

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

DEPARTMENT NO. 130

HON. EDWARD A. HINZ, JR., JUDGE

--cOp--

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

vs.

LESLIE VAN HOUTEN,

Defendant.

9029

NO. A253156

REPORTERS' DAILY TRANSCRIPT

Thursday, May 19, 1977

Volume 29

Pages 4139 to 4280, incl.

APPEARANCES: (See Volume 1.)

EMANUEL J. SANZO, C.S.R. No. 1267

- and -

LOIS R. JOHNSON, C.S.R. No. 812

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1 LOS ANGELES, CALIFORNIA, THURSDAY, MAY 12, 1977, 10:40 A.M.

2 DEPARTMENT NO. 190

HON. EDWARD A. HINZ, JR., JUDGE

3
4 (Appearances as heretofore noted.)

5
6 THE COURT: Good morning, ladies and gentlemen.

7 All right. In People versus Van Houten, let the
8 record show the defendant is present, represented by counsel,
9 the People are represented by counsel, the jurors are in their
10 assigned places.

11 Mr. Keith, you may call your next witness.
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1 MR. KEITH: Dr. Ditman, please.

2 THE CLERK: Just come forward, Doctor, right around
3 there, please.

4
5 KEITH S. DITMAN,
6 called as a witness by the defendant, was sworn and testified
7 as follows:

8 THE CLERK: Would you raise your right hand, please,
9 sir.

10 You do solemnly swear the testimony you may give
11 in the cause now pending before this court shall be the truth,
12 the whole truth, and nothing but the truth, so help you God.

13 THE WITNESS: I do.

14 THE CLERK: Just take the stand and be seated, please,
15 there.

16 Would you pull the microphone over, please,
17 directly under your chin, up as close as you possibly can,
18 and would you give your name for the record, please.

19 THE WITNESS: Keith S. Ditman, that's D-i-t-m-a-n.

20 THE CLERK: Thank you, sir.

21

22 DIRECT EXAMINATION

23 BY MR. KEITH:

24 Q Doctor, are you a medical doctor licensed to
25 practice in the State of California?

26 A Yes.

27 Q And do you have a specialty?

28 A Yes.

1 Q What is that?

2 A Psychiatry.

3 Q Do you have a subspecialty?

4 A Yes, psychopharmacology.

5 Q What is psychopharmacology?

6 A In lay terms, medicines for the mind.

7 Q And, Doctor, what is your date of birth?

8 A April 18, 1921.

9 Q And at the present time do you live in Beverly
10 Hills?

11 A Yes.

12 Q And you were born in Washington?

13 A Yes.

14 Q Spokane?

15 A Yes.

16 Q And you are widowed?

17 A Yes.

18 Q You have two children?

19 A Yes.

20 Q And would you give us your educational background,
21 please.

22 A I went to college in Santa Barbara. Then I went
23 to University of Cal Tech where I took a Master's Degree.

24 Q Did you take a Master's --

25 A And -- pardon me?

26 Q Excuse me.

27 I was going to ask you what subject was your
28 Master's Degree in.

1 A In physiology.

2 And then I went to medical school at USC, and then

3 I interned in the navy in Long Beach, following which I took

4 specialty training in psychiatry here in Los Angeles at the

5 Veterans Administration Center.

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1 Q Now, let's go back.
2 When did you graduate from Santa Barbara State
3 College?
4 A In 1942.
5 Q And when did you obtain your Master's at
6 Cal Tech?
7 A In 1944.
8 Q And then when did you graduate from USC Medical
9 School?
10 A In 1947.
11 Q And you interned at the U.S. Naval Hospital in
12 Long Beach?
13 A Yes.
14 Q Did that internship cover the years 1947 and
15 1948?
16 A Yes.
17 Q And thereafter did you take a residency in
18 psychiatry?
19 A Yes.
20 Q And was that at the Veterans Administration
21 Center in Los Angeles?
22 A Yes.
23 Q And was that during the years 1949 and 1952?
24 A Yes.
25 Q Thereafter were you a staff psychiatrist at a
26 hospital?
27 A For a short while I was a staff psychiatrist at
28 the Veterans Administration Hospital at Brentwood.

1 Then I went into the Navy during the Korean War.

2 Q And then after the Korean War?

3 A Then I went back to that same hospital for a
4 few months, and joined the staff at UCLA Neuropsychiatric
5 Institute.

6 Q Were you an assistant professor at UCLA?

7 A Yes.

8 Q And how long --

9 For how long a period of time were you an
10 assistant professor at UCLA?

11 A For about 12 years.

12 Q Did that begin in or about 1956?

13 A Yes, '5 or '6.

14 Q When did you depart from UCLA?

15 A I left there in July of 1967.

16 Q And thereafter what have you done professionally?

17 A Well, I have been in private practice in
18 Beverly Hills.

19 And also affiliated with a non-profit foundation
20 which owns and operates some hospitals and clinics and a
21 school for autistic children.

22 Q Are these psychiatric hospitals?

23 A Yes.

24 Q And what are their names?

25 A There are three of them now.

26 There's one called Mesa Vista Hospital, which is
27 in San Diego.

28 Another one called Vista Hill Hospital, which is

1 in Chula Vista, California.

2 And then one called Vista Sandia Hospital, which
3 is in, Albuquerque, New Mexico.

4 Q During your career at UCLA did you have there,
5 in addition to your duties as an assistant professor, a
6 fellowship to do certain types of research into the mind?

7 A Yes; I had an appointment as a research
8 psychiatrist, and conducted and directed a group of
9 psychiatrists and psychologists and others in the various
10 programs of psychiatric research.

11 Q What did some of those programs involve?

12 A Well, we were particularly interested in
13 alcoholism and the treatment of the alcoholic. And also
14 interested in psychopharmacology.

15 And we have had an interest in the Brain Research
16 Institute, and also some electroencephalograph approaches
17 to the study of psychophysiology of the individual, as well
18 as some psychological research programs.

19 Q Did you do during that period of time any research
20 in the field of drugs?

21 A Yes.

22 Q In addition to the alcohol studies, or --

23 A Well, in conjunction with and in addition to,
24 yes.

25 Q Did that also involve -- Your research in the
26 drug field, did that involve to any extent research into
27 the properties and effects of LSD?

28 A Yes.

1 Q And you held this post from 1955 or '56 to 1967?

2 A Yes.

3 Q Now, after leaving UCLA and entering into private
4 practice, have you continued your studies in the field of
5 alcohol and drugs at all? Or is psychophar --

6 Let me put it this way: You told us your
7 sub-specialty was psychopharmacology.

8 Does that include studies into the nature and
9 effects of drugs on the mind?

4f 10 A Yes.

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1 Q When I say "include," is it more than that, or is
2 that the major --

3 A Well, it's essentially the study of drugs that
4 affect perception or thought or mood, affect, behavior,
5 thinking.

6 Q Are you telling us you continued those -- that
7 subspecialty of alcohol and drugs -- subsequent to your
8 departure from UCLA in 1967?

9 A Yes, both as far as doing some research and as far
10 as my clinical practice.

11 Q Have you held certain consultantships, appointments,
12 and positions?

13 A Yes.

14 Q Could you tell us about some of those, Doctor.
15 And if you would like, I can hand you, after
16 showing it to counsel, your curriculum vitae, unless you have
17 a copy with you.

18 A I do not have a copy.

19 MR. KEITH: May I approach the witness, Your Honor?

20 THE COURT: Yes, you may.

21 Q BY MR. KEITH: Showing you your --
22 Incidentally, curriculum vitae. What does that
23 mean?

24 A It's your -- the vital facts about your professional
25 career, I guess.

26 Q Showing you this document that you have prepared,
27 does that set forth your consultantships and appointments?

28 A Yes.

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1 Q Using the document, if you need it, to refresh
2 your recollection, can you tell us about some of the
3 appointments or consultant posts that you have had?

4 A Yes.

5 I was a consultant in psychiatry to the Veterans
6 Administration Neuropsychiatric Hospital in Sepulveda, California;

7 Consultant to the Camarillo State Hospital at
8 Camarillo, California;

9 Consultant in psychiatry to the Metropolitan State
10 Hospital at Norwalk, California;

11 And also a consultant in psychiatry to the Patton
12 State Hospital, Patton, California.

13 Q Are those state mental hospitals?

14 A Yes, sir.

15 Q Go ahead.

16 A And consultant to the State of California,
17 Department of Public Health,

18 And also on the staff of the Brain Research
19 Institute at UCLA.

20 And then -- Do you want to hear about consultant-
21 ships to programs such as Litton Industry, "Man in Space,"
22 and such things as that?

23 Q Go right ahead, Doctor.

24 A Consultant to the American Medical --

25 Q I won't stop you.

26 A -- Association Council on Drugs, and then on the
27 Board of Directors and vice president of Vista Hill Psychiatric
28 Foundation; also medical director of that foundation.

1 And for a while I was consultant to the Forterville
2 State Hospital at Forterville, California.

3 Q Doctor, during your career, have you published?

4 A Yes.

5 Q And how many publications have you authored?

6 A Approximately eighty.

7 Q Would eighty be a fair figure?

8 A Yes.

9 Q And have you contributed to books?

10 A Yes.

11 Q How many books?

12 A Approximately ten.

13 Q And are these books in the field of psychiatry or
14 psychopharmacology?

15 A Yes.

16 Q Are most of your publications or have most of your
17 publications been concerned with alcohol and drugs?

18 A For the most part, yes.

19 Q Have you written any articles or contributed to
20 any books in conjunction with other doctors?

21 A Yes.

22 Q Or psychopharmacologists?

23 A Yes.

24 Q For instance, Dr. Clarke?

25 A William G. Clarke, yes.

26 Q He's a psychopharmacologist?

27 A Yes.

28 Q He's a Ph.D.?

1 A. Correct.

2 Q. And have you done work with him?

3 A. Yes.

4 Q. And coauthored any articles or chapters in books
5 with him?

6 A. Yes.

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1 Q And this, I take it, is in the field of psycho-
2 pharmacology?

3 A Yes.

4 We did a book together called "Lectures in
5 Psychopharmacology," which constituted the first textbook in
6 the field of psychopharmacology.

