can all agree that that is the case.

22 MR. BUGLIOSI: Wait a while. I object to that  
23 question.

24 THE COURT: Just a moment.

25 There is no such agreement, Mr. Kanarek.

4a fls 26

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1 MR. KANAREK: Very well.

2 Q Assuming, Doctor, that she was under the  
3 influence of LSD, would you give us the answer?

4 A Yes.

5 Her description of what was going on, I think,  
6 would be compatible with an average LSD experience.

7 There is the presence of a lot of what we call  
8 in psychiatry primary process thinking.

9 Now, that is the kind of thinking that a child  
10 does or an infant does. Not an infant, but say two or  
11 three years old at the oldest. Thinking in immediate  
12 response to immediate stimulus. Thinking without a sense  
13 of well-defined self. Thinking in association, in free  
14 associations. Following stimuli.

15 I think that kind of thinking would be  
16 characterized by kind of an innocence where one could  
17 actually see a murder scene or someone tied up, as she  
18 alleges to have seen it, and respond with the kind of a  
19 simple surprise.

20 "Oh, wow."

21 I think that is the kind of thing that was  
22 going on when she first came in, as she describes it.

23 Now, her thinking during the commission of the  
24 murders, I could only speculate about again, and take on  
25 the basis of what she has told me.

26 I think that her thinking was even more  
primitive at that point, driven by impulses or emotional

1 content inside herself, not too much organization in the  
2 thinking. It is more reflexive than reflective. Thoughts  
3 coming in a rush without too much organization.

4 This is what she describes to me,

5 Q And would you define the difference or tell us  
6 the difference between reflexive and reflective?

7 A Reflective thinking is not a psychological  
8 term. It is my own term.

9 It is kind of a general term for the sort of  
10 thinking you do when you have a strong sense of self. Your  
11 thinking is goal-directed. You have some goal in mind in  
12 what you are thinking about.

13 Like: What am I going to have for supper  
14 tonight? And I am thinking about the possibilities.

15 That is in contrast to reflexive thinking, which  
16 is like thoughts immediately in response to some stimulus  
17 without a direct, without an organized train of thought.  
18 To think about food and think about something you had last  
19 week, and then the next thought is: Where are you going this  
20 week? And the next thought is this kind of thing. Without  
21 too much logical connections that we could say was con-  
22 sidered or goal-directed.

4b

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4b-1

1 Q Your medical psychiatric opinion is that  
2 Leslie was -- her action was reflexive at the time when  
3 she did what she did in connection with Mrs. La Bianca?

4 A I think it was more primitive thinking than  
5 it was what we would call secondary process or adult level  
6 thinking.

7 Q When you use the word "primitive" in that  
8 sense, Doctor, what do you mean?

9 A I am referring again to that level of child-  
10 like thought, or early childhood thought, where it is not  
11 well organized and not goal-directed and the sense of  
12 ego isn't strong to constrain and edit and limit the  
13 direction of the thought process.

14 Q You mean, like, for instance, would this be an  
15 example. Where a little child might take an expensive  
16 crystal, a piece of crystal, not thinking, not knowing  
17 anything about it, and throw it on the floor? Just  
18 something like that?

19 A That would be a good example of child-like  
20 thinking and child-like action, with poor restraint, a  
21 more impulsive thought.

22 I was going to give you an example, a more  
23 common experience, if you ever have seen someone with a  
24 high fever, where they are kind of delirious, free-  
25 associating, that you can't often follow or doesn't make  
26 sense to the listener.

4h-2

1 Q Is the word "primitive," Doctor, as you use it,  
2 is that a psychoanalytic term?

3 A Yes. It is a term used in psychoanalysis.

4 Q Now, you said -- you gave us some French term  
5 for a group of three?

6 A Yes. Menage a trois.

7 Q And then there is a word for a group of four?

8 A Menage a quatre.

9 Q Is there some word for a group of 50? Does  
10 psychoanalysis cover large groups?

11 A Well, I don't think we have ever thought that  
12 large, but there must be a French word for 50.

13 Q Say there is a group of 50 people who are  
14 together some way or another, they live together. Is  
15 there any particular term for it, Doctor?

16 A No.

17 Q For a large group of people?

18 A A menage.

19 Q A menage?

20 A Yes.

21 Q And what is a menage?

22 A It is a group. It is French for a group, a  
23 collection, a mix.

24 Q I think you said words to the effect that Mr.  
25 Manson's philosophy was not Leslie Van Houten's trip;  
26 words to that effect, Doctor.

4b-3

A No.

1  
2 I said that she stated that she wasn't  
3 tripping on philosophy. That wasn't her thing. She wasn't  
4 inclined to be philosophical.

5 Q Now, having all of the background of Leslie  
6 Van Houten, having everything that you know about her,  
7 including your examination of her, would you say that is  
8 true, that she is candid when she said that she is not  
9 an intellectual type person?

10 A I would say she is terribly intellectualizing  
11 in the psychological sense, that she uses intellectual  
12 mechanisms and activities to defend herself psychologically.

13 But I would say it is true that she is not  
14 truly intellectual.

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4el 1 Q What is the difference between intellectualizing  
2 and being intellectual, Doctor?

3 A Intellectualizing is the psychological process  
4 in which you rationalize everything you do. You have an  
5 excuse or explanation for yourself. It is called  
6 intellectualization, finding rational reasons for what you  
7 are doing, ignoring any emotional or impulsive aspect of it.  
8 That is the psychological term.

9 Being intellectual is a very general and hard  
10 to define term. I am not sure that anyone agrees in what  
11 that means. But I would personally think that would mean a  
12 fondness and inclination, a pleasure with matters that are  
13 intellectual, reading, study, scholastic pursuits with  
14 knowledge for the sake of knowledge.

15 I don't think that is her. I do think she is  
16 rationalizing and highly intellectualizing.

17 Q And rationalizing, is that another word for  
18 intellectualizing?

19 A Yes. I think those are synonymous, essentially.

20 Q Now, do you, having examined Leslie and knowing  
21 everything that you know so far concerning this case,  
22 Doctor, would you say that her feelings toward Bobby  
23 Beausoleil were stronger feelings than her feelings for  
24 Charles Manson?

25 I am now speaking in the romantic sense, Doctor.

26 A I think her relationship with Bobby, in some

1 way, was more romantic, but also perhaps more superficial.

2 I think her relationship with Mr. Manson was more  
3 psychologically rooted and more profound, perhaps, in that  
4 way.

5 Q When you say profound, Doctor, what do you mean?

6 A Deeper, more pervasive, more essential,  
7 psychologically speaking.

8 Q What is that word "essential"?

9 A It means going to her essence, her psychological  
10 essence.

11 Q E-s-s-e-n-t-i-a-l?

12 A Yes.

13 Q Well, Doctor, do you feel that she considered  
14 Bobby Beausoleil to be -- that she considered him not only  
15 romantically, but she considered him as a brother in the  
16 sense that she was living with him along with the other  
17 people at the Spahn Ranch?

18 A Yes. But I think that the kind of charisma,  
19 the kind of power that he was assigned by her, because of  
20 her psychology, was not as great as that of Mr. Manson.

21 Mr. Manson's influence seemed to be, seemed to  
22 meet more of her psychological needs, I would speculate.

23 Q When you say Mr. Manson's influence, what are you  
24 basing this on?

25 In other words, upon what do you base that  
26 feeling of influence?

1. A Well, I have to be candid with you that my  
2. feelings --

3. Q That is what we want, Doctor. We want you to be  
4. candid.

5. A I want to say that my feelings about that are  
6. changing as I have come to know more about the situation.

7. Last night I interviewed the other two girls,  
8. and some things happened there that gave me some additional  
9. insight, I think, on Leslie.

10. Like the repetition by the other two girls of  
11. certain key phrases. Certain words were used exactly the  
12. same way by all of them, quoting Charles Manson.

13. It seems that he still, at least in terms of the  
14. verbalizations, has a very important influence upon them.  
15. His ideas seem to be there, whether they are aware of it or  
16. not.

17. Even to the extent of the same terminology,  
18. repeated hours apart from one another, without knowing that  
19. the others are talking about the same phrases, about the  
20. same things.

21. Q Now, having in mind, Doctor, having that in mind --  
22. let me withdraw that.

23. For instance, in American history there was an  
24. expression that we probably all remember: Tippicanoe and  
25. Tyler, too.

26. Do you remember that?

A Yes.

1 Q Would you say that everyone who was for  
2 President Tyler, or something like that, what they did  
3 would not go upon the shoulders of President Tyler who  
4 happened to be running under that slogan; is that right?

5 MR. BUGLIOSI: Irrelevant. Calls for a conclusion.

6 THE COURT: And it is also ambiguous.

7 Sustained.

8 MR. KANAREK: Q We are engaged here in a, supposedly,  
9 criminal trial.

10 A Yes.

11 Q Where we are trying to assess criminal  
12 responsibility.

13 So, because someone happens to repeat and happens  
14 to say what other persons happen to feel or say, Doctor,  
15 does not mean that the person who is being quoted has  
16 criminal responsibility for the acts of the person doing  
17 the quoting; is that right?

18 MR. BUGLIOSI: Ambiguous and irrelevant.

19 THE COURT: Sustained.

20 MR. KANAREK: Q Tell us, Doctor, tell us the  
21 statements that were common that these other girls mentioned  
22 to you.

23 A In describing Charles as -- he was like an  
24 empty or open hole. They repeated this frequently, all of  
25 them.

26 In describing him as being on the bottom looking

up.

Describing him as being total awareness.

Describing frequent and incessant proclamations that everything is now, there is no time, there is no future and there is no past.

There is no reality. The social consciousness is going psychotic.

And a variety of other things.

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1 Q Have you heard a song that is popular like  
2 right today, where, in part of the language of that song  
3 is:

4 "Tomorrow is out of sight and yesterday  
5 is gone."

6 Have you heard that song?

7 A No, not that one.

8 Q But, in other words, this type of thinking is  
9 certainly not unique?

10 A No.

11 Q To Charles Manson?

12 A No, by no means.

13 Q This type of thinking permeates the youth of  
14 our country all the way from Maine to California and from  
15 Washington to Florida, right?

16 A Yes, yes.

17 Q And part of this thinking has to do with the  
18 Vietnam War, with the strife that is going on in this  
19 country between various groups.

20 Is that right?

21 A Yes.

22 Q And so, is it a fact that you personally as  
23 a psychiatrist have observed this type of phenomenon in  
24 many many subjects?

25 A What I am uncomfortable about now is the idea  
26 that there is conscious intentionality involved in this.

5-2

1 I have not talked to Mr. Manson; I have no idea  
2 what his intentionality was, consciously.

3 I do know all of these girls have a history of  
4 a persistent search for something, some activity or some-  
5 one to fill their psychological needs.

6 I think that this search ended up on the Spahn  
7 Ranch, on the volition -- that is the incorrect word.

8 On the motivation of their unconscious contents,  
9 their psychological contents.

10 Mr. Manson seems to fit their needs much better  
11 than anyone else.

12 Now, what part of that was intentional on his  
13 part I have no idea; I can only speculate.

14 The part that was lying dormant or latent  
15 inside of them, I think I can speak to and I think it is  
16 obviously there and it was always there.

17 So I don't want to be the indicter of anyone.

18 I am merely describing a psychological content  
19 of what I think happened there.

20 Q If I want to play football and I am a good  
21 football player in high school, in Nebraska, I might end  
22 up at USC or UCLA -- in fact, a whole group of people from  
23 parts of the United States and perhaps the whole world  
24 end up in various institutions of learning because of some  
25 common -- some common desire to, say, play football or  
26 basketball?

5-3

1 A Yes.

2 Q Or study theology?

3 A Yes.

4 Q Or literature, right? Isn't that correct?

5 A Yes.

6 Q Now, no human being has the power to program  
7 the whole world, does he?

8 A Not to my knowledge.

9 Q No human being has a magnet --

10 The Spahn Ranch, after all, as we look back,  
11 if we look back a few years, no one -- no one even heard  
12 of the Spahn Ranch, right?

13 A Right.

14 Q You did not hear of the Spahn Ranch until  
15 these matters came to your attention.

16 Is that a fair statement?

17 A That is correct.

18 Q So that Mr. Manson or Mr. Spahn or whoever it  
19 was at the Spahn Ranch had no power, I guess we can agree  
20 on that, to just go out and drag people in because of some  
21 -- of some strange Far Eastern force, metaphysical force.

22 MR. BUGLIOSI: Ambiguous, calls for a conclusion.

23 THE COURT: Sustained.

24 BY MR. KANAREK:

25 Q Now, for instance, are you familiar with the  
26 Fountain of the World?

5b-3

1 Q Now, I gather that in your work you have -- you  
2 have --

3 You have had subjects outside of drug involve-  
4 ment who have had problems with the opposite sex, or they  
5 had some kind of an underlying psychiatric or psychological  
6 problem involving focus on another human being, either a  
7 man or a woman, right?

8 A Yes.

9 Q Now, it is not limited to these three girls,  
10 is it, the fact that they may like a man who tells them to  
11 get lost.

12 The more he tells them to get lost, the more  
13 they like him.

14 Isn't this sort of outside of the Spahn Ranch --  
15 this phenomenon exists in our society?

16 MR. BUGLIOSI: Assuming facts not in evidence.

17 THE COURT: Overruled, you may answer.

18 THE WITNESS: Yes, you see, this condition typically  
19 in the masochistic personality and very commonly in the  
20 alcoholic's wife, one of the major tasks I have had in  
21 the past in dealing successfully with an alcoholic's wife  
22 is to get her to look at the point that it is her that is  
23 keeping her there.

24 That it is the part of her that is inflicting  
25 this kind of sabotage or punishment upon herself.  
26

1 BY MR. KANAREK:

2 Q And so outside of the focus of the fact that  
3 this being a murder trial, there is really -- in these  
4 relationships, as far as these girls are concerned, there  
5 is sort of a relationship with Mr. Manson that a lot of  
6 females have as far as the opposite sex is concerned?

7 A Yes, historically there is no question they  
8 have tremendous appeal, I think, on a psychological basis  
9 to a large number of girls who share some of the same  
10 psycho dynamics.

11 Q Now, may I ask you, having --  
12 There lurks in this picture a man named Mr.  
13 Watson, right?

14 A Yes.

15 Q You know, it's part of this record and part of  
16 what, you know, there isn't much talk here about Mr. Watson,  
17 but he, for instance, he has been portrayed to us as a  
18 190-pound person from Texas, a man with some college  
19 education.

20 Do you know all of that?

21 A I have heard that.

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1 Q All right, what is your opinion, do you have an  
2 opinion as to the effect of the presence of Tex Watson in  
3 these events?

4 A No, I don't.

5 I only have one feeling or response to that,  
6 and that is an observation as a psychiatrist that there is  
7 not much said or made of him in the discussion of the girls,  
8 which then is indirect evidence to me as a psychiatrist  
9 that he is not assigned a terrible amount -- a large amount  
10 of psychological importance.

11 Q Now, by psychological importance, what you are  
12 talking about is in terms --

13 What do you mean by that, psychological impor-  
14 tance?

15 A Well, I know if someone talks about something  
16 continuously, I would say that is of importance to them  
17 psychologically.

18 If they are preoccupied with something, I would  
19 say that is important.

20 If they never discuss something, then there are  
21 two possibilities:

22 There is a repression of the subject, or it is  
23 not important.

24 I find no evidence that they are repressing any  
25 feelings or opinions or data about Tex Watson. There is kind  
26 of an indifference to him.

1 Q To Mr. Watson?

2 A Yes, relative to the amount of time and energy  
3 and psychological energy that is expended on Charles Manson.

4 Q Now you know, of course, that Mr. Watson has not  
5 come to trial yet.

6 A Yes.

7 Q And directing your attention --

8 Would you say that Mr. Manson was a father  
9 figure?

10 A I think unquestionably.

11 Q Now, if I have my father, that I have had a  
12 relationship for a long time with, and I go out and commit  
13 murder and I have someone with me who actually has tied  
14 someone up, as Mr. Watson did.

15 Would you say that as far as the actual event  
16 of the murder is concerned, the triggering of that murder,  
17 that Mr. Watson's presence there in doing what he did,  
18 keeping in mind the primitive -- that type of reaction that  
19 I have spoken of -- would you say as far as the actual  
20 murder is concerned what Mr. Watson did is of much greater  
21 significance in connection with those murders than the fact  
22 that I had a father figure somewhere?

23 MR. BUGLIOSI: Assumes facts not in evidence,  
24 ambiguous, calls for a conclusion.

25 THE COURT: And compound.

26 Sustained.

1 Q BY MR. KANAREK: You have told us, Doctor, you  
2 have told us that when Leslie committed -- did what she did,  
3 with the knife, that she was at an animal level.

4 A That is what she told me.

5 Q And I gather your analysis, and your medical  
6 opinion as a psychiatrist is that that is the truth?

7 A That would be commensurate and compatible with  
8 primary process thinking and that would be typical of an  
9 LSD experience at certain intense points.

10 Q And so as you sit there on the witness stand,  
11 your statement is that that is the truth. That is your  
12 reasonable medical opinion, is that correct, that she was  
13 operating at the animal level?

14 A I must admit I am not totally convinced.

15 There is no way of convincing me -- no evidence  
16 convinced me they were on LSD.

17 I have only their description, the description  
18 fits what I know.

19 It makes sense to me, but I cannot be absolutely  
20 certain it is true.

21 If it is true, then I would say what you say is  
22 correct.

23 Q Well, assuming, Doctor, assuming that -- that is  
24 part of our assumption here that she was under the influence  
25 of LSD --

26 A Yes.

1 Q -- then, taking that, all of that into  
2 consideration, would you say that she was operating  
3 at what you have told us, you used the words, you say she  
4 used, she used the words "animal level"?

5 A Yes, behaving like an animal, animal function  
6 are the exact words she used.

7 Q All right, then, do you believe as you sit there  
8 now on the witness stand that such was in fact the case,  
9 that she was functioning at the animal level?

10 A With that assumption, yes.

11 Q All right, now, is it a fact that the triggering  
12 mechanism, when someone is under the influence of LSD, as  
13 to what they do, whether they step out of a 13-story window  
14 or whether they stab someone, that in the context of events  
15 as they are unfolding, there is a triggering mechanism?

16 A I would be hard pressed to convince myself of  
17 the triggering effect of a single factor in that situation.

18 As I have said before, I think that what  
19 happened --

20 I think whenever -- whatever happens under a  
21 psychedelic trip is the influence of the pharmacological  
22 effect of the drug, the psychological set of the individual  
23 who ingested that drug, and the environmental stimuli and  
24 circumstances in which they find themselves.

25 Q All right, then, analyzing those three factors  
26 at the La Bianca home --

1 A Yes.

2 Q -- is it for instance the environmental factors --  
3 One very important environmental factor would  
4 certainly be when she walks into the room and sees a  
5 subject, a person tied behind his back with Mr. Watson  
6 standing there, a person, a brother of hers that she  
7 lives with?

8 A Yes.

9 Q That would certainly be a very important part  
10 of the environmental factor, right?

11 A Yes.

12 Q And she then goes into a room; she then goes  
13 into a room and functions at an animal level?

14 A Yes.

15 Q That is part of the result of being a chronic  
16 user and abuser of LSD, is that right?

17 A No, I would say that is more of the result of  
18 the acute effects of the drug.

19 Q The acute effects of the drug right now upon  
20 her --

21 A Yes.

22 Q -- somewhere in her brain?

23 A Yes.

24 Q Is that right?

25 A Yes.

26 Q All right, now, when she does that, when she does

1 what she did, the effect of Mr. Watson in that scene is  
2 much more profound than the fact she has a father figure,  
3 whether he is in Inglewood or Mobile, Alabama or the Spahn  
4 Ranch.

5 A I would not agree with that.  
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1 Q All right.

2 Then you tell us why that isn't so.

3 A The question remains why they were there in the  
4 first place. What was influencing that decision or that  
5 course of action.

6 The question remains what part of her values  
7 has she given -- what part of her values have been solidified  
8 or made more specific through the ideas, concepts and words  
9 of the others, particularly Mr. Manson.

10 From the psychological point of view, in the  
11 unconscious, as I pointed out, there is no time or  
12 distance. So, the father is with you everywhere you go.  
13 How you deport yourself from now is a function of how you  
14 feel, your parents wish you. They are with you even when  
15 they are 20 years dead.

16 So, in that sense, psychologically speaking,  
17 Manson was with them whether he was there or not.

18 Q Manson was with them, but so may a military  
19 figure or so may be the President of the United States or  
20 Genghis Khan.

21 A No, I don't think those people, those figures,  
22 have as much psychological importance as the extensive,  
23 exquisite importance of one's parents, parent figures and  
24 parent surrogates.

25 Q So you are saying that Mr. Manson was a father  
26 figure to these people?

6-2

1 A Yes. He was a surrogate for the originals.

2 Q But if Mr. Manson was in bed sleeping with a  
3 girl named Stephanie Schram and these people went off and  
4 did what they did, you certainly -- I think we would agree  
5 that Mr. Manson would have no criminal responsibility  
6 for what went on in that house.

7 MR. BUGLIOSI: Oh, that calls for a conclusion.

8 THE COURT: Sustained.

9 BY MR. KANAREK:

10 Q Now, I show you People's Exhibit 93.

11 And if I tell you to assume that this is Mrs.  
12 La Bianca -- do you see that?

13 A Yes.

14 Q Do you see those stab wounds?

15 A Yes.

16 Q On the buttocks area of Mrs. La Bianca?

17 A Yes.

18 Q Now, looking at those wounds, Doctor, would  
19 you say that -- am I pronouncing this right -- persevera-  
20 tion?

21 A Yes.

22 Q Would you say that that was, that those wounds  
23 are an example of perseveration, assuming that Leslie Van  
24 Houten was under the influence of LSD?

25 MR. BUGLIOSI: Ambiguous and calling for a conclusion.

26 MR. KANAREK: Your Honor, he has all the evidence in

6-3

1 front of him.

2 THE COURT: Well, I think that is only one assumption.

3 What are the other assumptions implicit in the  
4 question?

5 I think there is no foundation for the ques-  
6 tion, Mr. Kanarek. You will have to indicate what assump-  
7 tions the doctor is basing his answer on.

8 MR. KANAREK: I will be glad to.

9 THE COURT: Are you assuming all the facts in the  
10 hypothetical question, for example?

11 MR. KANAREK: Well, your Honor, he has spoken of --  
12 I don't think we are limited, your Honor, to --

13 THE COURT: I am merely indicating to you the problem,  
14 Mr. Kanarek.

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15 Reframe your question.  
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1 MR. KANAREK: Well, let's do it that way.

2 Q Let's assume in the interest of -- you have  
3 read the hypothetical questions?

4 A Yes.

5 Q All right.

6 Let's take first, Doctor, the first hypothetical  
7 question.

8 Do you have that in mind?

9 A Yes.

10 Q And then add to that those set of assumed facts.  
11 Assume that that is Mrs. La Bianca after she  
12 passed away, and those are the stab wounds that you see in  
13 that colored photograph.

14 Would you say that that is an example of the  
15 phenomenon that you have called perseveration in your  
16 testimony?

17 A Assuming that the person who inflicted these  
18 wounds was under the influence of LSD.

19 I would call that perseverative behavior.

20 Q Now, Doctor, at the time, then, at the time  
21 that those wounds were being inflicted, she was at the  
22 animal level that you are speaking of.

23 Was Mr. Manson in her mind? Can you give us  
24 your reasonable medical opinion?

25 A I think that nothing was in her mind except  
26 reflexive responses to the stimulus that was going on at

1 the moment.

2 Q OF what was going on, including having just,  
3 moments before, seeing Mr. Watson next to a male person  
4 that was very tied up? And by tied up, I mean literally  
5 tied up, very tied up, with his hands behind his back.

6 A Yes, she had seen that earlier.

7 Q Now, if you can, Doctor, having in mind this  
8 perseveration, before the first wound was inflicted,  
9 Doctor, if you take the assumed facts that you have read,  
10 would you say the triggering mechanism for the very first  
11 movement of that knife was Mrs. La Bianca with the upraised  
12 lamp in the immediate physical proximity of Leslie Van  
13 Houten?

14 A I would say that Mrs. La Bianca's move  
15 triggered Leslie's fighting response.

16 Q Which was the movement with the knife?

17 A To knock her down, to get on top of her, to  
18 cover her up with a pillow.

19 But I don't have, in my own mind, a satis-  
20 factory explanation of what might have triggered the actual  
21 stabbing.

22 Q Well, if, Doctor, on top of that, you include  
23 the yelling of the words "I am going to call the police,"  
24 or "Police," or "Help," to a person who is under the  
25 influence of LSD, having chronically used it and abused it  
26 for a long period of time, do you have an opinion as to

1 whether that would be a triggering mechanism?

2 A If, indeed, she was experiencing as much fear  
3 and paranoia as she alleges to have been experiencing under  
4 the influence of the drug, then "Police, police, police"  
5 might have done that.

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1 Q If I may, Doctor, I have here --

2 May I approach the witness, your Honor?

3 THE COURT: You may.

4 (Mr. Kanarek approaches the witness.)

5 Q BY MR. KANAREK: I have People's Exhibit 237,  
6 which I believe is an autopsy picture.

7 The color photograph is taken at the home, and  
8 this one is taken at autopsy.

9 If you would view that, Doctor.

10 (Witness views.)

11 A Yes.

12 MR. KANAREK: And People's 233.

13 THE WITNESS: Yes.

14 Q BY MR. KANAREK: Having viewed those pictures,  
15 Doctor, would you say -- and assuming the other facts that  
16 we have spoken of -- that this is -- what we view here -- is  
17 an example of perseveration that you have spoken of?

18 A With the same assumption, yes.

19 Q Now, you have spoken, Doctor, you have said --  
20 you mentioned the word fear, that Leslie Van Houten had,  
21 that she spoke to you about.

22 A Yes.

23 Q Do you have any reason -- tell us candidly --  
24 do you have any reason to believe she is not telling you the  
25 truth when she tells you what she is saying she recalls  
26 concerning these events just prior to the time that the

1 stabbing movement took place?

2 A Yes, I have. I have a feeling. I can't give it  
3 rational basis for being dubious.

4 Q All right.

5 Tell us why you are dubious, Doctor.

6 A Because there has been so much lying. Because  
7 there have been so many versions. Because there is so little  
8 trust in her relating to anyone. Because it is in her  
9 interest to be lying. Because it is not without precedent  
10 in this courtroom.

11 That is on the side that makes me disbelieve.

12 There is a side, there is an argument that makes  
13 me believe it in terms of the coherency of the story and  
14 the spontaneity with which she produced certain details which  
15 do affirm what I would have been looking for as an LSD  
16 experience, because what she describes is so typical of  
17 the LSD experience and the kinds of emotional experience  
18 people have to specific stimuli during the experience.

19 Because it would be easier for me to understand  
20 rationally such an action, which is basically an irrational  
21 action. To understand the irrationality.

22 Q I am sorry, Doctor. Would you say that again?

23 A It makes it easier for me to comprehend this  
24 kind of irrationality.

25 Q Yes.

26 A It seems that the degree -- well, I don't want

1 to go into it much further.

2 This is a terribly irrational act, this number  
3 of wounds.

4 Q It is a terribly irrational act; right?

5 A Yes.

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

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

10 The Court will recess for 15 minutes.

11 (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 Q You were speaking, Doctor -- and I am sorry if  
6 I didn't hear correctly, but I don't want to paraphrase it  
7 improperly -- you said something concerning the lies that  
8 have gone on in the courtroom, or something like that;  
9 right?

10 A Yes.

11 Q How do you know there are any lies as to  
12 matters where you were not here?

13 A Based upon what the girls have told me.

14 Q All right.

15 Now, beginning with Leslie Van Houten.

16 A Yes?

17 Q Would you tell us where has she told you she  
18 lied?

19 A Let's see.

20 I have a great deal of information going through  
21 my head from all three, so I have to sort it out as best I  
22 can.

23 My statement was based mainly on what Sadie  
24 told me last night.

25 She said, you know, I have lied. I lied on  
26 the stand.

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She said: I was mealymouthed on the stand.

Those are her exact words in talking about the Hinman murder.

That she indeed was used to violence. That she had been in the street scene.

She testified that she had not been used to violence. She said that was not true. She lied.

She said that when she talked to Roni Howard and Virginia Graham that she had blown -- she used Manson, she said, to instill fear into these women that she felt frightened of in the jail situation, so that they would leave her alone.

She felt that the prosecution had told lies in advancing the Helter Skelter theory.

Those are the things that I immediately think of.

Q Well, now, you are saying, Doctor, you are saying -- let me back off.

Would you say that circumstances, in evaluating a situation, like you have used the word "relationship," which is a circumstance -- that circumstances are much more significant in evaluation than the mere words that may be uttered by a human being?

A It is the psychiatrist's tools.

Q Pardon?

A The psychiatrist's use of non-verbal messages are

1 one of the most important tools in psychiatry.

2 Q So the mere utterance that I did this or I  
3 didn't do it, that I went to Topeka or I didn't go to  
4 Topeka, those mere words, without circumstances and rela-  
5 tionships, are of little value; is that correct?

6 A They are isolated, yes.

7 Q Now, having in mind, Doctor, having in mind all  
8 of the circumstances, the circumstances that you see here,  
9 that you see concerning these events, having knowledge,  
10 from the hypothetical questions, would you say, Doctor,  
11 do you have an opinion as to whether or not Leslie Van  
12 Houten was under the influence of LSD?

13 Do you have an opinion as to that, Doctor, at  
14 the time that she was at the La Bianca residence?

15 A I really can't decide.

16 Q Well, when you say you can't decide, Doctor, it  
17 means that you are sort of 50-50 on it? Would that be it?

18 A 50-50.

19 Q In other words, it is not like 99-1; right?

20 A No. Then I could decide. I would say that I  
21 feel most likely one way or the other.

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1 Q All right.

2 Now, would you then, Doctor, give us, so that  
3 we may use it in this courtroom and the jury may have the  
4 benefit of it, what are the factors, 50 one side and 50  
5 the other side?

6 A On the side of --

7 MR. BUGLIOSI: Your Honor, I think it would just be  
8 speculation.

9 He has indicated that he has no way of knowing.  
10 I think the question calls for pure speculation.

11 MR. KANAREK: Your Honor, the law allows an expert  
12 to give reasons for his opinion, and he is giving an  
13 opinion.

14 MR. BUGLIOSI: He is not giving an opinion.

15 MR. KANAREK: Yes, he is.

16 MR. BUGLIOSI: He says he doesn't know; 50 one way  
17 and 50 the other.

18 MR. KANAREK: We are entitled to know what is the  
19 reasoning in the psychiatrist's mind, your Honor.

20 THE COURT: You may answer.

21 The objection is overruled.

22 THE WITNESS: All right.

23 On the side of convincing me that they were on  
24 LSD:

25 The description of the experience is very  
26 typical. The description of their personal reactions to the

1 events would be typical.

2 They would be correct kinds of responses from  
3 what I would expect to hear from someone on LSD in that  
4 specific circumstance.

5 Their chronic use of the drug to facilitate their  
6 behavior, I think, is well established historically, and I  
7 would not be, then, surprised if they would do it yet another  
8 time, particularly in a kind of cataclysmic experience that  
9 they were going out into at that time.

10 Their description of the driving, for instance,  
11 and what the experience was during the drive on both nights.

12 One description by Sadie of the Tate night,  
13 and the other description by Leslie and Katie of the La  
14 Bianca night would be very typical of LSD: Driving in the  
15 belly of the city, streets like arteries and veins, lights  
16 like colored beads.

17 All these things are expectable and typical of  
18 the experience.

19 On the negative side, it is to their advantage  
20 to lie about that. It is to their advantage to be on LSD.  
21 It would alter their state of consciousness and make what  
22 they did more understandable or more explainable to the  
23 average person, to themselves.

24 That reminds me of another argument on the  
25 positive side.

26 They typically had used LSD to expatiate

1 themselves from pressures of guilt, from superego restraint.  
2 They had been doing that for years, all of them, and I  
3 would expect they would use the same method to do it again  
4 this night or that night.

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1 On the negative side, again, their veracity is  
2 certainly not established.

3 And their willingness to alter historical  
4 reality to meet the present is something that they talk  
5 about at length. The past is dead, it is a million years  
6 old, it never existed. I can make up any story you like  
7 because the past is strictly a figment of my imagination  
8 anyway.

9 Which is true.

10 They have even told me that a lot of their  
11 memories for some of the events they feel that they are not  
12 sure whether it is their memories or what has been re-  
13 enforced in the courtroom, in the testimony of all those  
14 involved.

15 So, it is 50-50 in my mind.

16 Q Now, can you give us any actual examples of any  
17 alteration of historical reality that you know of?

18 A Let's see.

19 Oh, yes. One that came up in the testimony of --  
20 not the testimony -- I have been in court too long -- in  
21 the interview with, I think it was, Sadie last night.

22 Let me see if I can remember.

23 It was about the La Bianca event. Yes.

24 Leslie told me that she and Sadie were the only  
25 ones who stayed in the car at the La Bianca home when the  
26 others went in.

1                   In contract, Sadie tells me that she was in the  
2 car with Clem.

3                   Let's see. She said Linda and Tex went in first.  
4 We were all stoned on acid. I was in the back seat with  
5 Leslie.

6                   That agreed with what Leslie told me.

7                   But Clem was in the car, too. And Leslie said  
8 that as far as she knew, only the two of them were in the  
9 car, Leslie and Sadie.

10                   However, now that I recall, now that I think  
11 about it, I recall that she denied being able to know for  
12 sure because she was stoned on acid.

13                   Let's see what else.  
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1           There was something about the Hinman murder, I  
2 felt as I recall, in one's narration of it, then in the  
3 other, something that Sadie told the police she told me was  
4 a lie, and I cannot recall what that was.

5           Well, she told the police when she left Gary  
6 Hinman was still alive, and that was not true.

7           She also told them that no one else was there,  
8 and yet Lulu was there with Bobby.

9           Bobby left in the afternoon before --

10           No, Bobby left in the afternoon before the  
11 killing of Hinman, but Lulu was still there at the time.

12           THE COURT: Whose statement is that?

13           THE WITNESS: That is Sadie's statement to me about  
14 what happened at the Gary Hinman residence.

15           She told the police when she left Hinman was  
16 still alive.

17           That was a lie, she told me. She told me that  
18 she killed Hinman. She also told the police no one else  
19 was there but in fact Lulu was there at the time.

20           Q       BY MR. KANAREK: Any other examples of what you  
21 call the attempt to alter historical reality other than what  
22 you have just told us?

23           A       All of them talk about history in a purely  
24 subjective sense.

25           They profess that history is strictly a  
26 function of one's memory and one's mind, and it is largely

1 what you wish it to be, what your subconscious wishes it to  
2 be.

3 They use these terms!

4 In fact, one of the things that impresses me --  
5 startles me -- is the kind of sophistication with the  
6 terminology and the philosophy that they are constantly  
7 engaged with.

8 So they, themselves, disqualify the veracity of  
9 history. History is a figment of the imagination; it has  
10 nothing to do with reality which is here and now.

11 I have heard that "here and now" at least 50  
12 times from them, but as far as specifics, those are the only  
13 two things that come immediately to mind.

14 There was some confusion in my mind about  
15 Leslie's story about the La Bianca murder.

16 I thought she was telling me that it was Sadie  
17 who was in the room with her at the time of the murder, but  
18 now I am frankly not sure what she said to me.

19 I did not take notes at that particular point.  
20 Unfortunately my tape recorder was not working.

21 Q So actually what you are telling us is that  
22 bringing these matters to this courtroom, even your perception,  
23 your perception can be, and certainly you are not --

24 You are trying to be as candid as possible with  
25 us, your ability as a psychiatrist and as a human being to  
26 come here and say things, is not perfect, is it?

1 A No, and that is why specifically, why I took  
2 extensive notes on the other two interviews last night.

3 I intended to tape record the first.

4 Q And in fact you may have mistaken the word  
5 "Katie" for "Sadie" or Sadie for Katie.

6 A Easily.

7 Q Quite easily?

8 A I'm afraid so.

9 Q So that certainly could not be attributed to  
10 an attempt to deceive by Leslie in that particular point of  
11 your conversation, right?