7 Q What is psychopharmacology again?

8 A Well, it's drugs that affect the mind; but, as I
9 say, in lay terms, medicines for the mind.

10 They affect thought behavior, perception, mood,
11 affect.

12 Q Could you tell us or give us the titles of some
13 of your publications that you have either authored alone or
14 in conjunction with other doctors --

15 A Yes, sir.

16 Q -- with the dates and the publication itself.

17 A Yes.

18 With Dr. Blinn --

19 This is while I was in the navy. The navy is an
20 aquatic service, and there were a number of enuretic recruits.
21 So we did some studies to determine what level people were in --
22 that is, these young adults were in -- when they wet the bed.

23 So this is entitled "The Sleep Electroencephalogram
24 in Enuresis," or bed wetting, and "Sleep Levels in Enuresis,"
25 with Dr. Blinn.

26 And then with Dr. Cohen and Dr. Mooney, "The Effects
27 of Trifluoperazine on Some Symptoms Common Among Skid Row
28 Alcoholics," trifluoperazine commonly known as stelazine.

1 And then an article that I wrote by myself for
2 the American Pharmaceutical Manufacturers Association was
3 "Use of Drugs in Alcoholism," and then an article entitled
4 "Some Research Approaches to the Problem of Alcoholism" with
5 M. Bidell.

6 Q Have you written any articles that have been
7 published on, for instance, LSD?

8 A Yes.

9 Q And could you tell us about those?

10 A Yes.

11 One that I did in conjunction with John R. B.
12 Whittlesey was entitled "Comparison of LSD Experience and
13 Delirium Tremens."

14 Early in the study of LSD people were wondering
15 whether it was a model psychosis identical to schizophrenia
16 or a toxic psychosis, or how did it compare with delirium
17 tremens or d.t.s, which this particular study addressed
18 itself to.

19 And then we did a study called "A Follow-Up Study
20 of the LSD Experience." That was with Whittlesey and Hayman.

21 Then we did one called "The Use of LSD in
22 Psychotherapy." That was a book that Dr. Abramson edited,
23 and there were a number of people that contributed to that.

24 Q Could you give us the dates of these publications?

25 A Oh, yes. That was April 1959.

26 The others that I mentioned to you were July '69
27 up through -- mostly in '59.

28 Then in 1962, with Dr. Hayman and Whittlesey, we

1 did a paper entitled Nature and Frequency of Claims Following
2 LSD.

3 Many people were making a number of claims for the
4 LSD experience. And this was a means of mapping and
5 documenting these kinds of claims.

6 Q During this period of time, Doctor, in '59 and
7 '62, were you connected with UCLA?

8 A Yes.

5-1
1 Q And in this research program as an assistant
2 professor?

3 A Yes.

4 Q Go ahead.

5 Have you written any other articles?

6 A And then in 1962, with Dr. Cohen, entitled
7 "Complications Associated with Lysergic Acid," or LSD.

8 This particular article was published in the
9 American Journal -- the Journal of American Medical
10 Association, and was the first classification of the side
11 effects of LSD.

12 And also the first time pointed out to the
13 professional and lay press that LSD was being abused and
14 black market was developing in LSD.

15 And this led, incidentally, to the LSD bill by
16 Governor -- the former Governor Brown signed the legislation
17 following this article in 1963.

18 We had anticipated that LSD would be abused.
19 Actually, what first put us on to that was --

20 Q When you say "we," are you talking about your
21 fellow researchers?

22 A Yes. Dr. Cohen and myself, and others, yes,
23 at UCLA.

24 Q Would it be fair to say that yourself --
25 Is that Dr. Sidney Cohen?

26 A Yes.

27 Q -- and other doctors at UCLA were sort of the
28 first research group to really study and evaluate the effects

5-2
1 and possible dangers of LSD?

2 A Well, actually, no. That first -- the first time
3 was by Dr. Percei in 19 --

4 Q That's P-e-r-c-e-i?

5 A P-e-r-c-e-i, yes.

6 But this was the first time of some of the
7 early work, during some of the more -- the work was more
8 active around the world.

9 Anyway, we were able to point out the side effects
10 of LSD, complications and some of the hazards, particularly
11 from the use of LSD, in this particular article.

12 Then in 1963, with Dr. Cohen, we published an
13 article called "Prolonged Adverse Reactions to LSD."

14 By this time we had accumulated a number of cases
15 through the Neuropsychiatric Institute, or from colleagues,
16 where there had been prolonged adverse reaction.

17 We were able to classify and say something about
18 the nature of those reactions.

19 In 1963 we wrote an article called "The Use of
20 LSD in the Treatment of the Alcoholic."

21 Q Has LSD, Doctor, been attempted to be used for
22 therapeutic purposes?

23 A Yes.

24 Q What was the result of your study in treating
25 alcoholics with LSD?

26 A Well, there had been a number of claims for LSD
27 as far as causing like a chemical conversion reaction in the
28 alcoholic, so that he would become -- change his values and

5-3
1 maybe take on a spiritual outlook, or more of a spiritual
2 outlook, and give up drinking and not be alcoholic.

3 And through the literature there are accounts of
4 that for the drug mescaline, which is somewhat similar to
5 LSD in its effects.

6 And there had been various claims by other workers
7 in the field. So we were interested in seeing if this could
8 become a useful, effective means of treating alcoholics and
9 getting them so they are no longer alcoholics.

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1 Q Did it work?

2 A Well, actually, it worked very dramatically in
3 some cases, and in some cases it didn't.

4 The problem was that it was unpredictable. In
5 fact, some of our subjects at the research project got so
6 enlightened, turned on, that they -- during and after the
7 particular project, established what is now Synanon, and
8 went from essentially from being alcoholics to being therapists
9 of first alcoholics and then drug addicts.

10 So that it did more than work in some cases, and
11 in others --

12 Even one of the investigators, I think at Harvard,
13 well learned, seemed to have lost his sense of values and rather
14 than being helped was probably ruined by LSD.

15 Do you have the two great extremes, as it were.

16 Q We will go into that later, Doctor.

17 Did you have you authored any other publications in
18 the drug field?

19 A Yes. Did you want me to --

20 Q Yes; tell us the names.

21 A "Psychotropic Drugs," indications and complications.
22 Dr. Leiberman, then director of the Department of Mental
23 Hygiene for the state.

24 "A Controlled Study of Imiprazine (Tofranil)
25 in the Treatment of Childhood Enuresis."

26 Incidentally, that drug has gone on to be one
27 of the treatments for childhood enuresis, bed wetting.

28 Then we did the study on tranylexpromine, a

5-5
1 review. Dr. Atkinson. That was anti-depressant drugs that
2 had some unusual qualities.

3 And we did one on tybamate, which was a
4 meprobamate analog, in the treatment of alcoholics. That
5 was Dr. Kooney and Dr. Cohen.

6 Q Have you written any other articles on LSD or
7 similar drugs?

8 A Let me check my list here.

9 I did a review of "The Use of LSD in the Treatment
10 of the Alcoholic."

11 That was in a book edited by Dr. Ruth Fox.

12 And also "Evaluating LSD as a Therapeutic Agent."

13 Q When was that, Doctor?

14 A 1967.

15 Then in 1968, "The Harmful Aspects of the LSD
16 Experience."

17 Q Was that alone or did you have a co-author?

18 A That was with Dr. Cohen --

19 No; excuse me. There are a number of authors in
20 my reference. I don't recall which of my co-workers I was
21 with.

22 And another one, "The Therapeutic Uses of LSD."

23 That was with Dr. Ross in a book edited by
24 Dr. Ungerleider, entitled "The Problems and Prospects of
25 LSD."

26 Q Is Dr. Ungerleider --

27 Could you spell that, please, Doctor.

28 A Yes; U-r-g-e-r-l-e-i-d-e-r.

1 Q Would you consider Dr. Ungerleider one of the
2 leaders in the assessment and evaluation and research of
3 LSD and other drugs?

4 A Yes. He's particularly interested in drug abuse
5 and untoward side effects of drugs, particularly the drugs
6 of abuse such as LSD.

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1 Q Doctor, since 1968 -- I take it that's your last
2 publication in the field of drugs?

3 A No.

4 Q All right. Are there any more?

5 A Yes.

6 Q Have you published any more articles in the field
7 of what we might call mind-altering drugs or psychedelic
8 drugs or hallucinogenic drugs?

9 A Most of that was completed by 1970, as I recall.

10 Q All right.

11 Have you continued to maintain an interest in the
12 drug field through psychopharmacology?

13 A Yes.

14 Q Incidentally, Doctor, do you also practice what
15 I might term general psychiatry in addition to your interest
16 in drugs and alcohol?

17 A Yes.

18 Q And are you a member of any associations,
19 psychiatric or medical associations?

20 A Yes.

21 Q Could you tell us of those, please.

22 A The American Psychiatric Association and the
23 Southern California Psychiatric Association.

24 Q Are you board certified?

25 A Yes.

26 Q And how long have you been board certified?

27 A Since 1964.

28 Q And what does that mean, Doctor?

5br

1 A Well, that means that there are a number of
2 specialties in medicine, and there is the American Board of
3 Neurology and Psychiatry, which covers two of those specialties,
4 psychiatry and neurology.

5 And that means that you have been certified by
6 that Board as having taken all the required training and
7 all of the required experience and passed an examination,
8 which in 1954 consisted of two days of examinations, written
9 and oral questions in the field of psychiatry and neurology.

10 Q Are you required to be recertified; or is it
11 like lawyers, once you get your license you don't have to take
12 further examinations?

13 A Well, it is getting to where that will be the
14 case in medicine.

15 Doctors now have training programs and also
16 keep a dossier on the various things we do, what meetings
17 we attend so that we can demonstrate that we are keeping up
18 on our education.

19 And one of my functions with the foundation that
20 I mentioned as a research director, is to do educational
21 things.

22 And once a year we put on an annual seminar for
23 physicians around the country, and they also come from
24 Canada and Mexico and Hawaii.

25 And this last -- or this year was on adolescence;
26 and the year before that it was on stress.

27 So that it's timely and very educational for
28 physicians and general psychiatrists in particular.

Q Doctor, in addition to your own research and your own clinical observations, have you continued over the years to read literature in the psychiatric field?

A Yes.

Q And the drug and alcohol field?

A Yes.