12 A Yes.

13 Q We are agreed to that?

14 A Yes.

15 Q Well, then -- yes?

16 A I forgot one of the probably more important  
17 aspects of my conviction, whether or not these things they  
18 told me are true or not is the feeling.

19 It is a feeling I get within myself, that I  
20 use to measure what the individual is saying, whether it  
21 fits and is consistent with what they said before.

22 Whether their facial expression is commensurate  
23 with the material they are talking about.

24 The feeling I have inside of myself in terms of  
25 the response.

26 It is that intuitive level that is the art

1 aspect of psychiatry.

2 Q And would you say, Doctor, in all candor that  
3 your objectivity, you, yourself, have been affected by the  
4 publicity in this case, the reading of the newspapers, the  
5 television, the magazine articles, the talk by the general  
6 public?

7 Would you say that this has some effect in your  
8 analysis of what is going on here?

9 A Well, it is impossible to analyze one's self by  
10 one's self because we are all notorious self liars.

11 But my conviction is that my response to all  
12 this over the last year has been by and large a confusion,  
13 and an intense curiosity about what did happen and what the  
14 real motivations were, and what the psychological material  
15 present was, what the inner actions were, how I might  
16 understand it as an analyst, as a psychiatrist.

17 And I very much tried to experience -- I have  
18 tried to experience this situation and all situations  
19 through this mode of understanding.

20 I would say honestly, in honesty I don't think  
21 I felt any strong emotions one way or the other about  
22 the defendants, the trial or anyone involved with it, either  
23 negatively or positively.

24 I have tried to obtain an objective stance,  
25 inside myself.

26 Q But it is a fair statement that even you could

1 have subconscious --

2 A Oh, yes.

3 Q -- effects due to the permeation of our  
4 community by this -- by the vast publicity?

5 A Oh, of course.

6 Q No question about it?

7 A It has to be an influence upon me; everything  
8 is.

9 Q It would be an influence upon you or anyone  
10 of us that are in this courtroom, right?

11 A Obviously.

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7a-1

1 Q Now, when you say, for instance, that at a  
2 particular time Sadie was lying concerning Gary Hinman,

3 You are taking a particular statement as being  
4 true, and then in comparison some other statement is a lie,  
5 right?

6 A I am taking it at face value, her own words,  
7 yes.

8 Q I see.

9 Well, then, in fact as far as the words  
10 uttered are concerned, you then have no way of knowing  
11 whether at a particular point she is lying, or the other  
12 time she told the truth?

13 A There is no way you can determine that in an  
14 absolute sense, short of using polygraph or some other  
15 adjunctive measure.

16 Q So that we get back to the place where  
17 circumstances are significant, right?

18 A I don't understand.

19 Q By that I mean the physical evidence.

20 For instance, the pictures of Rosemary La  
21 Bianca, her back, where she had been stabbed many times.

22 A Yes.

23 Q Those pictures -- aren't those circumstances  
24 that -- that would -- that are very powerful in connection  
25 with this perseveration?

26 The location of those stab wounds with respect

7a-2

1 to each other, for instance, that is an example of the  
2 perseveration you spoke of?

3 A Those two constitute an external reality that  
4 we can validate in terms of what they appear to be, but  
5 how to interpret that, once again, it becomes subjective.

6 Q No question it is repetitive perseverative  
7 phenomenon you are observing in those pictures, right?

8 A With the assumption we defined before.

9 Q Yes, I understand, when that assumption that  
10 she was under the influence of LSD?

11 A Yes.

12 Q Now, when you spoke previously -- before I ask  
13 you that:

14 You are speaking now, you have told us that  
15 the descriptions that were given to you are typical of  
16 certain LSD chronic use or abuse, right?

17 A Typical of those who are familiar with LSD,  
18 yes.

19 Q Now, to your knowledge has anyone of these  
20 girls become so sophisticated in talking to psychiatrists --

21 Are there any other psychiatrists that they  
22 have spoken to wherein they would get some kind of an  
23 input and therefore be able to fool a later psychiatrist?

24 A I have only heard -- now, I did hear part of  
25 the testimony of Dr. Ditman, mentioning some of the effects  
26 of LSD.

7a-3

1 But frankly, there is no question in my mind  
2 they were totally familiar with the effects of LSD in their  
3 own personal experience before they heard him.

4 In fact I would say that their expertise with  
5 the actual experience is much greater than his or mine  
6 in a personal way.

7 Q So that we do have a fundamental, unimpeachable  
8 fact that they are chronic users or abusers of LSD.

9 There is no question in your mind about that  
10 fact, is there?

11 A There is no question in my mind they are  
12 intensely familiar with the LSD effect and the effect of  
13 a variety of other drugs as well.

14 Q And you were aware when Dr. Ditman spoke that  
15 he had not interviewed the girls, right?

16 A Yes.

17 Q That is part of your fund of knowledge?

18 A Yes.

19 Q So that, as you compare the positive with the  
20 negative, as far as whether Leslie Van Houten is telling  
21 you the truth, as to whether or not she was under the  
22 influence of LSD, certainly we could agree that she has  
23 not been given any kind of a -- any kind of an approach  
24 or some kind of a path to follow by virtue of her having  
25 been previously under a psychiatrist, under the examination  
26 of a psychiatrist?

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Would you say that is true?

A I would say that is true.

Q Well, then, wouldn't these positive factors outweigh the negative so that maybe we have here something that is other than 50-50?

Maybe it is something like 75-25 or something like that.

A I cannot answer that.

Q You cannot?

A Honestly, 50-50 is as close as I can discriminate at this time, and I really looked at this.

Q So when you say 50-50 you don't mean mathematically. You mean you have not made up your mind?

A I cannot decide for myself.

7b fls.

7b-1

1 Q Now, when you spoke -- when you spoke of  
2 reflexive versus reflective, having that in mind, would you  
3 say that there is -- that in order to have -- in order --

4 When you are thinking reflectively, there has  
5 to be what you might call cerebation?

6 A Yes, it is thought to be higher cortical func-  
7 tion, a higher function of the brain cortex.

8 Q And this is called cerebation?

9 A Cerebation.

10 Q Would you tell us what is cerebation?

11 A Cerebation is the term used to describe the  
12 assumed neurological activity in the cerebrum, that portion  
13 of the brain which is connected with higher level thinking.

14 Q Right.

15 Therefore when you are thinking reflectively  
16 you are thinking of your father figure, maybe your parents,  
17 you are thinking of why you are doing something; you are  
18 thinking in terms of premeditation.

19 You are thinking in terms of "I want to do  
20 this," and you are making choices and all of that, right?

21 A You are in touch with, in a conscious way, you  
22 are in touch with circumstances, the impulse, the conse-  
23 quences, the advantages, the disadvantages, the objective.

24 Q All right, you have told us then that you  
25 believe that she was operating reflexively and not reflectively  
26 so that there would not be any cerebation and this reflexive

1 Q So that in fact they are giving you information  
2 that fits into a school of thought that is at least in some  
3 part of the scientific world given serious consideration.

4 A Yes.

5 Q And so when you say, when you say for instance that  
6 they must have this feeling of guilt, and that they are lying  
7 about this remorse, I mean about this lack of remorse and all  
8 of that, you are giving it your opinion.

9 A Yes, and they would chastise me for that.

10 Q You could be wrong?

11 A Certainly.

12 Q You could be wrong, and in fact they could in  
13 fact have no remorse whatsoever, right?

14 A That is a possibility, but the probability of it  
15 is very small in terms of the total knowledge in human  
16 experience available to psychiatry, philosophers, theolo-  
17 gians.

18 Q Well, you have told us, for instance, in certain  
19 parts of the world head hunters go out and chop off -- do  
20 various things, kill people because of the fact that it's  
21 accepted; that is part of their learning, so to speak, when  
22 they were kids or whatever it may be.

23 They grew up in a society where that was  
24 accepted, right?

25 A Yes.

26 Q All right, now, if you take street people, you

1 take children, literally children who are evicted from  
2 their homes by their parents, or at least they sever them-  
3 selves from the parental ties, they then enter a jungle,  
4 a street jungle.

5 A Uh-huh.

6 Q And they could, in fact, have a thinking that is  
7 similar to the people that are part of that head hunting  
8 society, isn't that true?

9 A No, I would not accept that.

10 Q You won't accept that?

11 A No, because the culture in which the head hunter  
12 who kills, or the eskimo who puts his old people out on the  
13 ice to perish, is quite strikingly different from the  
14 culture in which these people grew up.

15 Q But if the psychological forces upon them were  
16 such, it is possible that they could psychologically  
17 speaking be removed from what you and I might consider to be  
18 the way to think, the proper conduct, and become part of  
19 the subculture, part of what goes on in the street.

20 A They became a very special part of an alternative  
21 cultural style.

22 I want to discriminate between subculture and  
23 where they are. I don't think they are synonymous.

8-1

1 Q All right.

2 A Indeed, I think that one of their problems, or  
3 one of the facts about them, is that they have failed to  
4 adequately internalize the culture in which they grew up,  
5 probably as a function of disruptions in their own relation-  
6 ships with their parents and parent figures and surrogates.

7 Beyond that, however, there is evidence that  
8 they have spent intense effort and long periods of time  
9 and a variety of techniques to remove themselves from this  
10 culture.

11 Sadie, for instance, in her own words, tried  
12 everything.

13 Her father, she said, "Had told her she was  
14 going downhill inevitably," so she decided, at one point,  
15 well, she would just do that.

16 So, she actively sought to be everything that  
17 her father had warned her to not be.

18 Her repeated use of LSD, I think, was an attempt  
19 not to explore a firm, adequate functioning sense of self,  
20 but rather to escape a dysfunctioning, inadequate, self  
21 destructive, self accusing, self devaluating sense of  
22 self.

23 THE COURT: Whom are you referring to, Doctor?

24 THE WITNESS: Sadie.

25 I would say that this is comparable to all  
26 three of the girls.

BY MR. KANAREK:

1  
2 Q But she did this, Doctor, she did this at a  
3 time when there was no motive, such as a defense in a  
4 murder case. She did this positively, actively, because  
5 of some kind of set of psychological forces upon her,  
6 or whatever motivated her.

7 A I don't understand the question.

8 Q Well, what I am saying, Doctor, is that what  
9 you have just described that Sadie did, she did that at a  
10 time when there was no motive, there weren't 12 people  
11 going to judge her, there was no courtroom, there was no  
12 charge of murder against her. She did it, she went out and  
13 behaved in the way that she did, and you say that she used  
14 techniques to remove herself from the culture, and the only  
15 motivation was because she wanted to do it; isn't that  
16 right?

17 A The motivation that she was aware of, I think,  
18 has little to do with the motivation that was actually  
19 driving her.

20 Q But, in fact, Doctor, she didn't have her mind  
21 that she was doing this to avoid criminal responsibility;  
22 right?

23 A Yes.

24 Q No question about that?

25 A Before all these things happened and these  
26 set of crimes, I don't think she was motivated by any  
criminal intent per se.

8a-1  
1 Q So, therefore, when you say that you believe  
2 subjectively, down deep, that she does have remorse when she  
3 says she doesn't, are there other examples in our present  
4 society, the United States of America, in 1971, where killing  
5 is done without remorse?

6 A As I said yesterday, I think that whenever anyone  
7 is killed by another person, the way that remorse or guilt  
8 are avoided is to make the victim an object, to dehumanize  
9 him, to make him alien from yourself.

10 And I think that these mechanisms of defense  
11 are typical in the murder situation.

12 However, I think there is a strong kind of  
13 evidence that there is a remorse and a guilt involved  
14 present in these people, as evidenced by the fact that  
15 they were caught, that the way they went about it was so  
16 clumsy, if you want to take an objective point of view,  
17 that in some ways Sadie was terribly self-destructive in  
18 confessing to jail mates, who are notoriously unreliable  
19 in keeping secrets, cell mates, there is a good deal of  
20 evidence that there was a side of her, an unconscious  
21 motivation to be caught, as evidenced by her presence in  
22 this court.

23 Q Well, yes. In other words, you are assuming  
24 that that was the primary motivation.

25 If you have the further assumption that she had  
26 conversations with police officers, who threatened her  
with the gas chamber, who threatened her that they wanted to

1 get Mr. Manson, things like that, would you say those types  
2 of things could affect her mind if they took place prior  
3 to the time that she purportedly made these jail house  
4 confessions to these people?

5 MR. BUGLIOSI: Assumes facts not in evidence.

6 THE COURT: Sustained.

7 MR. KANAREK: I think it is in evidence, your Honor.

8 THE COURT: The objection is sustained.

9 Q BY MR. KANAREK: You certainly must take into  
10 account the fact that she was in jail charged with murder,  
11 namely, the Gary Hinman murder, when you visualize these  
12 purported statements to the people, her --

13 A Cell mates?

14 Q -- sisters that were in Sybil Brand with her.

15 A I missed the question on that. I am sorry.

16 Q Well, isn't it important to know that when she  
17 made these statements to these girls, that she was, in fact,  
18 in custody charged with the murder of Gary Hinman?

19 A I think that is important to know.

20 Q And also, it is important to know that notwith-  
21 standing -- you say she had this compulsion to confess and  
22 all of that -- that notwithstanding the fact that these  
23 events occurred on August the 8th, 9th and 10th of 1969,  
24 that she was not put into custody until the fall, let's say,  
25 around November of 1969?

26 There was a whole period of months there during

1 which she did not walk into any police station and say,  
2 "I am involved in these murders."

3 That is certainly evidence to negate your  
4 statement that she had this overwhelming desire to confess?

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1 A I think you are blowing up what I said a bit.  
2 I said this was, I think, a factor in it.

3 I think that the presence of guilt in Sadie,  
4 the aspect of guilt, the factor of guilt, is obviously, in  
5 my mind, present in her as evidenced by other historical  
6 data which she gave me in terms of her experiences before  
7 she ever met Charles Manson.

8 This is a girl who actively sought to bring to  
9 reality, to manifest every negative aspect of her identity  
10 that she ever felt about herself or felt that other people  
11 had addressed toward her.

12 She tried, in her own words, to become every-  
13 thing bad or ugly that she had ever been warned she would  
14 be.

15 Q And that was before she ever met Charles  
16 Manson; right?

17 A Yes.

18 Q And so --

19 A This was a girl who was involved in a series of  
20 thefts as gangster's moll, in her own words, before she ever  
21 used LSD.

22 Q And wouldn't lack of remorse be a perpetuation  
23 of this ugliness, because in our society, Doctor, in our  
24 society, when we do something wrong and we say we are sorry,  
25 very sorry about it, this is sort of a thing that is  
26 accepted, that people say "Well, if you are sorry, you are

8b-2

1 presently sort of a nice guy."

2 Isn't this, Doctor -- so, isn't she really, in  
3 fact, perpetuating and following through on these factors  
4 that we have been talking about?

5 A To have no remorse at this time is only to,  
6 in another way, manifest her negative view of herself, the  
7 negative aspect of her identification.

8 MR. KANAREK: Right.

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

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

13 The court will recess until 1:45.

14 (Whereupon at 12:00 o'clock noon the court was  
15 in recess.)

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1 LOS ANGELES, CALIFORNIA, WEDNESDAY, MARCH 10, 1971

2 1:58 P.M.

3 ---O---

4 THE COURT: Are you ready to proceed, Mr. Shinn?

5 All parties, counsel and jurors are present.

6 You may proceed, Mr. Kanarek.

7 Will counsel approach the bench.

8 (The following proceedings were had at the  
9 bench:)

10 THE COURT: Mr. Shinn, you understand the language,  
11 don't you?

12 MR. SHINN: That's right.

13 THE COURT: When the bailiff calls you to order,  
14 that is exactly what it means.

15 I don't want counsel sitting down there laughing  
16 and joking and carrying on with their clients when the Court  
17 takes the bench.

18 You act like you have never been in a court  
19 before.

20 Let's proceed.

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

23 THE COURT: You may proceed, Mr. Kanarek.  
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JOEL SIMON HOCHMAN,

1 the witness on the stand at the time of the recess,  
2 resumed the stand and testified further as follows:  
3

4 DIRECT EXAMINATION (CONTINUED)

5 BY MR. KANAREK:

6 Q Doctor, I believe that we were speaking about  
7 remorse,  
8

9 Is your state of mind such that you -- are you  
10 telling us that this lack of remorse on the part of  
11 Leslie, Leslie Van Houten, that that is synthetic and  
12 feigned; that that is not her true thinking?

13 A Well, I am once again pointing to the difference  
14 between the conscious and unconscious mind.

15 Consciously I think she has convinced herself  
16 through a series of rationalizations, intellectualizations,  
17 ideations, that she feels no remorse.

18 I think that underneath that there is a tremen-  
19 dous debt to be paid to herself for having transgressed.

20 I would call that an unconscious guilt, or  
21 guilt lying in the unconscious severely repressed, totally  
22 repressed.

23 Q But you are speaking a generalization now; you  
24 are not speaking specifically as to Leslie Van Houten,  
25 though?

26 A I thought I was.



1 Q I mean you cannot tell us from the witness  
2 stand, can you, that she -- no matter what happens in the  
3 future or what might happen to some other person, you cannot  
4 say that ~~her~~ -- that

5 When she took this witness stand and said she  
6 had no remorse, when she said that she was not feigning it,  
7 was she?

8 A I don't think she felt as though she were  
9 feigning it. I don't think she was aware of any such  
10 feeling.

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1 Q So, she really, as far as that testimony was  
2 concerned, your estimate is that that was gospel truth;  
3 right?

4 A As far as she were aware.

5 Q Well, I mean, yes. But this was a volitional  
6 statement by her. It wasn't untrue, it wasn't false, it  
7 was true; right?

8 A As far as she were aware, yes.

9 Q Would you say the same would apply to Katie  
10 Krenwinkel and to Susan Atkins?

11 A Yes.

12 Q There is no remorse?

13 A As far as they are aware, yes. Although I  
14 would say, in the case of Sadie, there is a little less,  
15 she is a little less convinced about her remorselessness  
16 than the others.

17 She talks at great length about wishing her life  
18 was over, that her life would cease.

19 I think that she means that more than the  
20 others. I think that she is a little more uncomfortable  
21 with herself, consciously, than the others. ↑ ↑

22 Q Now, would you say that the lack of what has  
23 been told to you by these girls being identical, that that  
24 lack in itself shows truthfulness; the fact that there are  
25 differences between these two girls in what they say they  
26 observed in and about the La Bianca home?

10-2

1 A I didn't understand that, Mr. Kanarek.

2 Q Well, you pointed out earlier, Doctor, you said,  
3 when we were discussing this matter of truthfulness, you  
4 pointed out that there was a difference between what Leslie  
5 told you and then what Katie or Sadie told you; right?

6 A Yes.

7 Q Now, is it not a common human experience that  
8 two people, two or more people, can observe the same event  
9 and, in all honesty, in all honesty, relate actually a  
10 different series of things that they say they saw, and  
11 really believe what they relate?

12 A Yes. That is the proof of the subjective nature  
13 of experience.

14 Q But it is also a proof that people can say  
15 something happened a certain way, or certain things occurred,  
16 and they may not, in fact, agree with each other, but each  
17 may be telling the truth?

18 A Could be.

19 Q As far as any intent to deceive is concerned?

20 A Yes.

21 MR. BUGLIOSI: That is a -- well, I will withdraw  
22 the objection.

23 BY MR. KANAREK:

24 Q So, therefore, Doctor, one of the aspects that  
25 you say is on the negative side, on the negative side as  
26 far as believing that Leslie was under the influence of LSD,

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1 actually, when you analyze it a little deeper, that may and  
2 could be interpreted as a series of events which may prove  
3 that she, in fact, is telling the truth, this difference of  
4 opinion, this difference in relating to you what events  
5 actually were?

6 A I can't follow that to the same conclusion that  
7 you do, Mr. Kanarek. I think there is an error in logic.

8 Q You think there is an error in logic?

9 A Yes.

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10-1

1 Q Would you tell me, what is the error, Doctor?

2 A Well, I think the fact that they could differ in  
3 their view of what went on there is acceptable and even  
4 expectable. But I don't see that as proof, then, to me,  
5 that they did, indeed, take acid.

6 I don't see how the fact that they would see  
7 things differently would then convince me they were taking  
8 the acid, or had taken the acid.

9 Q You say you weighed these things over in your  
10 mind and this was one of the negatives, the fact that there  
11 was a difference in their interpretation of events, in  
12 their relating the events to you.

13 A Oh, are you saying that the difference might be  
14 attributable to the LSD effects?

15 Q No. No. I am saying that the difference might  
16 be attributable to the fact that somewhere embedded in their  
17 mind, that is, opposed to each of them, one in connection  
18 with the other, one may be relating to you the truth as  
19 she says she saw it, and she is not deceiving you, she is  
20 intending to tell you the truth, and her truth, her  
21 relating of events, may not agree with the other person's?

22 A I acknowledge that there may be a difference in  
23 opinion which is purely honest on their part because they  
24 perceived it as individuals and through their own subjec-  
25 tivity, but I still feel that the responses I got put a  
26 question in my mind about the veracity of it.

1 I don't know how I can explain it beyond that  
2 point.

3 Q In other words, this is just a subjective  
4 feeling on your part?

5 A Yes. It is a judgment on my part based upon  
6 my experience with them.

7 Q Well, in your experience with them, Doctor, can  
8 you point out, for instance, take Leslie Van Houten, for-  
9 getting your subjective opinion, can you show us objectively  
10 anything that has transpired during your conversations with  
11 Leslie which proves to you that she was intentionally  
12 lying to you?

13 A No. I have no such specific evidence.

14 Q So, objectively -- like, when I say  
15 "objectively," like this microphone or that table, something  
16 that is apart from your inner thinking -- there is nothing  
17 to show you that Leslie Van Houten is lying; right?

18 A Yes. Right.

19 If I had done the tape, if the tape recorder had  
20 worked, I could give you such subjective evidence, but now  
21 I must rely on my memory of what she said, and my memory  
22 was that she had said Sadie instead of Katie, but I can't,  
23 in all honesty, say that wasn't a mistake in my hearing of  
24 it rather than what she was saying.

11-1

1. Q And so, in other words, you are telling us when  
2. you boil it all down, there is nothing objective, there is  
3. nothing that you can point to wherein Leslie Van Houten  
4. was lying to you when she spoke to you?

5. A I have no objective evidence, no.

6. Q And the same would apply, I gather, to Katie  
7. and Sadie?

8. A No, because I took notes on that.

9. Q All right, tell us something objective that you  
10. can -- that does not require interpretation by you, to  
11. show that Leslie -- that Katie Krenwinkel lied?

12. A No, I am mistaken there.

13. The evidence I had written down was she had  
14. lied to the court and she had lied to the police, but not  
15. to me.

16. Q That is what I am saying.

17. This is merely -- I'm talking about --

18. You are now just repeating what somebody told  
19. you, right?

20. A Yes.

21. Q I am not talking about your --

22. I am talking about objectively something you can  
23. lay out on the table, so to speak, for all of us here.

24. There is nothing you can lay out for us to show  
25. that Katie Krenwinkel lied to you, right?

26. A To me, no.

11-2

1 Q There is nothing you can lay out for us to see  
2 that Susan Atkins lied to you, right?

3 A No.

4 Q You say that in our society, in our society --

5 Let me withdraw that.

6 We may not agree on that.

7 For instance, you take a killing for money  
8 where someone who, let us say, is a member of the Cosa  
9 Nostra, or the Mafia, pays someone to go out and kill.

10 Have you got that in mind?

11 A Yes.

12 Q Now, people that do that, you are telling us --

13 Let's say there are people that do this time  
14 after time after time after time, you read of these events,  
15 right?

16 A Yes.

17 Q Like Murder, Incorporated, right?

18 (No response.)

19 Now, those people you are telling us somewhere  
20 down deep in their consciousness they have some feeling of  
21 guilt, but you are guessing at that, aren't you?

22 A Yes, I am guessing at that.

23 Q And you don't know. So you cannot say that  
24 there aren't people in our society who can go and kill and  
25 not have remorse?

26 You cannot say that that is in fact a situation

1 in our society?

2 A I can say in fact that that -- I cannot say in  
3 fact that never happens. I would find it on the basis of  
4 the experience I have had or my teacher's or the body  
5 of psychiatric experience, I would find from that experience  
6 that those kinds of people are not unknown.

7 Q They are not common, but you are speaking of  
8 probabilities?

9 A Yes, I am.

10 Q What you are saying is statistically there may  
11 be -- there may be very few people that have that capacity,  
12 right?

13 A Yes.

14 Q But in fact, the fact that, speaking of the  
15 probability curve, let's say, are we communicating, like  
16 I say, something like Sigma, Sigma, at probability -- you  
17 know what I mean?

18 A Yes.

19 Q Way at the end of the bell-shaped curve, maybe  
20 there is a very few percentage of people involved, but those  
21 people do exist?

22 A Uh-huh.

23 Q Even though percentagewise they are very small  
24 in our society?

25 A I agree with that, that the percentage is small.  
26 But I feel there is a lot of evidence here that

1 these people are not in that group of individuals.

2 For instance, I find it highly unlikely that  
3 someone in that distribution, that portion of the distribu-  
4 tion curve, that tiny percentage would be using LSD in  
5 the way and frequency these people were using it.

6 They also likewise would not have the same  
7 kind of history of self-punitive behavior, these people have  
8 particularly in the case of Sadie.

9 Q Well, but the science, as far as the ingestion  
10 of LSD is concerned, is practically in its infancy?

11 A I would say we have quite a bit of experience  
12 with the wide variety of people and patterns in that use;  
13 that is what I have been doing for the past two years.

14 Q It is five, six, seven years old as far as any  
15 detailed studies go, certainly not more than that?

16 A It is younger than that.

17 Q Three-four years old?

18 A Yes.

19 Q So that therefore this science, this body of  
20 science is in its infancy?

21 A Yes.

22 Q And so you really cannot say with any degree of  
23 certainty that a person who is a chronic user or abuser of  
24 LSD cannot have their mind acclimated along with --

25 And also due to the influence of other factors,  
26 their life style and their motivation, whatever --

1           You cannot say that these people could not kill  
2 and have no remorse?

3           You cannot say that with any degree or certainty,  
4 can you?

5           A       Not with absolute certainty.

6           I can say it with a feeling of relative  
7 certainty on the basis of my experience.

8           Q       Well, may I ask you how many murderers, accused  
9 murderers you have spoken to who have been under the  
10 influence of LSD when they committed murder?

11          A       These are the first three possible such subjects.

12          Q       You never had any others?

13          A       I know of no such case in the literature.

14          Q       Right, so therefore you are in a virginal field,  
15 so to speak.

16          You are really in an area where there is no  
17 science to speak of, certainly as far as you are concerned?

18          A       I would say we are in an area of incomplete  
19 research, yes.

20          Q       No reflection on you.

21          A       No.

22          Q       It's just never come your way, right?

23          A       That is where it is.

24          Q       Now, then, is there any analogy, is there any  
25 analogy in a person --

26          Now, let me put it this way:

1           Assuming a person, a person, a hired killer goes  
2 out and kills not just once, because he needs money, but  
3 makes it a way of life.

4           He kills in his lifetime maybe 30 or 35 or 40  
5 people --

6           A       Yes.

7           Q       -- are you telling me that you feel that the  
8 person who does that; that this person, you feel, down deep  
9 has remorse?

10          A       If this person has grown up in our society;  
11 if he has had the opportunity to internalize any of our  
12 values, mores, beliefs.

13          If you want to call that conditioning or  
14 programming, that is okay, too, if he's had an opportunity  
15 to have any of that internalized, I would expect to find  
16 conflict in him between what he feels he should have been  
17 doing and what he does.

18          And that is called guilt, for whatever reason.

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11-1 A  
1 Q But if the evidence would show that this  
2 person goes to a suburban home every night, plays with his  
3 children, goes out with his wife in the evening, and his  
4 way of living is killing for hire, you mean that you still  
5 feel that even though he lives a lifetime like this, that he  
6 has some theoretical or imaginable remorse?

7 A Well, there are a lot of psychological mechan-  
8 isms that he could use to protect himself.

9 For instance, the typical one is to -- to make  
10 his victim so alienated, so different from himself, so  
11 oblique that he didn't recognize him as a human being.

12 At such a point of analysis with that individual,  
13 where he would come to a point of awareness or acceptance  
14 of that other person as identifiable as himself, as like  
15 himself, at that point the guilt would rush in.

16 It would emerge from the unconscious.

17 Q But it may never emerge. He may live a whole  
18 lifetime --

19 A That's right, it's there.

20 Q People in the Mafia and Costa Nostra die at the  
21 ages of 70 and 80.

22 A Yes.

23 Q In their plush-lined home.

24 A Right.

25 Q That is true?

26 A That is true.

1 Q It may well be at this point in history at least  
2 that these girls genuinely, honestly have no remorse, and  
3 this rush from the subconscious has not taken place.

4 A That could be true. It may not be in their  
5 conscious, but it would be in their unconscious.

6 Q And you subscribe, I gather, to our philosophy  
7 of the criminal law that that which is done intentionally is  
8 what we send people to the gas chamber before, because they  
9 intend to do things, right?

10 A I recognize --

11 MR. FITZGERALD: That assumes facts not in evidence,  
12 your Honor.

13 I object to the form of the question.

14 THE COURT: Objection sustained.

15 Q BY MR. KANAREK: Now, you have spoken about  
16 Mr. Manson -- that he sort of was --

17 These girls spoke of him in a certain way,  
18 right?

19 A I testified about what they said about him, yes.

20 Q Right. Now, is it your opinion that many times  
21 the people that we call, quote, leaders, end quote, like the  
22 king, we may call a man a king but in fact he may be the  
23 slave of his servants.

24 MR. BUGLIOSI: Calls for a conclusion, irrelevant.

25 THE COURT: Sustained.

26 Q BY MR. KANAREK: Well, the fact that you put a

1 certain tag on a person, the fact that he may be labeled the  
2 leader, that does not mean -- that does not mean that in  
3 fact Mr. Manson or Mr. Watson or anyone else, as far as  
4 your opinion is concerned, was in fact a leader.

5 You have no way of knowing that, have you?

6 A Well, I was reminded when you asked me about that  
7 slave business, I was reminded about Hegel's point in  
8 phenomenology, that slaves could not exist without masters  
9 and masters cannot exist without slaves; they are mutually  
10 interdependent. To separate one from the other is  
11 simplistic.

12 Q But it may well be that someone that we think of  
13 as being the leader may in fact be beholden, and may in  
14 fact be the follower for all you know.

15 A I have been trying to point out, I think, all  
16 along that the situation is mutually dependent.

17 They are meeting each other's needs, in this  
18 family delusion, distortion, whatever you want to call it, --  
19 culture.

20 Q And certainly as far as education goes, these  
21 girls, each of them have presented to you a background that  
22 carried them through high school, right?

23 A And college to some extent, one of them.

24 Q And as far as any kind of an indication of  
25 retardation, mental retardation due to some injury at birth,  
26 there is no indication of anything like that, is there?

1 A No.

2 Q Now, you made the statement --

3 Well, first of all you used the term  
4 "neurobiochemistry."

5 I think I wrote that down right.

6 A Yes, neurobiochemistry, it is the study or  
7 science of biochemical mechanisms of brain function.

8 Q Would you say that that field is in its infancy?

9 A It is still in utero.

10 Q Pardon?

11 A It is still in the womb.

12 Q It is not born yet?

13 A Right.

14 Q And in that connection would you tell us some  
15 of the --

16 What is the underlying theory of neurobiochemistry?

17 A Well, the answer to that question is long and  
18 complicated.

19 Essentially the theory is that the brain function  
20 is like any other biological function; that there is a  
21 biochemistry involved with biochemical mechanisms that  
22 mediate all the kinds of behavior that we see on the gross  
23 level.

24 That every thought has a biochemical basis for  
25 existence; that thoughts are the results of complex inter-  
26 actions of individual cells, and cell connections.

1           And at the very most basic level these  
2 mechanisms are biochemical.

3           There are a lot of subdivisions of that, in  
4 terms of epinephrine, nor-epinephrine, ampcyclicamp.

5           There are a lot of subdivisions in a lot of  
6 areas but there are no basic accepted theories of a  
7 neurobiochemical connection of the mind. We don't under-  
8 stand, for instance, how LSD works, or how marijuana  
9 affects the mind or even how aspirin affects the mind, to  
10 eliminate headaches.

11           The science of drugs is still in the empirical  
12 stage. We try something with experimental animals,  
13 determine the effects.

14           If it looks safe in human volunteers we try that.

15           What works empirically we institutionalize in  
16 our therapy.

17           We have no idea how the minor or major  
18 tranquilizers work. We only have theories.

19           Q       And what greater laboratory could you have than  
20 these defendants?

21           What greater laboratory can you have to study  
22 and have an actual case history wherein at least, assumedly,  
23 and what you say we can certainly argue much more than  
24 assumedly, but in fact these people have ingested large  
25 amounts of LSD.

26           What greater laboratory could you have?

1 THE COURT: What is the relevancy of that  
2 question?

3 MR. KANAREK: The relevancy is the absolute discretion  
4 of the jury --

5 THE COURT: The objection is sustained.

6 Let's get on with the examination, Mr. Kanarek.

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12-1

1 BY MR. KANAREK:

2 Q Very well, your Honor.

3 In conducting future experiments in this field  
4 of neurobiochemistry, would not Leslie Van Houten, a person  
5 who has been convicted of eight counts of murder, would she  
6 be more valuable alive or dead?

7 MR. BUGLIOSI: Oh, it is irrelevant.

8 THE COURT: Sustained.

9 Do you have any further examination, Mr.  
10 Kanarek?

11 MR. KANAREK: Yes, your Honor.

12 I would like to make argument on this to the  
13 Court.

14 THE COURT: It is not necessary.

15 BY MR. KANAREK:

16 Q You used the word eclectic. What does that  
17 mean?

18 Would you spell it for us?

19 A E-c-l-e-c-t-i-c.

20 Q What does that mean, eclectic?

21 A In psychiatry it means a position, a theoretical  
22 position, in which you subscribe to no single theory but  
23 rather practice a combination or a variety of theories.

24 Q You say that you are a person who is a --  
25 you were an eclectic?

26 A Yes.

12-2

1 Q As far as your approach to psychoanalytical  
2 problems are concerned?

3 A Yes.

4 Q You are telling us that right now science does  
5 not know what the interaction of the LSD molecule is with  
6 the cells of the brain; right?

7 A Right.

8 Q There is objective evidence that LSD does  
9 locate itself in the brain; is that true?

10 A There is evidence that its primary site of  
11 effect in the body is in the brain.

12 Q Is in the brain; right?

13 A Yes.

14 Q I mean, this is actual autopsy evidence on  
15 animals; is that correct?

16 A No, it is not. It is inferential evidence  
17 on the basis of radioactively tagged LSD molecules and  
18 where they locate themselves within the brain but don't  
19 stay in the brain.

20 For instance, most of the substance is  
21 eliminated from the body a long time before the effects of  
22 the drug take place, which has given us a lot of pause for  
23 reflection about what its mechanisms of effect are.

24 Q But I suppose you could say, Doctor, it is  
25 certainly a postulate that one of the scientific possibili-  
26 ties is that LSD reacts with certain molecules, certain cells

12-3

1 of the brain, and changes their structure at a level, at  
2 a submolecular or subatomic level. Is that possible?

3 A That is possible, but that is not the state of  
4 the knowledge right now.

5 The state of the knowledge is the assumption --  
6 and even this is coming under question again -- that the  
7 chemical molecule of LSD, in some way, interacts with  
8 other chemical molecules already in the brain to either  
9 change enzymes or alter the metabolism of the cells.

10 We know of no evidence of change in the  
11 submicroscopic structure of the brain.

12 Q But the point is that the fact that this evi-  
13 dence doesn't exist means only that our measuring power  
14 and our microscopic power is very limited, relatively  
15 speaking, to the size of the molecule?

16 A It means either that we don't have the tools  
17 to see what it is doing or that it is not doing anything  
18 that is measurable, which is the same argument.

12a fls.