6-1

1 Q Did you ever read a book called "The Pleasure
2 Seekers"?

3 A Yes.

4 Q Is that by Dr. Joel Fort from San Francisco?

5 A Yes.

6 Q Do you remember the contents of that book at all,
7 in substance?

8 A Very vaguely. I remember Dr. Fort perhaps better
9 than his book.

10 Q I wondered if you had agreed with any of his
11 observations in the book called "The Pleasure Seekers."

12 MR. KAY: Well, that's irrelevant whether he agrees or
13 not.

14 THE COURT: Objection sustained.

15 MR. KEITH: All right.

16 Q Now, Doctor, in preparation for being a potential
17 witness in this case, you have had the opportunity to examine
18 psychiatrically Leslie Van Heuten?

19 A Yes, sir.

20 Q And for how many hours in all would you say you
21 had examined her?

22 A Approximately ten.

23 Q All right.

24 And, incidentally, you testified at her first
25 trial, did you not?

26 A Yes, sir.

27 Q Now, in conjunction with your testimony there,
28 you did not examine her; is that correct?

1 A No, I did not. I met her, but I did not examine
2 her.

3 Q And were you advised by her at that time that she
4 didn't want to be examined?

5 A Are you referring to the time of the trial or
6 before?

7 Q Well, at the time of the first trial.

8 A Yes. She said she did not want a psychiatric
9 examination.

10 Q So you didn't pursue the subject?

11 A No.

12 Q And at the penalty phase of the first trial, did
13 you testify in accordance with what lawyers call a hypothetical
14 question?

15 A Yes.

16 Q Assuming facts that existed?

17 A Yes.

18 Q And from there, drawing deductions and conclusions,
19 medical deductions and conclusions?

20 A Gave an opinion, yes.

21 Q Yes.

22 All right. Now, did you also testify in the case
23 of People v. Charles Watson, sometimes known as Tex Watson?

24 A Yes, sir.

25 Q And did you personally examine him?

26 A Yes, sir.

27 Q And let me ask you this: Did the hypothetical
28 question that -- it was lengthy, wasn't it, at the penalty

6-3
1 phase of the first trial?

2 A It was several pages long, yes.

3 Q All right.

4 And did that hypothetical question assume that
5 Leslie had ingested LSD many, many times over a period of
6 some four years or so?

7 A Yes, sir.

8 Q All right.

9 In conjunction with your preparation for being
10 a potential witness in this trial, did Leslie tell you that
11 she had used LSD?

12 A Yes, sir.

13 Q And did she tell you how many times in her best
14 estimate she had taken acid trips?

15 A Yes.

16 MR. KAY: Excuse me, Your Honor, could we approach the
17 bench?

18 THE COURT: Yes, will counsel approach the bench, and
19 could we have the court reporter, please.

20 (The following proceedings were held
21 at the bench:)

22 MR. KAY: It appears that the doctor is going to be
23 relying on things that Leslie Van Houten told him.

24 I'd ask the court to instruct the jury that they
25 are not to consider that for the truth of the matter but just
26 for the doctor's basis of his opinion.

27 MR. KEITH: I have no objection to that.

28 THE COURT: That's all right.

6-4

1 (The following proceedings were held in
2 open court in the presence of the jury:)

3 THE COURT: Ladies and gentlemen of the jury, it
4 appears that the doctor is going to be asked questions
5 concerning what the defendant Leslie Van Houten has told him.

6 I must instruct you that anything that the doctor
7 was told is not offered to prove the truth of what she said
8 to him, rather, it is permitted as a basis for the doctor's
9 opinion.

10 All right, Mr. Keith, you may continue.
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6-6
1 MR. KEITH: Thank you, Your Honor.

2 Q Did Leslie tell you the extent of her drug usage?

3 A Yes.

4 Q And what did she say in that regard, in substance?

5 A Well, that she had started taking drugs about the
6 age of 15, and that she had taken LSD then and subsequently
7 to the total of about 300 times; and also had taken other
8 drugs, marijuana, ultimately, say, by 1968 almost daily; and
9 that she had taken -- tried other psychedelic drugs, such as
10 psilocybin.

11 Q Could you spell that, if you can, for the record.

12 A Yes. P-s-i-l-y-b-i-n.

13 Q Apparently Mr. Kay is shaking his head.

14 A Apparently I put the "y" in the wrong place.

15 And anyway, that she had taken a number of drugs
16 and had been with others who were drug abusers.

17 Q I take it in your examination of Tex Watson he
18 talked to you?

19 A Yes.

20 Q And did Mr. Watson, Charles Watson, tell you that
21 he took drugs, too, when he was with Charlie Manson?

22 A Yes.

23 Q And did he tell you that he had taken acid to
24 some extent?

25 A Yes.

26 Q Plus a number of other drugs?

27 A Yes.

28 Q All right.

Now, let's discuss drugs for a while.

First, what are the properties, if you know, of LSD?

A Well, essentially it is extremely potent. So potent that, to put it in graphic terms, it takes about one molecule per brain cell to cause a marked alteration of consciousness.

Also, it is readily destroyed by, say, chlorinated water, other oxidizing agents, so it is not a nonbiodegradable preparation.

It can be quickly metabolized. It does get in the body readily. It is water soluble. And it more or less gets out of the body fairly rapidly as drugs go, 10 or 12 hours on an average dose.

So that the acute toxication, the effects of the presence of the drugs, isn't so prolonged; but it has the remarkable effect of altering values, consequently, behavior and judgment, following; and that's days, weeks, or months subsequent to the acute ingestion.

Q Doctor, is LSD a partially synthetic drug or entirely synthetic?

A It's a semisynthetic drug.

Q What do you mean by that?

A Well, from the -- this rust on rye is an ergot that contains lysergic acid. The acid in the chemical, they sublimate it in the presence of the diethylamide.

Sublimation is where you go from a solid to gaseous state without going into a liquid state. So that it is not

1 a brew, but it kind of forms in a more of a gaseous state.

2 Q Do you know when the first use, laboratory use, of
3 LSD was noted?

4 A I think it was discovered inadvertently in
5 Switzerland in 1943 by Dr. Hoffman, who was working in the
6 Sandoz laboratories.

7 They have been interested a long time in the ergots,
8 the ergot drugs, because it would have an effect on blood
9 pressure and their value of treatment in conditions like migraine.

10 Q What is an ergot drug?

11 A One of the drugs that comes from the ergot.

12 Q What is that?

13 A That rust on rye that I mentioned earlier.

14 Q Rust --

15 A One of the --

16 Q Rust on rye?

17 A Yes. It is a disease that grows on rye.

18 Q On the plant rye?

19 A Yes.

20 Q Not on the bread, rye bread --

21 A No.

22 Q -- but on the plant?

23 THE COURT: I'm glad you clarified that.

24 THE WITNESS: He has a "rye" sense of humor,

25 Anyway, LSD was made in what he was doing. And
26 apparently it was so potent that the procedures he was using
27 were not that -- didn't exercise that much precaution, so he
28 apparently ingested some of it and had a marked alteration of

consciousness.

And I guess that occurred, as I recall, twice.

So that he knew something he was working on was doing something to him. And out of that, of course, lysergic diethylamide was discovered.

1 Q This is Dr. Hoffman you are talking about?

2 A The pharmacologist.

3 Q At the Sandoz Laboratories?

4 A Yes.

5 Q In what country is that?

6 A Switzerland.

7 THE COURT: Could counsel approach the bench just a
8 minute, please.

9 (A bench conference was held which was
10 not reported.)

11 Q BY MR. KEITH: Now, Doctor, during your research
12 into LSD with Dr. Cohen and others, did you use laboratory
13 LSD as opposed to street LSD?

14 A We used that that was manufactured by Sandoz
15 Laboratories, yes.

16 Q In Switzerland?

17 A I believe it was made in Switzerland, yes.

18 Q All right.

19 And is there a -- are there various kinds of LSD
20 in the sense that there's the laboratory LSD and then there's
21 what is known as street LSD? Is that right?

22 A Well, yes. There is the LSD that's manufactured
23 under supervised conditions in the best quality controlled
24 licensed pharmaceutical companies.

25 And then there are the garage chemists that make
26 LSD in varying degrees of sophistication. And that has, of
27 course, filtered around through and sold on the street and
28 called street LSD.

1 Then there was, and I guess there still is, what
2 they call a C grade LSD. That means chemical.

3 And the difference is it may be just as pure as
4 the pharmaceutical LSD but it is labeled and only licensed
5 to be sold as a chemical -- say that you want to do some
6 chemical studies or things that's not actually -- shouldn't be
7 given to humans.

7-1

1 Q To your knowledge has the laboratory or Gandoz
2 LSD ever been sold in the black market, if you know, on the
3 street?

4 A Well, only if it was pirated out of some place.

5 Q What I am getting at is, during your research at
6 UCLA in LSD and other drugs and alcohol, you use what I have
7 been calling laboratory LSD.

8 A Yes.

9 Q And would you expect somebody such as Leslie
10 Van Houten or, say, Tex Watson to be using street LSD?

11 A Yes.

12 Q Would you find it unusual if people outside of
13 laboratories that used LSD were getting the same type, the
14 same drug that you were doing your research with?

15 A Well --

16 Q If you understand what I am getting at.

17 A Well, the LSD would vary in degree of purity
18 and strength.

19 And I would say that it generally wouldn't
20 compare with that made by the pharmaceutical industry.

21 Q When you say "it wouldn't compare," do you mean
22 in strength?

23 A Yes. And you wouldn't know how much you are
24 getting, and what other things were in there.

25 Q In your studies and in your clinical work and
26 in the literature, can and does street LSD contain other
27 poisons or other substances that can be poisonous?

28 A Well, it could be a number of things in there;

7-2
1 and I doubt if all those things have been adequately studied,
2 to say what they would do.

3 When you get a mixture of things it's rather
4 impossible to say what's doing what.

5 I know that the Food and Drug Administration and
6 some of the other agencies in the government were quite
7 interested in the products that were coming from the street,
8 and would analyze them.

9 And I talked to some of those individuals about
10 those preparations; and they said some of it was quite
11 good quality.

12 And the other reported potency of the particular
13 preparations varied.

14 Q Now, in connection with your research of LSD,
15 did you actually have subjects under controlled conditions
16 ingest the drug?