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12a-1

1 Q Right.

2 Well, it may well be that there is an actual  
3 organic change in the molecular level that we do not have  
4 equipment yet to analyze?

5 A That is perfectly true. That is a possibility.

6 Q And people have expounded and have, in litera-  
7 ture, people have -- that is, scientists like yourself,  
8 and others -- have set forth this as possibilities; right?

9 A Possible but not probable on the basis of our  
10 current experience.

11 Q But there are people that still believe this?

12 A There are people that suspect.

13 No one that I know of believes it because there  
14 is no evidence.

15 Q Well, Columbus was the only guy in a large  
16 group that said the world was round, and he was right and a  
17 lot of other people were wrong; right? One man?

18 A True. But he was only absolutely positive when  
19 he didn't fall off the edge.

20 Q Right. But it turned out he was right?

21 A Yes.

22 Q And a lot of other people of his day were  
23 dead wrong; right?

24 A Yes.

25 Q So, would you tell us where, Doctor, where  
26 will science get its subjects for this LSD brain type

1 research?

2 MR. BUGLIOSI: Irrelevant.

3 THE COURT: Sustained.

4 MR. KANAREK: Then, your Honor, I would like to make  
5 argument to the Court.

6 THE COURT: It is not necessary.

7 Ask your next question.

8 Q BY MR. KANAREK: Now, you made a point -- my  
9 notes indicate -- well, you spoke of Leslie Van Houten  
10 having intense fear?

11 A Yes.

12 Q Now, would you tell us, what did she tell you  
13 about this intense fear that she had?

14 A Well, let me check my notes.

15 After about 20 minutes, she described leaving  
16 the car and entering the house where she walked in upon a  
17 scene in which Mrs. La Bianca was sitting with her hands  
18 tied behind her, with her husband tied up.

19 Mrs. La Bianca was quite frightened, which put  
20 me on a bummer.

21 She said her initial reaction to the scene was  
22 like, "Oh, wow, what is going on here."

23 I am going down to the moment of struggle.

24 She says at this point she felt extremely  
25 paranoid, confused and disorganized.

26 That is the point at which the actual knifing

1 occurred.

2 She states she remembers little of what happened  
3 subsequently except that Mrs. La Bianca was overwhelmed  
4 with fear and continued to repeat over and over again that  
5 she wouldn't call the police.

6 Leslie states that it seems like all she could  
7 hear was the word "police, police," and that she, in  
8 retrospect, thinks that Mrs. La Bianca's fear and terror was  
9 seeping into her and filling her with the same feelings.

10 That is all I have written about her feelings  
11 of fear.

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12b-1

1 Q Now, do you have an opinion as to whether  
2 Leslie Van Houten, at the time that Mrs. La Bianca spoke  
3 as indicated there, do you have an opinion as to whether  
4 Leslie Van Houten felt fear, the emotion of fear in  
5 herself?

6 A Once again, the question of her credibility  
7 comes into mind, with the same arguments that we have used  
8 before, but I feel that she did feel fear and paranoia as  
9 she describes it.

10 I don't know many people who can be involved in  
11 a physical struggle with the potential for injury of them-  
12 selves or the other person who don't feel fear.

13 In fact, it seems a basic biological mechanism  
14 to get that whole series of emotional effects from the rush  
15 of epinephrine, the tension, the shaking, the heart pounding,  
16 the rush of blood, confusion, fear that goes with that.

17 Q This epinephrine, what is that, Doctor?

18 A It is a chemical which is found -- it is  
19 basic to all physiologic mechanisms in the body, the basic  
20 physiologic mechanisms.

21 Q And what part does it play in a situation where  
22 a person has fear?

23 A It is the chemical that mediates neuronal  
24 reaction, the transmission of neuronal impulses.

25 It is a very basic chemical in the function of  
26 the body.

12b-2

1 Q What do you mean by neuronal, Doctor?

2 A The nervous system, the neurons, the neural  
3 cells.

4 Q And the action of the epinephrine and its effect  
5 on what you call the neuronal system -- am I saying that  
6 right, the neuronal system?

7 A The neuronal system.

8 Q That is reflexive. A person has no way of --

9 A That is automatic.

10 Q That is automatic? That is not reflective at  
11 all; right?

12 A Right.

13 Q That is, by the very physiology, the very  
14 chemistry we are born with?

15 A It is part of the autonomic or automatic nervous  
16 system.

17 Q You have told us that people who are under the  
18 influence of LSD have reactions, they do certain things  
19 with their physical body where they, for instance, have the  
20 emotion of fear within them.

21 That is true?

22 A Yes.

23 The emotions of all varieties are intensified  
24 by the effect of LSD, including fear, joy, sadness, happiness,  
25 paranoia.

26 Q And so, when you say that fear is intensified,

12b-3

1 what effect would this intensification have on the physical  
2 movements of Leslie Van Houten?

3 A Well, maybe I can summarize it in saying that  
4 it is accepted now in the medical literature and the  
5 pharmacological literature that LSD has a sympathomimetic  
6 effect, which simply means it acts in a sympathetic-like  
7 way dealing with the sympathetic portion of the automatic  
8 nervous system, which is mediated by epinephrine.

9 I hope I don't confuse you with that. It is  
10 just that it acts as though it were epinephrine. It acts  
11 as though it had epinephrine-like properties. LSD does.

12c fls.

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1 Q And in so acting, it causes people to do very  
2 unusual things under the intensification that you have  
3 indicated; right?

4 A It effects one aspect of nervous function. We  
5 say it is sympathomimetic because it causes reactions in  
6 the body that are like the epinephrine effect, it causes  
7 certain changes in the pupil of the eye, certain changes in  
8 the heart rate, changes in blood pressure, like epinephrine.

9 So, we say it is like epinephrine in that way.  
10 But the relationship between the basic biochemistry of the  
11 brain and behavior is like a world apart. We don't know  
12 the connections as well.

13 This is the whole area of the search, trying to  
14 connect the two together, to see how a basic biochemical  
15 reaction eventuates into a behavior, which is more complex  
16 than a simple cell response.

17 There may be as many as a billion nerve cells  
18 involved with a single decision to stand up, each one of  
19 those cells functioning individually biochemically.

20 So, we are talking about things which are poles  
21 apart in complexity.

22 Q Well, when you say they are poles apart in  
23 complexity, Doctor, that does not mean that there are not  
24 people, scientists, who believe that one affects the other?

25 A Oh, we all agree they affect each other. They  
26 are related, but it is like trying to relate a single brick

1 to the City of New York. One is very simple and one is  
2 horribly complex.

3 Obviously they are related, but what the  
4 relationship is, it is much simpler in that analogy than  
5 we have ever been able to find in the brain.

6 Q But are there people in the scientific world  
7 who believe that this reaction of LSD does create in the  
8 person that is under the influence the reflexive conduct  
9 that you have spoken of, the perseveration and all of that?

10 A Oh, yes, yes. But to attribute that to a  
11 specific biochemical mechanism is much too simple.

12 Q What you are saying is, Doctor, that you can't,  
13 at this point in time, we can't trace the chemistry of it  
14 and the electrical impulse of it, that is, we can't lay  
15 it out on a drawing board and say "This is it?"

16 A That's right.

17 Q But people who are in the science that you are  
18 speaking of do make this conclusion and bridge the gap  
19 and say that this ingestion of LSD does cause the persevera-  
20 tion and the matters that you have spoken of?

21 A Yes.

22 There are a wide variety of people who describe  
23 the effect of the drug, and include among those ordinary  
24 effects perseveration and perseverative behavior and  
25 perseverative thinking.

26 Q Now, I will show you some pictures, Doctor.

1            May I approach the witness, your Honor?

2            THE COURT: Are these the same pictures?

3            MR. KANAREK: No, these are different. A different  
4 subject, your Honor.

5            THE COURT: Very well.

6            (Mr. Kanarek approaches the witness.)

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1 Q BY MR. KANAREK: I show you pictures 150, I think,  
2 through 159, that are pictures of Abigail Folger at autopsy,  
3 and I ask you if you would view these pictures and tell us  
4 whether you see any perseveration.

5 THE COURT: I think the question is ambiguous,  
6 Mr. Kanarek.

7 MR. KANAREK: Q Assuming, Doctor, that Patricia  
8 Krenwinkel was under the influence of LSD, as she has told  
9 you, and that she wielded the weapon that created those  
10 wounds that you see on Abigail Folger,

11 Do you have an opinion as to whether this is  
12 perseverative conduct?

13 A With that assumption, I would have to describe it  
14 as perseveration in terms of repeated actions, by definition.

15 Q I see.

16 So, the same would apply to Katie Krenwinkel as  
17 to Leslie Van Houten; right?

18 A Yes.

19 Q That we have discussed about?

20 A With the assumption.

21 Q Right.

22 Now, as a psychiatrist, Doctor, your chosen  
23 profession is broadly in what we call the behavioral  
24 sciences; right?

25 A Yes.

26 Q Now, does it strike you as significant that

1 these events took place on successive nights?

2 MR. BUGLIOSI: Calls for a conclusion, your Honor.

3 THE COURT: Well, the question is ambiguous.

4 MR. KANAREK: Q You say you have a question --  
5 or we were discussing the question of the veracity, the  
6 honesty, whether in fact these girls had ingested LSD.  
7 That is one of the topics that we were discussing, right?

8 A Yes.

9 Q Now, my question is, Doctor, having in mind  
10 the subculture involved with the girls, having in mind this  
11 perseverative conduct that you have seen in these exhibits  
12 that we have shown to you, and if we assume that these  
13 people have the relationship -- that is, Patricia Kren-  
14 winkel has the relationship with Susan Atkins and Leslie  
15 Van Houten that we have spoken of here -- is it significant,  
16 is it of importance that these events occurred on separate  
17 but successive nights as far as fortifying your belief one  
18 way or the other that they were under the influence of  
19 LSD?

20 A I can't follow that. I am sorry.

21 Q What I am saying is, Doctor: A question that is  
22 being posed here is whether or not these girls were, in  
23 fact, under the influence of LSD, right?

24 A Granted.

25 Q So, having in mind that these events, as to  
26 those two ladies that you see the wounds on, that these

events occurred on successive nights --

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A. Yes.

Q. Does that fact that these occurred on successive nights have any significance in rendering a decision as to whether, in fact, they were on LSD on these two nights?

A. I don't see how that would help me.

Q. That doesn't help you, the fact that they were just one night apart?

A. No, it doesn't help me.

12e

12e-1

1 Q Would you say, Doctor, is there anything about  
2 that that would mitigate, that would favor their not being  
3 under the influence of LSD, the fact that these happened on  
4 successive nights?

5 A Well, there is a portion of the literature on  
6 LSD that states that successive doses of the drug,  
7 repeated doses of the drug, would eventuate in a non-  
8 response to the drug, and that about three or four nights  
9 of successive ingestions will result in no effect at all  
10 the fourth or fifth night that it is taken.

11 That must mean that probably the second dose  
12 will be less potent than the first in terms of its effects.  
13 But I can only speculate about how much less potent or how  
14 much less effect, and that would strictly be speculation.

15 Q Now, Doctor, you made a statement that psyc-  
16 delics are used to unprogram.

17 Is that correct?

18 A I believe I said specifically that it was my  
19 opinion that they have been used in these individuals  
20 specifically to attempt to unprogram themselves.

21 Q You are telling us that Leslie Van Houten  
22 consciously took LSD with the intent, the conscious intent,  
23 to unprogram herself?

24 A I can't quote her on that, but I might be able  
25 to quote one of the other two on that.

26 Q Please do.

1 A Let me go through the notes again.

2 Q All right.

3 A Here is one statement that implies this.

4 "I don't even come on any more to LSD." This  
5 is by Katie. "I am acid. I live it. I can't even take  
6 myself from it any more. I am too aware of my own feelings  
7 now."

8 This is contrasting herself now with where she  
9 saw herself before in terms of what her psychology or value  
10 system was.

11 (Pause while the witness looks through his  
12 document.)

13 Well, I can't find a specific quotation more  
14 exact than that.

15 Q Well, then, are you saying that a chronic user  
16 or abuser of LSD, after some period of time, no longer gets  
17 any effect from LSD?

18 A No, I am not saying that.

19 I don't believe that. That isn't compatible  
20 with the greatest experience, the greatest number of  
21 people that I have talked with.

22 There is an accommodation -- or "tolerance" is  
23 more exact -- there is a tolerance which develops to the  
24 drug after four ingestions, approximately.

25 We know that.

26 I don't know of any evidence at all that chronic

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use of the drug results in its becoming no longer  
effectual in the user.

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1 Q So, then, certainly these girls are not  
2 scientists or neurobiochemists or psychiatrists.  
3 What do you mean when you say that she took LSD to, you say,  
4 unprogram?

5 That means to have some effect on this, what  
6 you call the conditional or the conditioned response?

7 A Well, let me give you an example of that which  
8 I think is comparable to what she talked about in terms of  
9 her LSD experiences.

10 In the LSD state she described feelings of  
11 like being in the ocean, oceanic feelings, oneness with the  
12 universe, oneness with the ocean, not apart from it. No  
13 longer distinct or separate from it. A feeling of true  
14 belonging to the world.

15 Which was in sharp contrast to earlier statements  
16 about feeling never a part of things. I am talking about  
17 Sadie. Never being a part of her family. Never belonging,  
18 never feeling that she belonged anywhere.

19 Subsequent to that, she would seek actively to  
20 regain or rejoin that feeling by taking LSD again, to take  
21 her away from a feeling inside of herself, a feeling which  
22 you could then describe -- in fact, she described as  
23 programmed into her by her family, by others, by the world.

24 So, she is attempting to deprogram herself from  
25 undesirable feelings inside of herself through the use of a  
26 chemical.

1 Q This is just a form of chronic use or abuse of  
2 LSD? This is done by jillions of children on the street  
3 right here on Sunset Boulevard, on Hollywood Boulevard,  
4 every day?

5 A I would say that the vast majority of  
6 them are not seeking to escape unpleasant aspects of their  
7 self-perception but are rather trying to explore the world  
8 from a position of some comfort with themselves.

9 I think that may be, in the long run or final  
10 analysis, the difference between their use of the drug and  
11 the use by many others.

12 Q But there is a goodly portion, a goodly portion  
13 of the children who use LSD in Los Angeles, who use it for  
14 the very same purpose that you say that Sadie told you she  
15 is using it for?

16 A I think that there are people in Los Angeles  
17 and other places who do that.

18 I think, then, you have to look at the factor of  
19 frequency and dose and duration and total length of use.

20 I think there is a difference between an  
21 individual, out of curiosity, on the college level,  
22 taking LSD once, and someone taking it two or three or  
23 four times a week and two or three tabs at a time.

12g-1

1 Q All right.

2 What I am saying, Doctor, there are people on  
3 the street, so to speak, children -- children 13, 14, 15,  
4 16 years old -- who use it in the very same way that Sadie  
5 was using it, right here in Los Angeles, every day of the  
6 week; right?

7 A I think that, in the total phenomenon of LSD  
8 use, that the frequency and pattern of use like hers is,  
9 by far, the exception rather than the rule.

10 Q But this exception is certainly a goodly  
11 percentage of people?

12 A No, it is not a goodly percentage.

13 I would estimate it would be less than five-  
14 tenths of a percent of all those that use it from our study  
15 with a special college group at UCLA.

16 Q With a college group?

17 A Yes.

18 Q Well, I am talking about high school, the people  
19 that don't go to college, that group.

20 They use it for kicks, don't they?

21 A The evidence from studies now at Carnegie-Mellon  
22 Institute, and studies that are going on in San Diego, the  
23 studies that have gone on in Los Angeles, at Taft High  
24 School -- and I could cite you a variety of other studies --  
25 is that it is, by far, a very small percentage of individuals  
26 who are using the drug on any regular basis or any frequent

1 basis.

2 By "regular," I mean more than once a month --  
3 by "frequent" I mean more than once a month . By "regular,"  
4 I mean at some fixed intervals.

5 The vast majority of LSD users do not use it  
6 the way these individuals did.

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1 Q All right, but then there are case histories  
2 and within your case --

3 THE COURT: Will counsel approach the bench.

4 (The following proceedings were had at the  
5 bench out of the hearing of the jury:)

6 THE COURT: We have arrived at that point again,  
7 Mr. Kanarek, when you are going around in circles.

8 You appear to have explored all of the  
9 relevant avenues of inquiry. Now let's get on with it or  
10 wind it up.

11 MR. KANAREK: Well, I can only say, your Honor --

12 THE COURT: You apparently seem bent on seeing how  
13 long you can drag this out.

14 MR. KANAREK: That is not so, your Honor. I deem it  
15 to be very important.

16 I know it is a violation of due process and  
17 equal protection for your Honor to cut me off --

18 THE COURT: I am telling you to get to something  
19 relevant or terminate your examination.

20 MR. KANAREK: I think it is most relevant.

21 THE COURT: All right, I don't.

22 MR. FITZGERALD: As long as we are up at the bench,  
23 your Honor, if the Court please, Mr. Keith, Mr. Shinn and  
24 I would like to impose on the Court, if we can, in the  
25 respect when Mr. Kanarek finishes his examination we wonder  
26 if we might individually reopen our direct examination of

1 Dr. Hochman.

2 Mr. Shinn, Mr. Keith and I did talk to  
3 Dr. Hochman over the noon hour and we were appraised of the  
4 results of the interviews of our respective clients.

5 We have gone over the questions with him; it  
6 will be brief; it will be germane and it will be to the  
7 point.

8 We would like if at all possible --

9 MR. KEITH: I can do it either way on redirect  
10 examination --

11 MR. KAY: Mr. Keith has already had the benefit of  
12 the direct examination.

13 MR. KEITH: I can do it either way. I will have an  
14 opportunity on redirect examination.

15 THE COURT: You have already examined him twice.

16 MR. KEITH: Pardon me?

17 THE COURT: If my recollection is correct, you  
18 already examined him twice.

19 MR. KEITH: Dr. Hochman!

20 THE COURT: Haven't you? Haven't you asked  
21 questions after other defense counsel finished?

22 MR. KEITH: I don't recall.

23 THE COURT: Perhaps I am mistaken.

24 MR. BUGLIOSI: I have not examined him at all myself.  
25 I will be brief.

26 THE COURT: This can go on forever, obviously, it's

1 an inexhaustible field,

2 MR. KEITH: There are some relevant points I feel  
3 I did not get in.

4 THE COURT: There haven't been any brought out in  
5 the last few minutes.

6 MR. KEITH: I did not finish -- that I feel I did not  
7 get into the evidence that is important to me.

8 MR. FITZGERALD: It is simply we would like to have  
9 the doctor render an opinion on the present mental status  
10 on Susan Atkins, Patricia Krenwinkel, and the basis for his  
11 opinion.