17 A Yes.

18 Q As a matter of fact, did you yourself under
19 laboratory conditions use the drug?

20 A Yes, I took it myself, yes.

21 Q Incidentally, it has been called a hallucinogenic
22 drug, I believe.

23 A Yes.

24 Q And can you tell us the reason why the drug
25 has been termed "a hallucinogenic"?

26 A Because one gets what are commonly called
27 hallucinations, particularly of visual hallucinations.

28 Q What is a hallucination?

1 A Well, it is a false perception. It can be visual,
2 auditory, tactile; that the senses are picking up impressions;
3 that they are being touched or they hear something or see
4 something that does not in fact exist.

5 Q Has your research indicated that to be so; that
6 people -- maybe not all people, but that some people under
7 the acute influence of the drug do hallucinate?

8 A Yes.

9 Q And is that more common than not?

10 A Well, if the dose is adequate it's more common
11 than not.

12 And then they also can become quite delusional in
13 their thinking, and also quite confused, or carried away and
14 preoccupied.

15 Q The drug has also been called a psychedelic
16 drug, I believe.

17 A Yes.

18 Q Is there a medical reason for that term; or is
19 that merely a popular term?

20 A No; that was a term that Humphrey Osmond, who was
21 in Canada, used, in conjunction with the writer Aldous Huxley,
22 who was quite interested in the hallucinogenic drugs.

23 They wanted a term that said something other than --
24 hallucinations had bad connotations in their estimations.

25 They wanted a name that sounded perhaps more
26 spiritual for those drugs.

27 And they termed, made up the term "psychedelic,"
28 which in effect means "mind manifesting."

7-4

1 They wanted to point out the positive aspect of
2 the LSD experience, or mescaline experience, so that the mind
3 was expanded, and not just intoxicated.

4 Q And has the drug also been called a mind-altering
5 drug?

6 A Yes.

7-5

1 Q For what reason? What is the basis of that term?

2 A Well, it is a fairly potent mind-altering drug
3 that certainly affects perceptions.

4 Certainly it affects thought content. And it
5 certainly affects mood.

6 And it certainly affects behavior and judgment.

7 And it certainly affects one's beliefs.

8 Q When we are talking about the alteration of the
9 mind, Doctor, are we talking about the acute effects of the
10 drug during what's been termed "a trip"? Or are we talking
11 about long-term lingering effects as well?

12 A Both.

13 The hallucinations, for the most part, are part
14 of the acute effects; but the alteration of values and in
15 behavior and beliefs and judgment can extend far beyond the
16 acute effects of the drug.

17 Q In your experience, both clinically and during
18 your research projects, and according to the literature,
19 does the drug tend to have certain mystical qualities in the
20 minds of its users?

21 A Well, yes; there is a body of belief in literature
22 that has grown up around hallucinogenics.

23 And hashish to the assassins -- of course it goes
24 back to I guess antiquity when hashish was used --

25 In fact, I guess it's the word behind the word
26 "assassin," used to -- where one person could control others
27 and from a mountain top put rays down on the valley and
28 essentially run that kind of a -- that kind of a pirate

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1 kingdom.

2 And then there is mescaline, which is the
3 hallucinogenic or psychedelic or mind-altering drug. The
4 cactus that grows around the lower Rio Grande Valley in
5 New Mexico and Arizona.

6 A small cactus, more like a carrot or turnip
7 with its top cut off.

8 And that little cactus has in it mescaline, among
9 other things.

10 And the Indians for many, many years used that
11 in religious rites.

12 And in fact there was some friction about it.
13 And it got into the U.S. Senate, as I remember my readings on
14 the subject; and it was a matter of whether or not the Indians
15 had a right to take this mind-altering cactus that contained
16 mescaline.

17 And it finally got before Harold Ickes, who I
18 think then was Head of the Department of Interior.

19 And it then was decided by the Department of
20 Interior the Indians had a right because it was incorporated
21 under their religious freedom.

22 They had learned from some lawyers and things
23 to incorporate their religion into the Native American Church,
24 or some such title.

25 Anyway, it became part of the Indian's right to
26 ingest this as part of their religious worship.

27 And, anyway, to get back to your question, it had
28 a lot of mythology about it.

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1 And there was a book written --

2 Q You mean mind-altering drugs in general have a
3 certain mythology about them?

4 A Yes.
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1 This book was written in about 1923.

2 It was entitled "Crashing Thunder." And it
3 is an account of a rather unusual Indian who sat down and
4 dictated for Paul Raden, a famous anthropologist at the
5 time, his entire life story.

6 He had a remarkable memory and ability to express
7 himself. And he just laid it out as fast as I guess
8 Dr. Raden could write it down.

9 And in it he talks about how he was a fairly
10 bad Indian and a drunk, and all these things, and how he
11 took peyote, which contains mescaline, and he had this mind-
12 altering experience, religious experience in which he talked
13 to the "earth maker."

14 And he then, after that, became a fairly good
15 Indian, and was no longer stealing from the white man or
16 a drunk, or things like that.

17 And then going back in time a little more, was the
18 time of the -- a group of the English intellectuals, they had
19 gotten interested in peyote and mescaline.

20 Somehow it got over to England, around the late
21 1800s.

22 And some of them were quite interested in it and
23 were taking it. But apparently the English didn't have quite
24 the stomach that the Indians had because cactus -- the
25 mescaline is fairly -- causes a good deal of nausea,
26 particularly initially.

27 And they kind of I guess gave it up because it
28 was a little rough on them in that sense.

1 But I remember an article by Haulock Ellis --
2 MR. HAY: Well, I'm going to object. It appears he
3 is now just going on a narrative.

4 THE WITNESS: Well, there is the point that I wanted --

5 THE COURT: Just a minute. When the attorneys make an
6 objection let's stop to resolve the matter.

7 Do you wish to be heard on that?

8 MR. KEITH: No, I will ask another question.

9 THE COURT: All right; thank you.

10 Q BY MR. KEITH: Is mesocaine similar in effect
11 to LSD?

12 A Very similar, yes.

13 Q And can LSD cause, create false religious
14 beliefs or a false belief system?

15 A Yes.

*Swears the
person that
creates this*

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Q And, incidentally, would you say that some 300 trips of street LSD would make one a chronic user of LSD?

A Well, I would say that --

Q Over a period of four years or so?

A By then I would say that they have already become a chronic user.

I mean, it's not addicting per se, but some people --

Q It kind of creates a psychological dependence, the use of LSD?

A The form, yes.

Q Would you describe to us briefly, Doctor, some of what you yourself experienced.

A My own personal experience?

Q Yes, on an acid trip.

A Yes.

In about 1957, when I was director of this research group at UCLA, Dr. Cholden --

THE REPORTER: May I have that spelling, please?

THE WITNESS: C-h-o-l-d-e-n.

-- was in charge of an LSD research project. He had been working with it in the east and was a very bright young psychiatrist and was interested in LSD and what he could do with alcoholics.

And the project was approved and got started there at the university, and it so happened that Dr. Cholden got killed on the way to the airport, unfortunately; had an automobile accident.

And so the project was sort of underway but without

1 a director.

2 And Dr. Cohen was with our group, and the problem
3 was what to do.

4 And LSD is something to -- if you are going to
5 work with it, you are going to give it to somebody else, you
6 should be, I think, be willing to take it yourself.

7 And also, if you are going to work with it and
8 talk to people who are taking it and try to understand what
9 is going on with them, it is fairly necessary for you to have
10 experienced it yourself; not at the time that you are running
11 the experiments with the patients, but to have had the
12 subjective experience is, I'd say, essential.

13 Most of the people who have researched LSD, at
14 least with human beings, have felt that, and have also
15 experienced LSD. Laboratory animals is another matter.

16 So under those conditions I had decided that I
17 should also learn about LSD first-hand, and my own experiences
18 were that I went into it with some fear and trepidation.

19 I didn't quite know whether I was -- how I was
20 going to feel about being so altered or psychotic for a period
21 of time, and whether I would actually make it back all right,
22 which is what most people have before such an experience.

23 But it is rather nothing to take, because it can
24 be put in distilled water and taken like a glass of water,
25 which it is, except for the LSD; or it could be taken in
26 tablet forms or by injection. And these are the way we had
27 it as far as use in our particular research project.

28 And then you take it, and it hasn't much taste,

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1 and nothing happens for a half-hour or an hour or even two
2 hours.

3 And the first thing one notices is a kind of a
4 mounting sense of anxiety, but it's a little different than
5 ordinary anxiety. It is not the anxiety of worry or -- it's
6 sort of like you begin to feel yourself changing; not just your
7 mind or feelings, but as if your body is beginning to kind of
8 almost vibrate or tremble, almost a cellular level, that is,
9 it was for me anyway; but it does give a sense of apprehension.

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1 And then sort of gradually, as if a curtain is
2 pulled back, things look vastly different. Colors become much
3 more intense.

4 Huxley described it: It took on preternatural
5 quality or as if they had their own source of light.

6 And things said take on different meanings.

7 If you observe things, there will be a kaleido-
8 scopic play in images or things that you look at so that you --
9 or even a flow, so that if you look at something it continually
10 changes.

11 And then you progress on and pretty soon you are
12 beginning to see things superimposed, as it were, on things
13 like faces in clouds or a complete alteration of the things
14 you view.

15 And also you begin to become feeling very intense
16 about something and get kind of caught up in a particular
17 experience so that you can -- you lose the real sense of what
18 you are thinking and what you are -- what's happening outside.

19 The two -- the internal reality and the external
20 reality get so overlapped that it is impossible almost, if you
21 are far enough into the experience, to say what is real and
22 what is unreal.

23 And then the things occur like what we call
24 synesthesia; that is, you can hear sound, and say, know the
25 color of a piece of music.

26 In other words, it's as if, you know, your sensory
27 tracks have derailed or jumped so that you can actually get a
28 sense of the sound of, say, the color yellow or purple.

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1 And I know it gets to sound all very wild and
2 things, and it is a very vast alteration of consciousness.

3 And when somebody says something or however they
4 act you pick up various levels of meanings to what they do or
5 say.