12 But that is the extent of the questions.

13 THE COURT: All right, let's get on with the  
14 examination, Mr. Kanarek.

15 MR. BUGLIOSI: When you say "present mental status,"  
16 what are you talking about, sanity? Are you talking about  
17 diminished capacity or what?

18 MR. FITZGERALD: The doctor has told me as the result  
19 of his examination he formed the opinion that Patricia  
20 Krenwinkel is mentally ill; she suffers from a schizoid  
21 personality as manifested by certain recognizable symptoms  
22 of mental illness which he will describe.

23 THE COURT: All right, let's proceed.

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

26 Q BY MR. KANAREK: Doctor, do you agree that when

1 someone is under the influence of LSD that it is a drug --

2 That they are then at that point undergoing a  
3 drug-induced psychosis?

4 A Well, initially, medical science viewed LSD  
5 as possibly a means of providing us a mild psychosis, that  
6 is, a way of creating artificially all the mental  
7 experiences that occur naturally in what we call a  
8 psychotic state.

9 Eventually, however, this was rejected because  
10 it was felt the two experiences were not truly alike.

11 In the psychotic state it is generally  
12 accepted that the individual is incompetent to judge  
13 reality in a normal way, to react appropriately to external  
14 stimulus, to control his thinking in his usual fashion,  
15 that his sense of ego or sense of agency is so disrupted,  
16 totally, that he is unable to function normally.

17 In the LSD state, small doses do not disrupt  
18 ego function that significantly.

19 Larger doses can really disrupt ego functions  
20 so active delusions, hallucinations and other aberrant  
21 perceptions occur.

22 But generally the differences in the LSD state,  
23 the individual maintains an awareness that this is a  
24 hallucination.

25 That is not always true but that is generally  
26 true, once again depending on the dose,

1 And even in the same experience one can drift  
2 in and out, or cycle in and out of the state where you are  
3 no longer capable of observing the reaction and saying,  
4 "Well, that is just a hallucination."

5 They do occur periods in the experience when  
6 you lose the power to observe, to discriminate one's  
7 personal reality from the reality, the artificial  
8 reality of the drug.

9 So it is possible to argue that a modified  
10 psychosis does occur chemically induced under the influence  
11 of LSD on a temporary basis.

12 But this is momentary, at the most hours in  
13 the greatest majority of individuals.

14 Q So if a person thinks that 13 stories up is  
15 the distance of a curb or a person thinks that he or she  
16 is a witch, or if a person thinks that the factual set-up  
17 before them is something which in fact it isn't, this is--

18 A -- a chemical psychosis.

19 Q This is a chemical psychosis that is LSD induced,  
20 right?

21 A If they think they can fly and jump out of a  
22 window and get killed, that is psychotic.

23 If they believe they can fly and get to the  
24 window and say, "Wait, I'd better not do that," they are  
25 not psychotic.

26 Q If they think they are a witch and in fact

1 they are not a witch, they are psychotic, right?

2 A If they act upon it.

3 MR. KANAREK: Thank you.

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

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

8 The Court will recess for 15 minutes.

9 (Recess.)

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

3 Mr. Bugliosi, do you care to cross-examine?

4 MR. BUGLIOSI: Yes, your Honor.

5 CROSS-EXAMINATION

6 BY MR. BUGLIOSI:

7 Q Doctor, you testified that you entertained the  
8 possibility that Leslie, Sadie and Katie may have been under  
9 the influence of LSD during these murders, is that correct?

10 A Yes.

11 Q You are not sure about this but you just enter-  
12 tained this possibility, is that correct?

13 A Yes.

14 Q And I believe you testified that one indication  
15 that they were under the influence is that, looking back  
16 to the nights of these murders, they described the street  
17 lights as colors of beads and the streets as arteries.

18 And you feel that these descriptions are  
19 typical of those who are under the influence, is that  
20 correct?

21 A Yes.

22 Q Now, you recognize, do you not, Doctor, that  
23 if these three female defendants wanted you to believe  
24 they were under the influence of LSD on the nights of  
25 these murders, they could very easily interject LSD terms  
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13a-2

1 and descriptions as they <sup>related</sup> relate to you the events on the  
2 night in question, is that correct?

3 A That's correct.

4 Q For clarification, Doctor, I want to ask you  
5 this question:

6 You certainly have read very very extensively  
7 the literature in the field of LSD, is that correct?

8 A Correct.

9 Q Have you ever read a reported case in the  
10 literature of LSD of any individual who committed murder  
11 while under the influence of LSD?

12 A No, suicide but not murder.

13 Q From your experience in the field of LSD have  
14 you found that with some individuals LSD has absolutely no  
15 effect whatsoever?

16 A This does occur. Rarely, but it does occur.

17 Q You say that Leslie started taking LSD at the  
18 age of 14?

19 A Yes, that was her first experience at the age  
20 14.

21 Q And that she went into it with a so-called  
22 vengeance, is that correct?

23 A Yes.

24 Q Would you elaborate on that?

25 A Immediately after her first experience she  
26 describes as establishing shortly thereafter a pattern of

13a-3

1 regular use on approximately a weekly basis, and expressed  
2 the desire at that time to take more if she would be  
3 allowed to by Bobby Mackie.

4 Q Even before Leslie Van Houten joined the so-  
5 called Manson Family, would you say from your evaluation  
6 of her that she was more emotionally disturbed than the  
7 average person?

8 A Yes.

9 Q Significantly more?

10 A I don't know the way of measuring that.

11 I would say more, definitely more.

12 Q So even before she joined the Family she had  
13 emotional problems more than the average person, is that  
14 correct?

15 A I would say so.

16 Q I believe you testified yesterday that Leslie  
17 historically had trouble with her impulses.

18 Would you elaborate on that?

19 A Yes, she described the episodes of sudden  
20 outbursts of temper manifested in striking her sister in  
21 the head with a shoe, I think is what she described on a  
22 number of occasions.

23 I was trying to remember if she said something  
24 about school, or am I confusing her --

25 That is the main thing that impressed me.

26 Q I will get back to that in a short while.

13a-4

1 This is basically what you meant when you said  
2 historically --

3 A Historically that was the thing that impressed  
4 me.

5 Q Meaning she acts impulsively?

6 A That only impressed me in light of the other  
7 experience I had with her immediately at the Sybil Brand  
8 in terms of her responses to me, the testing situation.

9 Q You got the impression from examining her that  
10 she is an impulsive individual?

11 A Yes.

12 Q She tends to act spontaneously on the spur of  
13 the moment?

14 A Yes.

15 Q Without reflection?

16 A Yes.

17 Q I believe you testified yesterday that the  
18 Family solidified and reinforced and affirmed Leslie's  
19 feelings.

20 By that do you mean that when she joined the  
21 Family they -- that she found people who with insignificant  
22 variations basically felt the same way about things as she  
23 did?

24 A She shared many of the same feelings and values,  
25 I think.

26 Q That she already had?

1 A Yes.

2 Q And would you say that some of these feelings  
3 that Leslie already had, even prior to her joining the  
4 Family, were a type of unformed anger and hostility?

5 A Would you repeat that?

6 Q Would you say that the feelings that Leslie had  
7 even before she joined the Family were a certain anger and  
8 hostility, let's say, toward society?

9 A I would say so.

10 Q And I believe you testified that at the time  
11 Leslie was stabbing Rosemary La Bianca she was motivated by  
12 certain rage and anger, is that correct?

13 A I said I believe that she was experiencing  
14 impulses of severe anger or rage.

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1 Q Directed towards whom, Rosemary, of course?

2 A Rosemary literally.

3 But psychologically I think it was toward a  
4 much more diffuse target than Mrs. La Bianca.

5 Q What would this diffuse target be?

6 A I think it was towards all the frustrations,  
7 disappointments, disillusionments, inadequacies she  
8 experienced in herself and in the world in which she had  
9 grown up.

10 Q Many of which she experienced before she  
11 ever joined the Family, is that correct?

12 A Yes.

13 Q Would you say Leslie Van Houten has more rage  
14 and anger within her than the average person?

15 A That really gets very theoretical because  
16 theoretically we are all capable of harboring such feelings  
17 that we all start at a common, a point of common denomination,  
18 as instance, with anger and impulsivity.

19 But in her I think these are a little less  
20 restrained and controlled than in the average individual.

21 I don't know how you measure rage except in  
22 terms of its effects, so before the actual expression I  
23 could not measure it, I could only theorize its presence  
24 in the psychology of the individual.

25 Q Looking at her conduct on the night of the La  
26 Bianca murders, and based on your personal examination of

1 her, do you feel that she has more surface hostility and  
2 rage than the average person whom you interviewed, let's  
3 say?

4 A I think it is closer to the surface than a  
5 lot of people.

6 Q Did she tell you anything indicative of a  
7 violent disposition before she even met Manson?

8 For instance, in her childhood or during the  
9 adolescent years?

10 A No. In fact I pointed out I was impressed by  
11 her declarations to the opposite extreme of her feelings of  
12 love towards everyone, her absence of anger and hostility,  
13 her denial of these things in herself.

14 Q She did tell you, of course, about the adopted  
15 child called Bessie?

16 A Yes, that was one of the specifics that  
17 impressed me, her denial of feelings of resentment towards  
18 the two adopted children in the home.

19 Q In other words, she claimed she was not  
20 resentful towards them, is that correct?

21 A Yes, and had no resentful feelings when they  
22 came into the home when she was about three or four years  
23 old.

24 Q But in point of fact on a number of occasions  
25 she struck Bessie over the head with a shoe or some other  
26 object at hand, is that correct?

1 A That is what she reported to me.

2 Q She told you she struck Bessie very hard on the  
3 head?

4 A Yes.

5 Q And at the time she was experiencing extreme  
6 anger towards Bessie, is that correct?

7 A Yes.

8 Q Did she indicate to you how old she was at the  
9 time of this event or incident with Bessie?

10 A She reported that on several occasions, I  
11 don't remember exactly what age --

12 Oh, she herself was uncertain when it happened  
13 in connection with her general paucity of specific memory  
14 for her childhood.

15 She was always very vague about the dates and  
16 protested that she really could not remember.

17 Q But on many occasions she struck Bessie very  
18 hard over the head with a shoe or any other object on  
19 hand?

20 A She indicated on a number of occasions, not  
21 several, not many, a number, it was not a regular  
22 occurrence, in fact she presented it as something unusual,  
23 but it was not isolated in one or two single instances.

24 Again, she was uncertain about the number.

25 Q With respect to the first Bobby in Leslie's  
26 life, I believe it was Bobby Mackie?

1 A Uh-huh.

2 Q Did she tell you that Bobby Mackie impregnated  
3 her?

4 A Yes.

5 Q And did she tell you she terminated the preg-  
6 nancy by abortion?

7 A Yes, she stated that was one of the -- I better  
8 quote this.

9 In contrast to her first experience with sex  
10 she said it was not satisfactory.

11 In contrast she describes her experience with  
12 Bobby as being immensely happy.

13 She was strongly attracted towards marriage with  
14 him, in fact she became impregnated by him.

15 An abortion was arranged and she stated she  
16 never had forgiven her mother for this one thing, even  
17 though she knew it was the best thing at the time.

18 Q She stated she had this experience at 14?

19 A Yes.

20 Q That was not her first experience with sexual  
21 intercourse?

22 A She had one previous experience.

23 Q Prior to Bobby Mackie?

24 A Yes.

25 Q Did she tell you during your interview of her  
26 that Charles Manson was the philosopher of the Family at

1 Spahn Ranch?

2 A No, she did not talk about it that way.

3 She described enjoying listening to his talk  
4 and his songs around the fire in the Spahn Ranch, and  
5 listening to his philosophy.

6 That is the way she described it.

7 Q Do you have your report in front of you,  
8 Doctor?

9 A Yes.

10 Q Page 5, first paragraph midway down.

11 Is there the language:

12 "She said that Charlie was always kind of  
13 the philosopher of the group"?

14 A Let me see here, where is that again, please?

15 Q Page 5, first paragraph midway a little past  
16 midway in the paragraph.

17 Did you find it?

18 A Yes, I see that.

19 She said that Charles was always kind of the  
20 philosopher of the group and she always enjoyed listening  
21 to the songs and music and thought he was talented, but  
22 she was never up in philosophy and things like that,  
23 though she listened she never did get involved with it.

24 Q So she did tell you that Charles was the  
25 philosopher of the group?

A Yes, I am corrected on that.

13c-1

1 Q You are correct in your original testimony on  
2 that?

3 A Yes, I am correcting what I just said.

4 Q Based on your three and a half hour examination  
5 of Leslie, do you find her to be of average intelligence?

6 A Yes.

7 Q Did she appear to be oriented as to person,  
8 time and place?

9 A Yes.

10 Q Did you find her thought processes as opposed  
11 to thought content, did you find her thought processes  
12 during your conversation to be unusual in any fashion?

13 A No, I did not.

14 I found her thought processes to be intact.

15 Q In other words, she could carry on a lucid  
16 coherent conversation with you without going off on any  
17 inappropriate tangent?

18 A Yes.

19 Q Do you believe she is presently psychotic?

20 A No.

21 Q And you define the word, psychotic, to mean  
22 losing contact with reality?

23 A Yes.

24 Q You do not feel she is presently psychotic?

25 A No.

26 Q Based on your examination of her do you feel

1 she ever was psychotic?

2 A Non-chemically?

3 Q Non-chemically.

4 A No.

5 Q By that I take it you mean that she did have  
6 drug-induced psychoses?

7 A Yes, I would say that she experienced ultra-  
8 states of consciousness that we could call chemical  
9 psychosis.

10 Q Which of course are of temporary duration and  
11 come and go with the use of the drug, is that right?

12 A Yes.

13 Q Will you agree, Doctor, that the word remorse  
14 has a definite meaning in the English language?

15 A Yes.

16 Q And remorseless, or lack of remorse also has  
17 a definite meaning?

18 A Yes.

19 Q At the present time on a conscious level, the  
20 level that all of us of course with the exception of  
21 psychiatrists deal in, do you feel that Leslie Van Houten,  
22 Susan Atkins and Patricia Krenwinkel have any remorse for  
23 having committed these murders?

24 A They profess none.

25 As I have said at least several times now,  
26 I am not convinced about it.

1 Q Now, I said on a conscious level.

2 A That is what I am replying to.

3 Q And you have some doubt about this?

4 A Yes.

5 Q You feel that unconsciously there may be  
6 remorse?

7 A Yes.

8 Q I am talking about conscious now.

9 A Consciously there are certain aspects of their  
10 behavior that make me think that they are not as impermeable  
11 to ordinary feelings as they claim or allege.

12 For instance I have been told independently by  
13 all three of them, apparently unaware of one another, that  
14 they are very frightened of me; and if they have no feelings,  
15 why should they be frightened of me?

16 Q Of course, it is possible for a person to have  
17 one emotion and not have another.

18 A Possibly.

19 Q And fear and remorse are two separately  
20 identifiable emotions, right?

21 A That is true, but where there is smoke there is  
22 fire.

23 I think the presence of one feeling argues for  
24 the presence of a variety of feelings.

25 Q Do you recall telling me, I believe this morning  
26 in private, that in your opinion on a conscious level these

1 three female defendants do not have any remorse.

2 Do you recall telling me that?

3 A Not specifically, frankly.

4 Q All right.

5 Are you aware that Leslie Van Houten testified  
6 at this trial right here?

7 A Yes, I have been told she did.

8 Q At the trial, Doctor, just to familiarize your-  
9 self with the basis of my next question, Leslie testified at  
10 this trial that on the night of the La Bianca murders,  
11 Linda Kasabian drove the car and it was Linda who stopped  
12 in front of the La Bianca house.

13 Now, during your interview with her, did she  
14 tell you that as they drove around the city Linda was  
15 riding in the back seat of the car with her, and not  
16 driving the car?

17 A That is what I wrote as best I could recall  
18 after the interview.

19 Q Do you recall her telling you that?

20 A Yes.

21 Q Linda was not driving the car?

22 A No, all I recall at the time I was dictating  
23 her report was I thought she said she was in the back seat  
24 with Linda.

25 DEFENDANT MANSON: That is why they are afraid of  
26 you. You misinterpret words.

1 MR. BUGLIOSI: Move to strike that gratuitous remark,  
2 your Honor.

3 THE COURT: The comment is stricken; the jury is  
4 admonished to disregard it.

5 BY MR. BUGLIOSI:

6 Q Did Leslie Van Houten tell you, Doctor, that at  
7 the La Bianca residence that the reason she wiped off finger-  
8 prints was that she did not want to get caught for what she  
9 had done?

10 A I better quote that too, I don't want to be  
11 inaccurate.

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1 Q Page 6, first paragraph a little beyond the  
2 mid point.

3 A "At this point Leslie recalls running to get a  
4 towel and beginning to wipe down everything in sight.

5 "It was almost like a TV show, or something.  
6 I began to flash on thoughts like I've got to get the finger-  
7 prints, I've got to get away from here, I can't get caught."

8 "She began to wipe down the walls and began  
9 to wipe down individual rings" --

10 Q You are going on and on, but did she tell you  
11 that?

12 A Yes.

13 Q She did not want to get caught?

14 A Yes.

15 Q For what she had done?

16 A Yes.

17 MR. KANAREK: Your Honor, I suggest that is assuming  
18 facts not in evidence. That is out of context.

19 THE COURT: Overruled.

20 BY MR. BUGLIOSI:

21 Q Did you get the impression from Leslie Van  
22 Houten that she feels protective of Charles Manson?

23 A Yes.

24 MR. BUGLIOSI: No further questions.

25 MR. FITZGERALD: I would request permission to reopen  
26 for direct examination.

1 THE COURT: All right, you may.

2  
3 DIRECT EXAMINATION (Reopened)

4 BY MR. FITZGERALD:

5 Q Did you interview Patricia Krenwinkel, Doctor?

6 A Yes.

7 Q When and where did the interview take place?

8 A Last evening at approximately 6:30, 6:20 p.m.  
9 in Sybil Brand.

10 Q Did the interview follow standard psychiatric  
11 interview techniques?

12 A Yes, it did.

13 Q Was the purpose of your examination to determine  
14 her mental, emotional, psychological and psychiatric condi-  
15 tion?

16 A Yes.

17 Q Did you form a professional opinion based on  
18 the psychiatric interview of Patricia Krenwinkel?

19 A Yes, I did.

20 Q Do you have an opinion as to whether Patricia  
21 Krenwinkel is mentally ill by medical standards?

22 A Yes.

23 Q What is your opinion?

24 A I think that Patricia would be viewed by most  
25 psychiatrists as suffering from a definable mental disorder  
26 on the category we call personality disorder of the specific

1 schizoid type.

2 I would say it was relatively a severe schizoid  
3 personality disorder.

4 Q Would you explain what a schizoid personality  
5 is?

6 A Schizoid personality is a term which is used  
7 to describe a complex of characteristics in an individual,  
8 the most impressive of which is the absence of availability  
9 of the person's emotions to themselves, their difficulty  
10 with receiving emotionality or sharing feelings, feelings of  
11 alienation, isolation, distance, a kind of -- a coldness  
12 about their status in life, a certain kind of joylessness,  
13 particularly in their relationships with other people.

14 Q A splitting over from reality?

15 A No, a repression, of feelings and affects and  
16 avoidance of them.

17 Q What symptoms if any of mental illness did  
18 Patricia Krenwinkel display?

19 A Last evening?

20 Q Yes.

21 A Once again I felt that she evidenced this kind  
22 of a condition or personality disorder, specifically there  
23 was a notable absence of emotionality on her part and a  
24 tremendous flow of intellectualization, philosophizing,  
25 rationalizing, constantly willing to deal with concepts and  
26 ideas but avoiding initially the first 35 to 45 minutes of

1 the interview any emotional content, avoiding history  
2 assiduously.

3 It was only later when she began to talk about  
4 her sister, for instance, I caught or felt glimpses of  
5 emotion in her.

6 She can talk about love, but you don't feel it  
7 in her except at limited points.

8 Q Is the concept, self-image, important in  
9 diagnosing emotional disturbances?

10 A In diagnosing?

11 Q In diagnosing.

12 A No, diagnosis is descriptive; we diagnose on  
13 the basis of symptoms and behavior which fall in various  
14 categories, self-image would fall in the dynamics of how  
15 the symptoms arise.

16 Q Is self-image part of a personality structure?

17 A Yes, there is an internal image of one's self  
18 that one maintains, and that is the basis upon --

19 It is the basis of action, feelings about others  
20 and one's self.

21 Q Is Patricia Krenwinkel's self-image, her image  
22 of herself, bizarre or peculiar in any respect?

23 A Well, here again we have a division in what she  
24 says and what she reports historically, and what I perceive  
25 in the examination.

26 She alleges to feel totally comfortable with

1 herself and totally accepting of all aspects of herself,  
2 which is consonant with her philosophy which she espouses.

3 Historically she never accepts herself, feeling  
4 she was ugly, specifically she talked about always being  
5 too hairy and having feelings of ugliness inside herself  
6 about that.

13e fls.

7 Let's see if I can find other examples.  
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1 Q She felt unwanted/unloved.

2 A Unwanted, unloved.

3 Well, I was impressed with the variety of ways  
4 she evidenced her feelings prior to her membership in the  
5 Family; that she was very much unaccepting of herself and  
6 uncertain of herself.

7 She perceived herself as ugly.

8 Q In addition to her hairyness did she indicate  
9 any other physiological characteristic of her body that  
10 led to her feelings on love?

11 A She talked about a point in life, I think it  
12 was about age 14, she was very much overweight and she went  
13 on a 40-day crash diet, losing 35 pounds, went from a size  
14 14 to a size 8 dress, and for the very first time  
15 perceived herself as physically beautiful, using Benzedrine  
16 to help her reduce some of the weight.

17 Q Did you find her in her interview that she  
18 intellectualized and rationalized frequently?

19 A I thought it was almost impossible to get to  
20 any other level with her for 30 minutes or so.

21 Q Did you discover any inappropriateness of  
22 affect?

23 A The absence of it.

24 Q There was a total absence of affect?

25 A Initially.

26 Q And affect has been described as the feeling

1 A Unquestionably a chronic user.

2 Q What influence, if any, did Patricia  
3 Krenwinkel's chronic use of LSD have upon her mental  
4 illness?

5 A I think that in Katie's case she was using  
6 LSD to escape the emotional state.

7 It would give her in sharp contrast to this  
8 kind of cold disaffected, alienated, position, intense  
9 feelings of joy, immediacy contact, communication with  
10 others.

11 I think she sought that regularly as a kind of  
12 a relief. To have feelings in that position is like to  
13 find water in the desert.

14 I think she was always looking for that,  
15 subsequently.

16 Q The only way she could experience feeling an  
17 emotion would be to use the drug, is that correct?

18 A I think that that was the case prior to her  
19 coming to the Manson Family.

20 Q What happened after she came to the Manson  
21 Family?

22 A Well, from the description of all the others  
23 that I talked with, she found a niche in the family as a  
24 kind of a mother figure, particularly for Sadie; Sadie  
25 says she is the first woman in her life she felt  
26 comfortable with, she could talk to and felt accepted by.

1 I think it met some of Katie's needs emotionally;  
2 she could give love that way in a safe way to a dependent  
3 child and not risk the vulnerability of being dependent on  
4 someone else.

5 She could be the mother, not the child.

6 Q How do people get the way Patricia Krenwinkel  
7 is?

8 A It is theorized, and in the experience of my-  
9 self and others, it is most often a failure to be gratified  
10 in your relationship with your own parents, the warmth  
11 does not flow.

12 Q Does the disturbance begin in infancy?

13 A Probably, there is some theorization involved  
14 in the amount and variety of body contact, facial contact  
15 and other forms of stimulation.

16 Q Would it be accurate to say, based on your  
17 knowledge and experience in the field of psychiatry that  
18 the patient in this case, Patricia Krenwinkel, had little  
19 or no control over the development of her initial  
20 personality?

21 MR. BUGLIOSI: Calls for a conclusion, your Honor.  
22 He was not there when she was a child.

23 THE COURT: Do you have an opinion, Doctor?

24 THE WITNESS: Well, yes.

25 THE COURT: You may answer.

26 THE WITNESS: The child has little control over the

external circumstances in which he lives.

I think that is fair.

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1 Q BY MR.FITZGERALD: What role if any does  
2 Patricia Krenwinkel's underlying personality structure have  
3 upon her mental illness, if that is intelligible, in the  
4 sense there is a difference between personality structure  
5 and mental illness?

6 A Well, mental illness is the broad category in  
7 which we would include all diagnosable conditions.

8 The personality disorder is one such condition,  
9 so it is like talking about apples and oranges.

10 We are talking about the apples and the basket  
11 they come in.

12 Q Did Patricia Krenwinkel indicate to you the  
13 circumstances under which she for the first time in her  
14 life ingested the drug LSD?

15 A Yes.

16 Q Would you describe that?

17 A If I can find my notes.

18 I was impressed by the fact that she tried LSD  
19 at a much later age than the others.

20 Q How old was she when she first ingested the  
21 drug?

22 A Let me find that, please.

23 She was in --

24 I think she was in the senior year of high  
25 school.

26 Q 17 or 18 years old?

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A 17 or 18.

1 She said she was in a car with some of her  
2 "beatnikish friends," and some dude says "Open your mouth,  
3 I'm dead."  
4

5 "He threw something in. I said 'What was that?'

6 "He said 'LSD.'

7 "As I began to come on it was a beautiful  
8 experience but very strange.

9 "We went to what was sort of an upper class  
10 restaurant in Los Angeles and I sat there watching myself  
11 disintegrate. I could see the bones in my arms and in my  
12 hands, just like my whole being was leaving.

13 "I looked up and I saw plastic flowers; they  
14 use a lot of plastic flowers in these places, and I began  
15 to see them move, and the motion became real.

16 "It was like life in everything. There were two  
17 police sitting across from us and I suddenly began to flash  
18 some paranoia.

19 "I looked around and saw all the faces, the  
20 ugliness they were putting -- and the ugliness that they  
21 were putting upon themselves.

22 "I went into the ladies room and there were  
23 mirrors all around and I looked at myself and I could see  
24 myself changing ages. I became all ages, older and younger."

25 Then she said that they went back; they all  
26 decided that this was like a bad place to do, so they left.

13f-3

1 They went home.

2 "I saw my mother there and she looked to me as  
3 if she were the devil.

4 "I could see an intense communication block.  
5 I went into my room."

6 Wait a second, something about going into her  
7 room and the next thing is:

8 "This thing of myself, I was listening to  
9 Dillon, the words began to make sense, 'Bam, bam,' the  
10 words were making sense to me.

11 "I decided to relax and let myself go. When  
12 I came down I was really frightened; I decided 'Uh huh,  
13 no more, not for me. That side of the world is just too  
14 heavy.'

15 "I decided I better go to college and be something,  
16 so I went to Mobile."

17 Q She did indicate to you however, that her initial  
18 use of the drug LSD was not a knowing intentional use, is  
19 that correct?

20 A She did not plan it; she did not plan it.

21 Q She was deceived in its application.

22 She did not know what the drug was that she was  
23 taking, is that correct?

24 A Well, she let someone throw it in her mouth and  
25 she swallowed it, so I think there was volition in that.

26 Q Well, would you say she volitionally used the

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1 drug LSD?

2 A No, she volitionally swallowed something but did  
3 not know it was LSD.

4 Q In your opinion, based on reasonable medical  
5 certainty, has Patricia Krenwinkel ever been psychotic?

6 A Well, on the basis of the history she described  
7 to me I would say no.

8 But I have read the report of the examining  
9 psychiatrist in Mobile who felt that she was.

10 Q Well, do you have an opinion?

11 A On the basis of history she does not describe  
12 to me historically symptoms that/would call overly schizo-  
13 phrenic or psychotic.

14 Q Epinephrine is a cardiovascular constrictor?

15 A Yes.

16 Q Commonly referred to as adrenalin?

17 A Yes.

13g fls.

MR. FITZGERALD: I have nothing further.

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## DIRECT EXAMINATION (Reopened)

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BY MR. SHINN:

Q You examined Susan Atkins last night too, did you not?

A Yes, I did.

Q During the course of your conversation with Miss Atkins --

THE COURT: You are asking to reopen now, Mr. Shinn?

MR. SHINN: Yes, your Honor, on behalf of Susan Atkins, your Honor.

THE COURT: Very well, you may.

BY MR. SHINN:

Q During this conversation with Miss Atkins did she give you answers which were consistent to persons that have taken LSD before?

A Well, I don't think --

That doesn't make sense to me, Mr. Shinn.

There is no consistent response from people who have taken LSD.

Q Well, were some of her answers the type of answers you would get a person that had ingested LSD?

A Oh, yes, the values expressed, the description of the experiences, things of that nature.

Q Did she relate to you her first experience with LSD?

A Yes, she did.

1 Q Would you describe that to us?

2 A Let me find it, please.

3 She described her first LSD experience as a  
4 result of a general decision she had made to --

5 I am making it polite -- she said something  
6 to the effect of "To hell with everything.

7 "My parents told me I was going downhill so  
8 I decided 'To hell with it, I'm going to do it.'"

9 More strongly than that, though.

10 Q So she went on Market Street and she stopped  
11 a hippie with long hair and beads on and she said "I'd like  
12 to buy some LSD."

13 And he got very paranoid.

14 "He said 'Are you kidding?'"

15 She said "No, seriously."

16 So they went somewhere and bought some. Then  
17 she dropped the LSD and she was walking along Market Street  
18 when the effect began to come on.

19 She experienced Market Street as some kind of:

20 "I experienced it like a hideous monster.

21 "I could hear the cable cars moving and the  
22 colors I experienced --

23 "I became paranoid."

24 No, they went back to a room -- I forget where  
25 it was exactly, with the hippie, and she began to experience  
26 monsters attacking her, coming out of the wall. The

1 fellow's name was Mike.

2 And then she started, when she recalled that  
3 was the name of her older brother, he told her "They are  
4 only hallucinations.

5 "You can make them into whatever you want to  
6 make them."

7 "So I thought about it and I made the situation  
8 paradise. I turned the monsters into vines and flowers and  
9 the room became paradise."

10 And she described it at some length, but that's  
11 where my notes stop.

12 Q Did she relate to you in the conversation the  
13 frequent use of LSD?

14 A Yes.

15 Q And did she tell you at what age she started  
16 using LSD?

17 A She began using LSD at the age of 18.

18 Q Now, did she say anything about using other  
19 drugs before the age of 18?

20 A Let's see, yes.

21 She began using marijuana when she was, I think,  
22 17, late 17.

23 It was introduced by her boy friend, Al, with  
24 whom she was involved in the thefts.

25 Oh, <sup>yes,</sup> she described herself at the age of 16 and 17  
26 as on the way to becoming a drunk.

1 She says "My mother and my father are both  
2 alcoholics; in school I was drinking. This was in Los Banos,  
3 when they moved there, this was at the age of 16.

4 "I used to go in the bars and find older men in  
5 bars and I would flirt with the bartenders and I was on the  
6 bowling team, and really ended that scene.

7 "I was scattered, no directions, I was following  
8 old men, but I couldn't admit it to myself, I had to get  
9 drunk first to do it."

10 So she was in her own words on the way to becoming  
11 an alcoholic at the age of 16 like her parents, and later got  
12 into patterns of drug use when she moved to San Francisco,  
13 particularly during the period she became a topless go-go  
14 dancer.

15 Q Did she relate to you whether or not she used  
16 LSD to cure her drunkenness, was that one of the purposes  
17 of her taking LSD?

18 A Let's see if I can find that.

19 In psychiatry, in psychoanalysis we frequently  
20 find significant the way people connect two different  
21 subjects, apparently unrelated, and their association from  
22 one to the other.

23 And I felt that this was such an example when  
24 she was talking about when she almost became married to an  
25 IBM computer mechanic, someone she saw as straight and a  
26 person of quality.

1 "I became reengaged to Bobby, even got him to  
2 get me a wedding band and everything was ready.

3 "He had obtained a whole floor of an apartment  
4 building where we would live, and I was standing there with  
5 his brother looking at all these beautiful things.

6 "And he told me 'You are no good; you really  
7 don't care about him; you are just marrying him to get all  
8 these beautiful things.'

9 "I told him 'You know, you're right. You tell  
10 him I am not good enough for him, I can't do it.'

11 "I went to Broadway with a guy I had met on  
12 the street, then I began dropping acid every other day,  
13 two or three tabs."

14 She then talked about her next move was then to  
15 what she called the Satanic period, she got involved with  
16 Anthony LeVey, the satanist in San Francisco and was part  
17 of some of his ceremonies, et cetera, et cetera and this  
18 followed after that last bit of conversation.

19 "I dropped acid eight months on an average of  
20 three times per week; I was always high. I was in it,  
21 painting, tripping and travel, I didn't like the other girls  
22 I was working with. I stole from them. I felt like the  
23 three faces of Eve.

24 "I was a prostitute -- not really, but I would  
25 play the role on Market Street.

26 "I was involved with an older man in the Mafia,

1 worked in the after hours club, just a place where they  
2 could con money out of people.

3 "I became a con. At home I was living with a  
4 man.

5 "Though I was a soft loving female at home,  
6 but outside, away from him I was everything I had ever  
7 seen or wanted to be, I was told I should not be, as I had  
14 fls. made me free."

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1 Q Now, therefore, in your opinion, she is a chronic  
2 drug user?

3 A Yes.

4 Q And what effect did it have on her personality  
5 or her character?

6 A I think that she was using drugs for relief,  
7 for psychological relief, to take away from her normal  
8 non-chemically altered state of emotions self-perceptions  
9 that were basically intolerable to her.

10 She described herself at great length as the  
11 worst of all possibilities. She had done and been every-  
12 thing inside of a single year.

13 I think I talked about that. I quoted earlier.  
14 "There was nothing to do but start all over again."

15 And it was at that point that she met Charlie.

16 Q Now, would you say, Doctor, from your conver-  
17 sation with Miss Atkins, that she was somewhat self-  
18 destructive?

19 A I don't see how she could have been any more  
20 self-destructive.

21 In short, she even described two suicide  
22 attempts in San Francisco.

23 She made light of them. She said she knew she  
24 was a fake and it wasn't real, but she was lonely, that she  
25 knew no one in San Francisco, and it was the only way to  
26 get attention, and attention was the only thing she

1 desired. She craved it.

2 Q What other changes did LSD have on her  
3 personality or character?

4 A I am not sure but that she is that different  
5 now from then, before Charlie.

6 She has a lot more terminology now that she  
7 can utilize and rationalize, a variety of ways she can  
8 explain herself, of defending her earlier feelings of  
9 self-despising -- self-despising earlier feelings.

10 She professes a contentment and peace with her-  
11 self at this point. And if this is indeed true, then I  
12 would have to say that her experiences inside the Family  
13 and with LSD may have allowed her to manage this.

14 If this is true. But I am not convinced of  
15 that.

16 Q Now, what effect -- did she tell you about her  
17 mother's death?

18 A Yes.

19 Q And what effect it had on her?

20 A She said that she was relieved when her mother  
21 died because she had been suffering from leukemia for nine  
22 months, and it was better off that she was dead.

23 But she also described her mother as a rejecting  
24 woman who had little to do with her, wasn't very nurturing.

25 For instance, she gave as an example that her  
26 father was the one that always got her up in the morning,

1 dressed her, fixed her breakfast. Her father cared about  
2 her, but her mother never did.

3 Q Was there any indication of an unhappy home  
4 life or happy home life while a child?

5 A She described her childhood as really a  
6 deprived situation.

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1 Q When you say "deprived," what do you mean,  
2 Doctor?

3 A Deprived of love, good examples to model after.  
4 She described the father as a drunken bum, an  
5 alcoholic, a failure.