6 And some things you can become very -- you feel
7 are very profound, you know, very, very profound.

8 For example -- this wasn't my experience but one
9 of our subjects -- an engineer, a fairly well-adjusted fellow,
10 somehow he had a cavity in his tooth. And he put his tongue
11 in that cavity. And he spent his whole experience in the
12 cavity of his tooth. And to him the whole universe was there,
13 and we couldn't, for the life of us, get him disinterested
14 in the universe in the cavity of his tooth.

15 And we thought the whole experience was going to
16 be wasted for him. And it wasn't possible to get him to
17 tend to much testing or other kinds of observations we wanted
18 to make.

19 But he was perfectly content with the many, many
20 things he learned about his life in the cavity of his tooth.

21 And such experiences, you know, do occur.

22 Like one fellow got to talking about his late
23 lamented-esophagus.

24 You can get distortions of body scheme, you know,
25 that you may not -- you may have a hole through you or this
26 or that. And everything goes well.

27 And I must say that for many people it's a
28 pristinely beautiful experience. But then it can go into

1 being one of tremendous panic and horror, depending on if a
2 person gets into something that is a psychological problem
3 for them.

4 THE COURT: Excuse me just a minute.

5 Have you finished telling us about your experience
6 under LSD, or are you talking about somebody else's?

7 MR. KEITH: Well, I'll --

8 THE COURT: Why don't you finish with yours, and then
9 Mr. Keith can ask you concerning others, so we can keep on
10 the track.

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1 THE WITNESS: All right.

2 I always found that for me that -- I also tried
3 different doses, because we were particularly interested in
4 smaller doses to see how it could be used in psychotherapy.

5 And I always found that the thought of taking it
6 filled me with apprehension which, to some extent, I had to
7 bear until the experience was over with. So the apprehension
8 didn't last through the whole thing.

9 And then coming out of it I always felt somewhat
10 stimulated and not able to sleep.

11 In other words, it wouldn't be possible for me to
12 lie down and go peacefully to sleep and have a sound night's
13 sleep until the drug had thoroughly worn off.

14 Then also people speak about coming down or out
15 of the experience.

16 When that happened to me, I found it was useful
17 and helpful to talk about it with other people to sort of
18 assimilate it in my own mind.

19 Q BY MR. KEITH: Doctor, during one experience did
20 you -- or any experience, I should say -- did you ever have
21 any feeling that you could fly or that you would take off if
22 you looked up in the air?

23 A Yes.

24 I've had somewhat of an interest in phobias, and
25 I have a few friends that have a fear of flying.

26 In talking to them, it's usually they have a fear
27 of crashing, like if they fly in an airplane and it's
28 crashing.

1 Well, under LSD I got -- somebody took me out on
2 a sort of place that was like a high place overlooking
3 something, apparently for the opportunity to view the
4 beautiful view.

5 My fear wasn't the falling. I was afraid to jump
6 up in the air for fear that I would literally fly off and
7 reach an escape velocity and go completely the other direction.

8 It was a completely -- a fear of actually just
9 leaving the earth.

10 Q Doctor, I take it that the actual LSD experience
11 affects different people different ways?

12 A Yes.

13 Q And I take it that --

14 Let me ask you this: Is LSD measured in something
15 known as micrograms?

16 A Yes.

17 Q And what would be -- what would you consider an
18 average dose of LSD when you were researching the subject?

19 A Well, 200 to 400 micrograms, depending on what
20 type of experience you wanted the subject to have and what
21 you were attempting to do.

22 A microgram being a thousandths of a milligram; a
23 milligram being a thousandths of a gram.

24 So a microgram is a millionth of a gram; a very
25 small amount.

26 Q When you speak in terms of micrograms, is that of
27 pure LSD or --

28 A Crystalline, yes.

1 Q And have you ever tested street LSD?

2 A I personally never have. I didn't have the
3 laboratory equipment.

4 I did talk to some of the people from the
5 narcotics enforcement and food and drug administration, and
6 we did compare notes sometimes.

7 Q And do you know anything about the microgram --
8 the micrograms in a tablet of LSD sold in the street?

9 A Well, comes in a variety of colors and forms, as I
10 understand it and from what I've seen.

11 The street talk was that there was a thousand
12 micrograms in some sugar cubes.

13 And the people I talked to from one of the
14 laboratories said, no, they found about more like 80 micrograms,
15 but it would vary.

16 It wasn't at all the huge amounts that one was
17 always expected to, you know, to believe that would be there;
18 but then it would vary maybe four or 500 or 800.

19 Q Have you made a study of what you might call the
20 lasting effects of LSD on people?

21 A Yes.

22 Q As opposed to the experience itself?

23 A Yes.

24 Q And is this where the mind alteration or altering
25 consequences of the drug can be important or significant?

26 A Yes.

27 Q Is there any correlation as a result of your
28 experience both in research and clinically between a young

person who may be disenchanted and not well-adjusted and a more mature person --

Let me put it this way: Between the effects of the drug vis-a-vis a young, not well-adjusted, discontented, unhappy person as opposed to a more mature, established, stable person?

A We had some general rules.

If a person was disturbed, had problems, or were a borderline psychotic individual, they were a liability to give LSD; that they may actually flip and become psychotic, as the street term would have it.

And, of course, there are many such cases that have occurred.

1 LSD makes one highly suggestible so that the
2 young person is much more vulnerable in that way.

3 But on the other hand, they may find the
4 experience much less anxiety provoking because they go along
5 with experiencing in their environment and they are not
6 particularly bothered by it.

7 People who are sometimes older and particularly
8 rigid might have a very, very rough time because of the
9 tremendous impact or assault on their beliefs and values.

10 And on the one hand they are trying to hold on,
11 and the drug and environment is pulling the other way; so
12 that a struggle ensues, and then you become quite upset.

13 Q Doctor, in connection with this particular case,
14 in your preparation to be a witness or potential witness,
15 you were provided with certain materials, I assume --

16 A Yes.

17 Q -- that you read.

18 And also were you provided with a tape of
19 Leslie speaking in 1959?

20 A Yes.

21 Q About her association with Hanson, about drug
22 use, about the Beatles and other related --

23 A It was an interview held by her --

24 Q First attorney.

25 A -- then a third attorney, I thought. Yes.

26 Q Yes. And you listened to that tape.

27 A Yes.

28 Q And did you also receive recently a transcription

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1 thercof?

2 A Yes.

3 Q And did you also make notes of the tape when
4 you heard it?

5 A Yes.

6 Q Doctor, were you also provided with a transcript
7 of the testimony of certain witnesses in this trial?

8 A Yes.

9 Q That would be Linda Kasabian, Barbara Hoyt,
10 DiAnne Lake and Paul Watkins.

11 A Yes, sir.

12 Q And you also of course were provided with certain
13 materials in connection with your examination of Tex Watson
14 back in 1971.

15 A Well, I had those in my file, yes.

16 Q Yes.

17 But even back then --

18 A Yes.

19 Q -- even back then you learned about Charles Manson
20 and the Family and Spahn Ranch and LSD and Mr. Manson's
21 beliefs and philosophies.

22 A Yes.

23 Q And you of course also talked to Leslie, as you
24 say, for approximately 10 hours, I gather.

25 A Yes.

26 Q And did you also, did you also have a conference
27 with Leslie's mother, Mrs. Van Houten?

28 A Yes.

9-3

1 Q That was recently?

2 A That was --

3 Q Fairly recently?

4 A Well, approximately six weeks or seven weeks
5 ago.

6 Q And --

7 Oh, incidentally, were you also provided,
8 Doctor, with certain records from the California Institute
9 for Women, medical records and psychiatric records?

10 A Yes.

11 Q Let me ask you this: Can one suffer a
12 psychotic reaction or effect from the continued use of LSD?

13 I may be using the wrong terminology; but is
14 this known in your research and in the literature and
15 clinically?

16 A In the classifications of effects, Dr. Cohen
17 and I classified them thusly:

18 Psychotic reactions with confusion, necessitating
19 hospitalization;

20 Psychotic reactions without confusion,
21 necessitating hospitalization;

22 Psychotic reactions not necessitating
23 hospitalization.

24 And then certain phobic reactions, anxiety
25 reactions and certain other things that are called flashbacks.

26 And other kinds of emotional disruptions or
27 behavioral disruptions, which are anxiety attacks, depressions.

28 Q Doctor, from talking to Leslie, from listening

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1 to the tape and from your other readings about this case,
2 including the transcripts, you learned something about
3 Charles Manson, did you not?

4 A Yes.

5 Q And did you learn that he had a group of followers
6 sometimes known as "the Family"?

7 A Yes.
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1 Q And that Manson and his followers used LSD?

2 A Yes.

3 Q Regularly.

4 A Yes.

5 Q And did you also learn that Manson had a certain
6 belief system that he attempted to impart to his followers,
7 or his family?

8 A Yes.

9 Q And that, to shorten this discussion, one of his
10 beliefs was a race revolution, which came to be known as
11 Helter Skelter, after the Beatles' song of the same name.

12 A Yes.

13 Q And did you also learn that Manson considered,
14 as did his followers and family, considered the Beatles as
15 prophets, and that there was a certain Biblical connotation
16 to the Beatles and their songs?

17 A Yes.

18 Q And did you also learn that many of Manson's
19 followers, including Leslie, believed everything that Manson
20 said, and did everything Manson told them to do?

21 MR. RAY: Well, I will object; that assumes a fact not
22 in evidence.

23 THE COURT: Will counsel approach the bench.

24 Could we have the reporter.

25 MR. KEITH: I can withdraw the question if it causes
26 difficulty.

27 THE COURT: All right; put your next question.

28 Q BY MR. KEITH: I think I can put it this way:

1 Did you learn, from your reading and conversations
2 with Leslie and others, that Hanson controlled and dominated
3 many of his followers, including Leslie?

4 A Yes.

5 MR. KAY: Well, now, that calls for speculation. It's
6 a compound question. He says "Leslie" --

7 THE COURT: Well, the objection to the form of the
8 question is sustained.

9 You may rephrase it, however, Mr. Keith.

10 Q BY MR. KEITH: Did you learn, as a result of your
11 studies in connection with this case, that Hanson controlled
12 and dominated Leslie?

13 MR. KAY: Well, that still assumes -- It's ambiguous
14 as to what --

15 THE COURT: Well, the objection is overruled.

16 The witness may answer.

17 THE WITNESS: Yes.

18 Q BY MR. KEITH: And what did you learn in that
19 regard?

20 A I thought that she had fallen under his control
21 and direction.

22 Q This is your opinion from --

23 A Yes.

24 Q -- your study of this case; is that right?

25 A Yes.

26 Q Now, in your opinion, Doctor, could a person
27 such as Leslie -- or would a person such as Leslie, who was
28 19 at the time, a runaway from home, had dropped out, had

9-7

1 taken acid before she ever met Hanson, taken acid for a
2 considerable period of time, be more likely to be dominated
3 and controlled by a person such as Hanson than, say, someone
4 else who had never taken LSD?

5 In other words, in your opinion does the continual
6 use of LSD -- or did it in her case facilitate his control
7 and domination?

8 MR. KAY: Well, I'm going to object. I think that calls
9 for a conclusion.

10 THE COURT: The objection is overruled.

11 The witness may answer.
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1 THE WITNESS: In her case I thought LSD was a prime
2 factor in making her susceptible to the philosophy, for want
3 of another word, of Manson and that group.

4 Q BY MR. KEITH: And what is the basis of that
5 opinion, the reasons therefor?

6 A Well, the things she told me that she believed
7 at the time.

8 Q Incidentally -- let me ask you this before you go
9 into that:

10 You heard that tape recording, did you not?

11 A Yes.

12 Q Did you believe it?

13 A Well, I believe I heard a tape.

14 Q I mean, did you believe what she said?

15 A Yes.

16 Q And you have talked to Leslie for some 10 hours?

17 A Let me put it this way: I believe that she
18 believed what she said. I didn't believe it.

19 Q No; we are at cross-purposes now.

20 A I'm sorry.

21 THE COURT: Well, let's take a recess at this time.

22 Ladies and gentlemen of the jury, at this time,
23 since it is after 12:00, we will recess until 1:30.

24 Bear in mind during this recess you are not to
25 discuss this case amongst yourselves or with anyone else and
26 you are not to form any opinion concerning this matter or
27 express any opinion concerning this matter until the
28 case is finally given to you.

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1 Furthermore, you must not allow yourselves to
2 read, see or hear any news media accounts of this matter.

3 The Court will be in recess until 1:30.

4 All jurors, the defendant and counsel and the
5 witness are ordered to return at that time.

6 The court is in recess.

7 Thank you.

8 (At 12:03 p.m. a recess was taken until
9 1:30 p.m. of the same day.)
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LOS ANGELES, CALIFORNIA; THURSDAY, MAY 19, 1977; 1:50 P.M.

DEPARTMENT NO. 130

HON. EDWARD A. HENZ, JR., JUDGE

--c0c--

(Appearances as heretofore noted.)

THE COURT: All right. People versus Van Houten.

Let the record show the defendant is present and
represented by counsel; the People are represented by counsel;
the jurors are in their assigned places.

You may resume, Mr. Keith,

1 MR. KEITH: Thank you, Your Honor.

2
3 KEITH S. DISHAN,

4 resumed the stand and testified further as follows:

5
6 DIRECT EXAMINATION (Resumed)

7 BY MR. KEITH:

8 Q Doctor, at the noon recess we were encountering
9 some small confusion, as I recall.

10 You heard a tape, did you not, of Leslie speaking
11 back in 1969 to her then attorney, Harvin Part? Is that
12 right?

13 A Yes.

14 Q And you also talked to her some 10 hours during
15 the year -- sometime during the year 1977 in connection
16 with this lawsuit; is that correct?

17 A Well, in connection with her life, (and a bit about
18 this lawsuit, yes.)

19 Q Well, I mean, the lawsuit in terms of --

20 A Yes.

21 Q -- this trial.

22 And did you believe that on the tape she was
23 telling her lawyer, Harvin Part, the truth?

24 A Yes.

25 Q And did you believe that she was telling you,
26 during your interviews of her, substantially the truth?

27 A Yes.

28 Q Now, have you been able, Doctor, as a result of

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1 your interviews and as a result of your experience and as a
2 result of your study of the facts and circumstances
3 surrounding this case to form an opinion as to whether or not
4 Leslie was mentally ill, mentally ill at the time of the
5 Labianca homicides and prior thereto for a period of time?

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6 A Yes.

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1 Q And what is that opinion?

2 A My impression was that she was. ←

3 Q And could you describe to us the nature of the
4 mental illness that you diagnosed?

5 A That she had a (chronic brain syndrome), drug
6 induced, with a marked alteration in her value system and
7 her behavior.

8 Q Now, when you say "chronic brain syndrome," could
9 you tell us what you mean by that term.

10 A Well, it means that there is some alteration in
11 the functioning of the brain.

12 Q Does it necessarily mean brain damage in the sense
13 of destruction of brain cells or destruction of some other
14 parts of the brain when you use the term "chronic brain
15 syndrome"?

16 A It doesn't necessarily mean destruction of brain
17 cells, and it doesn't necessarily mean destruction of other
18 cells. And it doesn't necessarily mean irreversible changes.
19 It means that there are changes that will take
20 time to repair.

21 For example, one experiences a sunburn. You have
22 skin damage. But you don't have permanent skin damage.

23 You may have a cold. You don't have necessarily
24 permanent damage.

25 Q Are you suggesting your opinion is that a chronic
26 brain syndrome causes some disfunctioning of a person's brain?

27 A That's correct.

28 Q And do you have an opinion, Doctor, as to what

Irreversible
brain
damage.

(Her opinion)

1 produced or caused -- what factors may have caused the chronic
2 brain syndrome that you have diagnosed?

3 A Well, in her case it would be the ingestion of
4 drugs over a period of time and, in particular, LSD over a
5 period of time.

6 Q Do you have an opinion as to the possible onset
7 of the chronic brain syndrome, when it occurred, or is it a
8 gradual thing?

9 A Well, with her --

10 Q Bearing in mind she started using, according to
11 her history, LSD at age 15.

12 A I gather that it began then that her values changed
13 rather drastically; that she gave up her interests in her
14 social and school life and became interested in things like
15 drug-taking and where she liked her mother and did things
16 other than what were normal for her pattern before that.

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1 Q Is what you are telling us the chronic -- the
2 effect, the effect of the brain could have occurred at age 15?

3 A It could have started then and then reinforced
4 along the way.

5 Q Does LSD -- if someone takes it regularly and
6 continuously -- tend to reinforce -- or be reinforced as
7 each dosage is ingested?

8 A I think so.

9 I think that any reparative changes that might
10 take place would be offset by the frequent ingestion of
11 LSD, yes.

12 Q Now, you said something else in addition to chronic
13 brain -- oh, drug-induced chronic brain syndrome.

14 Is that what you said?

15 A Yes.

16 Q For someone to suffer that kind of a mental
17 illness, Doctor, does the person's underlying personality
18 play a part?

19 A (No response.)

20 Q Did you understand that question?

21 A I think so.

22 The function of the brain is, among other things,
23 the personality of the individual and the mind of the
24 individual.

25 If the brain is intoxicated or damaged its
26 function is going to be affected.

27 So that the intoxicated person or the brain-damaged
28 individual is not going to have identically the same

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1 personality, the same functioning in his personality or in
2 his mind and in his value system and his judgments that you
3 would have if the brain is undamaged.

4 Q All right.

5 I also want to ask you if a person's personality
6 has any bearing -- underlying character structure has any
7 bearing on the devastating or adverse effect of LSD in a
8 person's brain and value system.

9 A Does the personality structure have an effect on
10 the brain?

11 Q No, I didn't --

12 A The other way around?

13 Q Yes.

14 A The --

15 Q What I am asking you is, is the effect of LSD
16 on a person heightened or increased or augmented by reason
17 of a person's personality or character structure?

18 A Well, I think that some of the changes from LSD
19 can be greater in individuals with one type of personality
20 than with, say, an individual with another type of personality.

21 Q Could you describe for us what you mean.

22 A As I said this morning, younger individuals have
23 to be much more suggestible and therefore much more open and
24 vulnerable to the types of influences that could impinge on
25 them or be influencing them while under LSD than perhaps an
26 older, more sophisticated, educated individual.

27 Or, on the other hand, a person who is of a
28 borderline state, tenuous hold on reality, be psychotic, as

So personality certainly is an important part of the ultimate outcome.

So personality certainly is an important part of the ultimate outcome.

So personality certainly is an important part of

the ultimate outcome.

[illegible]

14-1

1 Q Now, in Leslie's situation, did you form an
2 opinion as to whether Manson's influence over her was in some
3 way augmented or facilitated by her long-time use of LSD?

4 A Yes.

5 Q And what is your opinion in that regard?

6 A That the use of LSD did augment his influence over
7 her.

8 Q Do you have an opinion -- Strike that.

9 Do you have an opinion, Doctor, as to whether or
10 not Leslie actually believed in Helter Skelter and believed
11 that Manson and the Family were ordained to start Helter
12 Skelter and believed that -- actually believed at that time
13 that it was right and proper and perfect to kill people in
14 order to start Helter Skelter?

15 MR. KAY: Well, I'm going to object to the question.
16 It's compound. I think he asked about three questions in one.

17 THE COURT: It is a very complex question. The
18 objection is sustained.

19 You may break it down.

20 MR. KEITH: Would you like me to go through it one at
21 a time?

22 MR. KAY: Yes.

23 THE COURT: I think that will be necessary.

24 MR. KEITH: My efforts to expedite things failed
25 miserably.

26 Q Doctor, do you have an opinion as to whether Leslie
27 actually believed in the concept of Helter Skelter; that's
28 the race war espoused by Mr. Manson.

1 A Yes, I think she did.

2 Q And do you have an opinion as to whether Leslie
3 actually believed at that time that it was necessary for
4 Manson and his followers to start the race war, Helter Skelter?

5 A Yes.

6 Q And what is that opinion?

7 A That she thought that was necessary.

8 Q Do you have an opinion, Doctor, whether she
9 actually believed -- believed that it was necessary and right
10 and perfect to kill people in order to start Helter Skelter?

11 A Yes, it was necessary; that life-death didn't
12 mean anything.

13 Q Well, I was going to ask you if you had --

14 I was going to ask you, Doctor, if you had an
15 opinion whether she really, truly believed in that, that it
16 was necessary to kill people in order to start Helter Skelter?