6 Let's see if I can quote from that.

7 She describes an experience at age three or four  
8 where the police came. She didn't remember exactly, but  
9 the neighbors stopped them from taking them away and from  
10 arresting her parents for abandoning the children.

11 She didn't understand it at this time but found  
12 out about it later what it was.

13 She was with her three years older brother at  
14 that time.

15 Her immediate association after that was to tell  
16 me about her home life in which she had cats and dogs of  
17 all varieties around her. She kept every stray animal she  
18 ran across.

19 I thought that was a simple displacement from  
20 her internal perception of herself.

21 Q Do you feel, Doctor, that Miss Atkins was  
22 mentally ill at any time?

23 A I think she has a diagnosable condition.

24 I think that she suffers from a deprivation,  
25 an early childhood deprivation syndrome, and I think that  
26 she has had a personality disturbance of an hysterical type  
as most characterizable by an adaptation to that

1 deprivation. A hysterical personality type.

2 Q And you base those on these facts that you  
3 just related, or do you have other facts?

4 A Based on her history as she provides it to me,  
5 and based upon her response to me as an examiner, based  
6 upon my observed behavior of her here.

7 Q Are those the only factors you can think of  
8 that led to her mental state at this time?

9 A Well, no.

10 As I said earlier, I am convinced that our  
11 mental state is the result of all of our experiences.

12 Her early experience, I think, shaped her  
13 basic character, her basic personality type.

14 I think that the variety of psychedelic  
15 experiences she has had have influenced her, her  
16 experiences in the Haight-Asbury, in the commune, in this  
17 courtroom.

18 Q I believe you stated at one time that she was,  
19 in fact, not consciously remorseful, is that correct?

20 A I am sorry?

21 Q I believe you stated at one time she was not  
22 consciously remorseful?

23 A She denies it.

24 Q And I believe you said that there may be a  
25 subconscious remorsefulness?

26 A Yes.

1 Q Is that correct?

2 A She is the only one of them who describes  
3 specifically an internal reaction to committing murder.

4 She said that when she killed Hinman that she  
5 died.

6 Q In other words, you feel that she is remorseful  
7 but she doesn't manifest it; is that correct?

8 A Remorse is not in high fashion in her sub-  
9 culture. I think she avoids it. It is part of her member-  
10 ship price.

11 Q What you are saying, Doctor, is that sub-  
12 consciously she is remorseful; is that correct?

13 A I think so.

14 I think it is more available to her than the  
15 others.

16 MR. SHINN: I have nothing further.

17 THE COURT: Mr. Keith?

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## REDIRECT EXAMINATION

1  
2 BY MR. KEITH:

3 Q In your opinion, Doctor, is Leslie Van Houten  
4 suffering from a personality disorder?

5 A Yes.

6 Q Of what type or nature?

7 A I would say that she falls into the general  
8 category of an hysterical personality type also.

9 Q Is she also a schizoid personality?

10 A I think there is some evidence for the existence  
11 of that, too.

12 Q And in your opinion, Doctor, does her schizoid  
13 character antedate the time when she started to take LSD?

14 A Yes.

15 Q In your opinion, Doctor, was her personality  
16 disorder, her then personality disorder when she was a  
17 young teenager, a positive factor in her entering the drug  
18 culture?

19 A Yes.

20 I think it was a determinant in her dis-  
21 illusionment, her overwhelming disillusionment reaction dur-  
22 ing the first LSD experience with her family when she was  
23 home and saw the family. It is like all the fairies and  
24 the hopes and wonderment disappeared as her idealized  
25 father disappeared before her acid perceptions.

26 Q In your opinion, Doctor, has Leslie, with

1 reasonable medical probability, suffered from a chemical  
2 psychosis as a result of her chronic drug use?

3 A Acutely. Acute chemical psychoses, as we dis-  
4 cussed earlier, under the influence of the drug LSD.

5 Q Are there factors which may lead you to believe,  
6 Doctor, assuming that she was on an LSD trip at the time  
7 of the La Bianca episode, that she was in a chemically-  
8 induced psychotic state at that time?

9 A Yes. On the basis of what we discussed before.  
10 I can't say I feel definitely. I can't make  
11 my mind up.

12 Q I am talking about reasonable medical  
13 probability, not certainty, Doctor.

14 A That isn't a medical question, Mr. Keith.

15 Q It is a psychiatric problem?

16 A It isn't even a psychiatric question. It is a  
17 question of validity for any individual, as a psychiatrist,  
18 whether or not I believe her testimony.

19 Q Now, what I am getting at is this, Doctor: You  
20 have some reservation about her having been on an LSD  
21 trip at the time of the homicide, apparently?

22 A Yes.

23 Q All right, now, let's assume she was on an LSD  
24 trip at the time.

25 A Yes.

26 Q Are  
/there factors in her behavior at that time,

1 assuming she was on an LSD trip, that led you to form the  
2 opinion she may also have been suffering from a chemically-  
3 induced psychosis as the result of the LSD?

4 A Yes. Now I understand.

5 Q And what is that opinion?

6 A Her behavior, as described in the testimony and  
7 as described to me, her description of the events.

8 Q Does the photograph of Mrs. La Bianca that  
9 you saw indicate to you, Doctor, -- not in and of itself,  
10 but as a factor -- that she was suffering from a chemically-  
11 induced psychosis at that time?

12 A I am sorry. Would you repeat the question?

13 Q All right.

14 You saw photographs of Mrs. La Bianca?

15 A Yes.

16 Q And we have discussed perseveratory behavior?

17 A Perseveratory.

18 Q Perseveratory?

19 A Yes.

20 Q All right.

21 Now, perseveratory behavior is a symptom of  
22 psychosis, is it not, Doctor, whether chemically-induced or  
23 an actual psychosis?

24 A No.

25 It is a characteristic most often of a limited  
26 class of psychoses, but much more often of the LSD chemical  
effect.

14c-1

Q All right.

A It isn't characteristic of all psychotic behavior.

Q It is?

A It is not the characteristic of all psychotic behavior.

Q It may well be the characteristic of chemically induced psychotic behavior?

A Yes.

Q So, the multiple stab wounds is a factor that you may have considered in arriving at your opinion that Leslie Van Houten may well have been in a state of chemically induced psychosis at the time of the homicides?

A Yes.

Q Now, in your testimony yesterday and today, Doctor, you used the term or the expression that Leslie was alienated.

Does that mean to you, in your opinion, she was mad at the world, mad at everybody? Or do you use it in a narrower or psychiatric sense?

A I was using it, I think, both ways.

Alienation in the sense of perceiving one's self as not a part or with all the others, or distant and set apart from them, not having membership.

And also using it in a general sense, feelings of disillusionment, frustration.

Q Isn't this a feeling that is very common amongst

14c-2

1 young people today?

2 A Yes, it is.

3 Q Alienation with present day institutions?

4 A There are even some people who posit this may  
5 be characteristic of adolescence per se.

6 Q You also talked about the fact that she was  
7 in some rage state at the time that she struck down Mrs.  
8 La Bianca.

9 Was that rage state subconscious or conscious,  
10 in your opinion?

11 A Well, as I think she described her experience at  
12 the time of the act, she was striking back with the same  
13 feelings and with the same impulses that she perceived in  
14 Mrs. La Bianca. "If you are going to be that way, I will  
15 be that way, too." And then anger and a fight.

16 But she denies hatred at the time of the murder.

17 Q You mean hatred toward --

18 A Mrs. La Bianca.

19 Q -- Mrs. La Bianca?

20 A She talks about an animal kind of rage, not  
21 involving personalities or people.

22 Q I take it, Doctor, in your opinion, that at the  
23 time of the homicides Leslie's thought processes were primary  
24 and primitive and animal-like?

25 A Yes, I think so.

26 Q And did she, in your opinion, view Mrs. La Bianca

14c-3

1 as something other than a real human being, but rather  
2 depersonalized her?

3 A I think that she viewed Mrs. La Bianca like an  
4 object, depersonalized, alien, not her, not a part of her,  
5 not like her.

6 Q Is this a probably or possible effect of the  
7 use of LSD or being on an LSD trip, to depersonalize people?

8 A The effect is usually to depersonalize one's  
9 self in terms of experiencing one's self in a radically  
10 different way from the ordinary state. But many people  
11 report intensified ability to communicate, feelings of real  
12 empathy, and communication with another individual.

13 I would have to attribute what Leslie experienced  
14 under the hypothetical question to be more a function of  
15 her own psychology facilitated by the drug.

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1 Q Could it also be a function of certain  
2 attitudes created in her by Mr. Manson, having in mind the  
3 assumed facts of the hypothetical question, Doctor?

4 A I don't think there is any created in her by  
5 Mr. Manson.

6 I think that <sup>he</sup> ~~she~~ may have given form or  
7 expression to something that was there already, and it was  
8 at that point formless or not verbalized or not concep-  
9 tualized.

10 Q You have used the term, I believe, Doctor,  
11 "decompensation" in your testimony.

12 A Yes.

13 Q Could you describe the meaning of that term  
14 to us as laymen?

15 A That refers to the failure of the individual  
16 to function psychologically in a normal way, for the  
17 psychological mechanisms of defense, of coping with the  
18 world, of coping with one's thought processes. These  
19 mechanisms break down.

20 Q And that is decompensation?

21 A Yes. The homeostasis that Dr. Ditman mentioned,  
22 the emotional homeostatis, the maintaining of a sense of  
23 equilibration falls apart.

24 Q In your opinion, Doctor, was Leslie suffering  
25 from decompensation, or did she have that sort of attitude,  
26 if you call it an attitude, at the time she was living at

1 the Spahn Ranch?

2 A No. I don't think she was psychologically de-  
3 compensated at the time that she was at the Spahn Ranch.

4 She seemed to be coping, reality-testing  
5 fairly well.

6 Her ideas would have been viewed as strange,  
7 but not her function.

8 Q You agree, do you not, Doctor, that the  
9 homicides at the La Bianca residence were highly  
10 irrational and bizarre and rather unique?

11 A Yes.

12 Q In your opinion, Doctor, was Leslie decompen-  
13 sating at the time that she participated in those homicides,  
14 assuming all the other facts in this case?

15 A I think that if her mental function was  
16 decompensated at the time, it was under the circumstances  
17 of the chemically-induced psychosis.

18 Q Is Leslie's present thought processes still  
19 primary, in your opinion, Doctor?

20 A No. No.

21 Q In your opinion, were her thought processes  
22 primary rather than secondary continually while she was at  
23 the Spahn Ranch, or only occasionally while she was on an  
24 acid trip, regardless of her behavior, if you have an  
25 opinion?

26 A I don't have an opinion on that.

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Q You believe they were, though, at the time of the homicides?

A I think that under the altering effects, the psychic effect of the drug, that she was probably slipping in and out of primary process thinking.

I would say that she doesn't experience that now but seeks it.

Q She is intellectualizing now, is she not, Doctor?

A Yes.

Q And she advises you that she has no dependency or no need for dependency and other such attitudes?

A Yes.

Q She couldn't fill out that test, could she, Doctor, that you gave me to give to her?

A She didn't.

Q That was a simple test, wasn't it?

A Yes. She didn't fill it out.

THE COURT: What was the answer?

THE WITNESS: She didn't fill it out.

THE COURT: The question was that she couldn't.

MR. KEITH: I will withdraw that question.

Q She didn't fill it out, did she?

A No.

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1 Q In your opinion, Doctor, is that because she no  
2 longer has any value system?

3 A I don't think it is because she has no value  
4 system.

5 She loudly and strongly presents a value system.  
6 It is because she didn't want to do it,  
7 apparently.

8 Q She made certain comments about the test, did  
9 she not?

10 A Yes. Which we have talked about before.

11 Q Did she write in one place in the test that she  
12 felt she was perfect within herself and that there is no need  
13 to continue with --

14 A Yes.

15 Q -- trying to answer the questions on the test?

16 A Yes.

17 Q Did that strike you as psychiatrically  
18 significant?

19 A Yes.

20 I think she protests too much.

21 Q What do you mean by that?

22 A That that is an example of a kind of massive  
23 denial.

24 Q A massive denial of what?

25 A Imperfection.

26 Q In other words, down deep, Doctor, she realizes

1 how imperfect she is and her need for other people, although  
2 she -- and for love and affection -- although she may deny  
3 it on the surface?

4 A I think that is what is the situation.

5 Q When Mr. Kanarek was examining you, Doctor,  
6 you started -- you more than started -- you expatiated  
7 to some extent on the dynamics of the so-called Manson  
8 Family.

9 You used the terms "external gratification,  
10 total acceptance, total freedom, sense of honesty, of  
11 order, or meaning and random activity."

12 Then you told us that you could have gone on for  
13 a long time, but you stopped.

14 Do you remember that testimony?

15 A Yes.

16 Q Do you have other dynamics that you could add  
17 to the list that you have already explained to us?

18 A Yes.

19 I think I'd have to prepare my statements in  
20 terms of some explanation of what an hysterical personality  
21 is and what the dynamics of that are, what needs inside  
22 that personality are being met by the specifics of that  
23 arrangement out there.

24 Q Nobody has asked you what you mean by hysterical  
25 personality.

26 A No.

1 Q What does that mean, Doctor, in psychiatric  
2 terms?

3 A Well, this is a personality that is characterized  
4 by the emotional lability.

5 That means a kind of a flux and easiness, to  
6 flux and change emotion, persisting pattern of looking to  
7 the outside for validity rather than looking inside.

8 A characteristic pattern is most often described  
9 in females of looking to males and sexuality <sup>as</sup> a means of  
10 finding ratification and assurance.

11 The dynamics of that are understood to be -- it  
12 is a repetition of the learned pattern of looking to father  
13 for love and gratification. Mainly out of an experience of  
14 not finding it with mother. A premature turning to sex in  
15 males for gratification, for their psychological maturation.

16 Q Is an hysterical personality a disturbed  
17 personality?

18 A It can be, depending on the degree of the  
19 severity.

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1 Q Did you find any aspects of an hysterical  
2 personality or personality structure in Leslie?

3 A In Leslie? Yes.

4 I felt that her tendency to turn to male  
5 figures for her validation, for her love and assurance  
6 was characteristic of this condition.

7 Q You are referring to Beausoleil and Mackie?

8 A Father, ideal father, ideal Bobby Mackie,  
9 ideal Bobby Beausoleil, and beatifically ideal Charles  
10 Manson.

11 Q Did you gain the impression, Doctor, during  
12 your examination, that Leslie may be protective of  
13 Charlie Manson?

14 A I think she values him very, very highly and,  
15 therefore, I think that she will protect what she values.

16 Q Incidentally, Mr. Bugliosi brought out that  
17 Leslie, during her childhood and perhaps early teens, used  
18 to hit her younger sister with a shoe.

19 This isn't unusual activity between siblings,  
20 is it, Doctor?

21 A No.

22 Q Brothers and sisters beat each other up all  
23 the time, don't they?

24 A Right.

25 But they don't often protest loudly and  
26 painfully that they have no feelings of anger, ever.

1 Q You mean, Leslie told you that she has no  
2 feelings of anger?

3 A Yes.

4 Q But you are not, I take it, impressed with her  
5 telling you now that she has no feelings of anger? In  
6 other words, you don't believe it?

7 A I think only gods are deprived of human feelings,  
8 and I don't think she is a god.

9 Q We all get mad from time to time?

10 A Yes.

11 Q In your opinion, Doctor, do you think Leslie  
12 is some kind of a homicidal maniac?

13 A No.

14 Q Do you think she is some mad killer that is  
15 going to go out in the street if she is let loose, say,  
16 and kill at will?

17 MR. BUGLIOSI: Calls for a conclusion.

18 MR. KEITH: I will withdraw the question.

19 Q In your opinion, Doctor, is Leslie, or would  
20 Leslie be susceptible or respond to intensive therapy?

21 A Possibly.

22 Q Why do you say possibly?

23 A I couldn't give you an answer until I had a  
24 number of hours more experience with her in a relationship  
25 to see if it would work and how it was going.

26 Q In other words, you don't feel that she is such

a lost soul that she could never be rehabilitated? ↓ ↓

A. No, I don't think she is that lost a soul, no. ↑ ↑

Q. And when we use the term "amenable" or "respond to therapy," are we talking about --

THE COURT: We will adjourn at this time, Mr. Keith.

Will counsel approach the bench?

(Whereupon, all counsel approach the bench and the following proceedings occur at the bench outside of the hearing of the jury:)

THE COURT: When do you want the doctor back?

MR. KEITH: Doctor --

THE COURT: Just a moment. This is not a conference with the doctor.

I want to know when you want the doctor back.

MR. KEITH: After Attorney General Younger testifies.

THE COURT: I understand that. Let's have an estimate.

MR. KEITH: I am not going to question him at all, so I don't have an estimate.

MR. FITZGERALD: I tried to ascertain from counsel, and the estimates I have been able to get is that Mr. Younger's testimony will go the balance of the morning, will go the entire morning, in other words.

Is that a fair statement?

MR. KANAREK: That seems reasonable, your Honor.

THE COURT: Reasonable hasn't had much to do with a

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lot of what we have seen so far, so that doesn't mean any-  
thing.

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1 Well, all right, I am not concerned. The  
2 doctor is your witness.

3 MR. KEITH: All right, fine.

4 THE COURT: As far as I'm concerned he can be excused.  
5 The People still haven't cross-examined but I  
6 am not going to worry about it if you gentlemen cannot  
7 arrive at some kind of an estimate.

8 MR. FITZGERALD: The problem with Mr. Younger, there  
9 are only two germane areas of inquiry, it seems to me.

10 There is some split among us, as you can imagine  
11 as to that determination I just cannot get an accurate  
12 estimate from other counsel.

13 THE COURT: All right, we will adjourn then. The  
14 doctor is not excused but we will have no definite time for  
15 his recall.

16 MR. KEITH: Would it be all right with the Court if  
17 I tell him to come back at 1:45.

18 THE COURT: Tell him to come back any time you want  
19 to.

20 MR. KEITH: All right.

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

23 THE COURT: Ladies and gentlemen, do not converse  
with anyone or form any opinion regarding  
any evidence or testimony submitted to you.  
The court will adjourn until 9:30 tomorrow