17 A Yes.

18 Q And can you tell us the basis of your opinion that
19 she really believed Manson's philosophy of Helter Skelter and
20 its attendant circumstances and its purpose?

21 A Well, she believed that he was a deity. She
22 believed that he was right. She believed, or it got to a
23 point where she did believe, that life didn't mean anything;
24 death didn't mean anything;

25 That one should be egoless, that is, have no
26 thoughts.

27 And she didn't exercise opinions or raise
28 objections to his viewpoints; that she accepted them

1 uncritically.

2 Q In your opinion, Doctor, did Leslie espouse what
3 might be called a false value or belief system?

4 A Well, she didn't take such an active role as far
5 as an evangelist with her viewpoints.

6 Q No, I just meant --

7 A But as far as accepting them, I would say if that
8 is a false-belief system, and it is to me, she certainly did.

9 Q And, in your opinion, Doctor, would the chronic
10 use of LSD over a long period of time tend to create in someone
11 such as Leslie, with her personality at that time, such a
12 belief system that it was right and perfect to start Helter
13 Skelter by causing the deaths of other people?

14 A Well, taking LSD over a period of time repeatedly,
15 with each additional session, in a sense, reinforcing the
16 effects of the previous ones, a person can go in varying
17 directions for good or for bad, as I mentioned earlier this
18 morning.

19 And certainly the direction that she went is one
20 possible direction.

21 The direction is influenced in part, to a great
22 extent, by the set, that is, the influences, the social
23 influences, the environmental influences that a person is
24 under during and after the LSD ingestion.

25 Q Now, you speak of the setting.

26 Are you referring in this case as the set or the
27 setting the fact of Manson and his philosophy and his
28 domination?

15-1

A Well, let me briefly speak to these terms.

Q All right.

A "Set" is, at least in my terminology, the sort of viewpoint, the expectancy, how you approach a thing.

If you are going to where you have certain expectancy, "What is your set?"

Many patients go to doctors and get better there before they arrive because their expectancy is such that they are going to respond, and they even start responding before they arrive.

The set then is what they have been prepared for.

The "setting" is the actual environment, the actual verbal and nonverbal, and various things that come to their attention.

It can be things said, things done, demonstrated, even architectural things.

The entire environment which they are in; that is the setting.

Q I see.

A And what do you ascribe or attribute to be the setting in Leslie's case back in 1968 and '69 when she was a member of Manson's group?

A Well, the social setting and the essential value judgments were determined by Manson.

And to these were fed during non-drug states and drug states to Leslie. So she became ingrained with these ideas.

And one can be ingrained without drugs. They can become convinced. But drugs like LSD make them far more

15-2

1 susceptible, far more impressionable, so that their degree of
2 being convinced that one should not regard life as of any
3 value, for example, can be rather tremendous.

4 Q Is it possible, Doctor, in your experience and
5 in the literature, for one who has ceased the use of LSD to
6 regain the values and the beliefs originally held before they
7 were altered by a hallucinogenic drug?

8 A Well ---

9 Q Do you understand that question?

10 A Yes.

11 Many of the impressions and intensities, the
12 impressions, the awareness of an LSD experience, of course
13 like any experience, fades with time.

14 Not everything that one experiences is something
15 that's false, as I conveyed this morning -- or I didn't think
16 I did.

17 Sometimes one learns to become more appreciative
18 of religion or more appreciative of art or music or
19 aesthetic things or more understanding of nature.

20 And they may retain those values, not necessarily
21 give them up.

22 So that what one learns from any experience,
23 including that experience, isn't something that necessarily
24 is going to completely erode with time. (the LSD experience)

25 Q All right.

26 Now, the crux of my question was, granting that
27 certain experiences are beneficial under LSD and even as a
28 result of its aftereffects heighten one's awareness, as you

1 apparently put it, can one be induced to espouse, induced
2 to espouse a belief system that is unreal, that borders on
3 the delusional, as a result of a long ingestion of LSD and
4 as a result of the setting?

5 A Yes.

6 That's the problem with LSD. It's a two-edged
7 sword.

8 It is not always controllable or predictable.
9 And there have been cases of people -- of suicides under LSD
10 or afterwards.

11 There have been some tragedies.

12 Q All right.

13 Now, did you find, as a result of your
14 examination of Leslie and your own experience as a
15 psychiatrist and with your sub-specialty of psychopharmacology --

16 I should put it this way: Were you able to
17 diagnose -- rather than "find" -- or characterize what kind of
18 a personality Leslie may have had back in, oh, 19 -- in the
19 late of '60s, when she dropped out, left home and joined the
20 Manson family?

21 I mean, you have told us personalities, one's
22 underlying personality does have a bearing on the depth of
23 the effects of LSD.

24 A The nature of the experience.

25 Q Yes.

26 A Yes; that's its role.

27 Well, in talking with her and her mother I got a
28 picture of a fairly outgoing, happy, bright, cheerful,

1 pleasant individual who was actively social, in the sense of
2 a well-adjusted child, and whose first, probably, traumatic,
3 major traumatic episode was the divorce of her parents.

4 Because she was a father-oriented girl, say,
5 more than the average girl; and this was probably more of a
6 traumatic experience to her than she consciously was aware of
7 or accepted or was able to handle.

8 Because what happened was that she then was a
9 mother-run family, and yet the mother had to -- or did, anyway,
10 go back to school; and she had more than she could handle.

16-1

1 Consequently, Leslie approached adolescence and
2 young womanhood without the same amount of controls and
3 parental guidance that she had, and, unfortunately, she
4 became involved with a Bobby Mackey who was somewhat a hippie
5 type, for the time, and who was also into the use of LSD.

6 And through her enamored of him and the influence
7 he had over her he was able to get her to start taking LSD
8 which then led to her alteration of values and judgment and
9 behavior and -- not dropping out of school, but at least
10 dropping out of the social activities and the previous social
11 functions that she had been pursuing.

12 And from then on it was somewhat of a downhill
13 course for her.

14 Q Was she -- bearing in mind she was young and
15 enamored of Bobby Mackey -- was she the type -- and hadn't
16 had much experience in life -- was she the type of person
17 that you would expect LSD to affect adversely the most?

18 A No, ordinarily not. She's got a fairly strong ego.
19 She shows that in the testing that I did.

20 But she is -- the environment in which she took
21 it wasn't, let's say, properly structured. It wasn't a
22 medical environment at all. And she has a quality to her
23 personality where she is more externally determined or
24 oriented or controlled than, say, more internally.

25 Q What do you mean by that?

26 A Well, things that go on with her friends, go on
27 socially, go on in her environment, that is, particularly a
28 social environment -- this is between people and herself --

16-2

1 have more of an influence on her than it would on, say, someone
2 who is more a loner and self-directed and has their own, as
3 it were, views.

4 Some people are uninfluenced by social events or
5 customs or styles or even what is proper or polite. They're
6 kind of, shall we say, perhaps inner-directed or preoccupied.

7 Q Are you saying absent the use -- we are not
8 talking about the use of LSD now with respect to Leslie --
9 but you found her, as a result of clinical and psychological
10 studies, as perhaps being more influenceable or such --

11 A Malleable, yes.

12 Q Regardless of LSD ingestion?

13 A Correct.

14 Q Now, Doctor, let's take the month of August 1969,
15 bearing in mind, as you know, the LaBiancas were killed, I
16 believe, in the early morning hours of August 10th, 1969, and
17 also bearing in mind that Leslie participated in some fashion
18 in those homicides.

19 Do you have an opinion at that time -- and we
20 are talking about August 10th, August 9th, August 8th, 1969,
21 in that area -- whether Leslie had the capacity to premeditate
22 and deliberate to kill somebody?

23 And by that I mean did she have the capacity to
24 maturely and meaningfully, maturely and meaningfully, contem-
25 plate the gravity of the act that she was undertaking, and
26 that's participating in a homicide --

27 A My opinion is --

28 Q -- and -- Wait a minute, I haven't finished.

1 -- and appreciating, appreciating the consequences
2 thereof?

3 A Well, my opinion is that she did not have the
4 capacity to appreciate and maturely and meaningfully reflect
5 on that because of the alteration in her value system.

6 Q My next question is what is the basis of that
7 opinion?

8 Now, you can tell us.

9 A Well, the alteration of her value system was to
10 the extent that life didn't mean anything, including her own;
11 that she ideally should be egoless; that she shouldn't have
12 her own ideas; that she should function without thought and
13 without objection.
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16-24

1 Q Now, is that opinion and the basis therefor that
2 you have just given us something that was induced or created
3 by the drugs and Manson's power over her?

4 A Well, I think it was a cumulative effect of drug
5 experiences and the kinds of experiences she had under drugs,
6 and reinforced during periods that she wasn't under drugs,
7 or acutely intoxicated with drugs, so that those value shifts
8 and those degree of critical thinking that she could engage
9 in all had been shifted so far that it was -- that she was not
10 able to maturely or critically reflect on things, such as
11 those actions you mentioned or even the concepts that she was
12 presented with.

13 Q By "concepts she was presented with," you are
14 referring to the general broad concept of --

15 A Well, the bottomless pit in the desert and
16 becoming miniaturized and living without aging and --

17 Q All right.

18 Now, let me ask you this, Doctor: Do you have an
19 opinion -- do you have an opinion that at the time of the
20 LaBianca homicides, at the time thereof, whether or not Leslie
21 was aware, was aware of her obligations to conform her conduct
22 to the mores and obligations that society demands of us?

23 A I have an opinion.

24 Q And what is that opinion?

25 A That she did not have the ability to so conclude
26 that she had the obligation to conform with the mores of
27 society.

28 Q Or the laws of society?

1 A Or the laws of society.

2 Q And do you have an opinion, Doctor, that even if
3 she did have some impaired awareness of her obligation, or
4 rather society's obligation upon her to conform her conduct
5 to the laws of society, whether she was able to control --
6 to control her conduct to conform to the laws of society?

7 A I have an opinion, yes.

8 Q And what is that opinion?

9 A That she did not have that ability to control her
10 behavior.

11 Q Now, could you tell us, Doctor, the bases for
12 those opinions?

13 The latter two opinions I probably should have
14 taken one at a time, but I did not; one of a lack of awareness,
15 and the other, even if there was some awareness, the ability
16 to control conduct in conformance with society's demands.

17 A Well, I think the basis is the marked shift in
18 her values, the marked shift in her critical thinking, and
19 the marked shift in her judgment, which is impaired in part
20 by her loss of critical thinking and loss of a socially
21 acceptable value system, namely, that it is wrong to kill.

22 Q Now, Doctor, you heard an account, did you not,
23 on the tape of the conversation between Marvin Part and Leslie
24 that was made back in 1969 of Leslie's participation in the
25 LaBianca homicides?

26 A Yes.

27 Q All right.

28 And did Leslie, during your more recent -- not

1 more recent but during your interviews with her in connection
2 with this trial, tell you of her participation in the LaBianca
3 homicides?

4 A Yes,

17-1

1 Q And did she tell you of stabbing a body that
2 appeared to be dead time and time again?

3 A Yes.

4 Q And that of course she said on the tape.

5 A Yes.

6 Q And did she tell you of being told to wipe
7 fingerprints off, and doing so in various places about the
8 LaBianca house?

9 A Yes.

10 Q And you heard that on the tape.

11 A Yes.

12 Q And did she tell you of changing clothes and
13 hiding in the bushes after the homicides and then hitchhiking
14 back to the Spahn Ranch, where she was living with Manson
15 and his other followers?

16 A Yes.

17 Q And that also is on the tape.

18 A Yes.

19 Q Do you find any indication in certain of those
20 activities, that conduct, of what you might call a
21 "disassociative" state?

22 A Well, I saw some indications that she went into
23 a dissociative state during the killings at the LaBianca
24 house.

25 Q Now, could you tell us what a "disassociative"
26 state is?

27 A It's not "disassociative."

28 Q I knew it.

17-2

1 A It's "dissociative."

2 Q I'm sorry.

3 A That's all right.

4 It's a state that alters awareness, memory of
5 functioning.

6 In psychology, psychiatry you classify a number
7 of conditions.

8 That's d-i-s-s-o-c-i-a --

9 Sleep walking is one. I think -- we talked
10 earlier, very little about it, bed wetting, or enuresis is
11 one, in a young adult, anyway.

12 There are other episodes.

13 And people during extreme stress or tension do it.

14 You may remember when Kennedy was shot
15 Jacqueline Kennedy crawled back out of the Lincoln, which her
16 act was on purpose.

17 And I read somewhere in the papers she didn't
18 know why she did it. I think she may have been just in a
19 period of an dissociative state, which is not uncommon under
20 periods of great stress.

21 And I think that she went into a kind of a
22 repetitive period of activity, which suggests, supports a
23 diagnosis of dissociative state, when it's wiping everything
24 and also she was telling me about arranging drawers.

25 Q Is this what Leslie told you?

26 A Um-hum.

27 Q Not on the tape but in your interviews with her.

28 A Yes.

1 And then also she repeatedly said to me -- and
2 it was also on the tape -- of fogging out.

3 That is what I mentioned earlier about having an
4 impaired memory. People often will not remember everything
5 that happens.

6 In, say, a severe auto accident. You sometimes
7 get three or four witnesses that come up with different
8 stories; but it's somewhat understandable in that they may
9 have all been in some state of shock or dissociative state.

17a

1 So that I think somewhere along the thing she went
2 into such a state because she -- when I talked to her she
3 couldn't clearly remember what happened in the period in the
4 bushes, or that she had been in the bushes, which occurred
5 of course after leaving the LaBianca house.

6 So that some of the mental mechanisms were working
7 such that she was not functioning to recall clearly all the
8 things, at least when I talked to her this year, that
9 occurred back then.

10 Q However, on the tape it's clear that she remembered
11 then that she and the other people, Tex --

12 A Yes.

13 Q -- and Patricia did hide in the bushes.

14 A Correct.

15 Q And did hitchhike back to the ranch.

16 A Yes.

17 Q Now, you are not suggesting that a dissociative
18 state is synonymous with being unconscious.

19 A No.

20 Q It's a state, is it --

21 A An altered state of awareness, altered state of
22 recalling, altered state of functioning, which is other than
23 normal alertness that we see sometimes in people with certain
24 personality problems, periodically, or fugue states, with
25 multiple personalities.

26 This could be an example of one of the
27 dissociative states.

28 Q Doctor, all or certainly most of us are taught

1 during childhood and in school that it's wrong to kill
2 other people and it's wrong to break the law; and it's not
3 only wrong legally but morally to do things contrary to what
4 most of society feels is right.

5 Do you think it's possible for Leslie to have
6 completely repressed or forgotten -- I don't know quite the
7 word to use -- "repressed" is a good word -- that early
8 childhood training? Bearing in mind she had quite a
9 religious upbringing in the Presbyterian church.

10 A Well, you don't necessarily need to repress it,
11 but certainly it could have enough influence so that the
12 value placed on life or death was such that whether you lived
13 or died didn't matter.

14 Q Do you feel that's what happened with Leslie
15 back in 1969; that death had no meaning?

16 A Well, I think that is one of the -- I think she
17 had marked changes in her value system.

18 And that also she had an impairment of her
19 critical thinking.

20 And the two are not completely unrelated.

21 And her judgment was impaired. And that's really
22 not unrelated to your value system and your ability to
23 think critically.

24 Q Is it uncommon, uncommon, during your experience,
25 both clinically --

26 "Clinically" means personal observation, doesn't
27 it, in medical terminology?

28 When you speak of a clinical experience you are

1 talking about actually treating a patient.

2 Is that what you mean by that experience?

3 A Yes; your observations, examinations and working
4 with patients, and patients' records and reports, yes.

5 Q All right.

6 What I was about to ask and then digressed to
7 clear up the point of what "clinically" means --

8 But is it uncommon, in your experience both
9 clinically and reading literature, and I presume talking
10 with other psychiatrists, for someone who has long used
11 LSD, abused the drug and who has been dominated, let's say,
12 by others, to completely change their value system in order --
13 and espouse new beliefs, new values which appear to you and
14 I and the rest of the people in this courtroom as bizarre or
15 almost delusional or just plain wrong?

16 A Yes.

17 Q And have you seen that happen in other people?

18 A I think we all saw, with Dr. Timothy Leary, a
19 Harvard professor, who went from being a very bright
20 psychologist to having his life practically destroyed, in a
21 sense.

22 And he didn't have any guru or leader or
23 Manson-type pushing him down the road.

24 He in a sense fell victim to what he experienced.

25 Q What do you mean by "guru"?

26 A Leader. You know, a teacher and an Indian in the
27 philosophy sense.

28 Q All right.

1 Q And do you have any impression -- or would you
2 rather --

3 You would prefer not to form an opinion about
4 a person, I presume, unless you -- a medical opinion or
5 psychiatric opinion -- unless you have actually examined them.

6 A Well, I don't think it's very scientific or
7 fair when things are incomplete.

8 I talked to him. I couldn't quite make out what
9 he was saying. Just double talk.

10 But --

11 Q You used the term "double talk." There's been
12 testimony in this case that he talked in riddles.

13 Can an LSD experience, in your opinion, make the
14 person during that experience believe they understand riddles
15 and double talk, where if they weren't under an LSD experience
16 or undertaking one could not make any sense out of what was being
17 said?

18 A Yes.

19 People see at different levels of LSD
20 intoxication different meanings due to the altered perceptions,
21 and also probably in part due to the intensity of the
22 impression and also to the alterations in the brain mechanisms,
23 the ego defense mechanisms, such things as that.

24 Q Have you ever heard anybody talk or lecture while
25 you yourself were on an LSD trip?

26 A Yes.

27 Q Is there something different about the voice or
28 the way, in your experience -- or the way it's transmitted?

1 Would you describe Manson as a bad guru, as
2 opposed to a benevolent one?

3 A Well, I think the results are in; and I would
4 agree he is bad.

5 Q You never examined Manson himself, have you?

6 A No. I talked to him briefly,
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1 A Well, if you are very far under, as a complicated
2 lecture it may just sound completely unintelligible.

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1 Q Can there be any change in the voice, the timbre
2 of the voice?

3 Do you remember any such?

4 A Well, it can take on certain meanings to you that
5 the person is this type of a person or that type of a person,
6 which may or may not have some bearing on the fact.

7 Q What I was -- the subject I was broaching a little
8 earlier, and I digressed again, was whether you had an
9 opinion as to whether or not Manson was mentally ill, or an
10 impression, bearing in mind you haven't examined him?

11 THE COURT: Well, will counsel approach the bench, and
12 could we have the court reporter, please.

13 MR. KEITH: Yes.

14 (The following proceedings were held
15 at the bench:)

16 THE COURT: I want to be sure that we don't broaden this
17 beyond what we ought to. And I'm concerned about him
18 answering questions when he's already indicated in regard to
19 Manson that he didn't think it was appropriate, since he
20 hadn't interviewed him in a long time.

21 MR. KEITH: Well, I'll drop the question, then.

22 MR. KAY: Yes.

23 THE COURT: You can ask him what his opinion is concerning
24 it, but --

25 MR. KAY: Well, I think there is a lack of foundation.

26 MR. KEITH: I think he's going to say he really does not
27 have an opinion, because -- or at least he has a --

28 MR. KAY: There is a lack of foundation.

1 MR. KEITH: -- has a pretty good hunch, but I think I'm
2 inclined to agree with the court.

3 THE COURT: All right.

4 MR. KEITH: It's not appropriate unless he actually had --

5 THE COURT: Okay.

6 MR. KEITH: -- examined Manson.

7 THE COURT: All right. Fine, thank you.

8 MR. KEITH: I'll withdraw the question.

9 THE COURT: Okay.

10 (The following proceedings were held in
11 open court in the presence of the jury:)

12 MR. KEITH: I'll withdraw the previous question about
13 any opinion or impression you might have had of Mr. Manson's
14 mental health.

15 Q Doctor, do you have an opinion, though -- I will
16 ask you this -- as to the condition of Miss Van Houten's
17 mental health today?

18 A Yes.

19 Q And what is that opinion?

20 A That she's a reasonably healthy outgoing cheerful
21 person, free of any -- considering the experience that she's
22 had, the period of time that she's been incarcerated -- morbid,
23 bizarre, or recriminative feelings.

24 She's not particularly bitter or unduly distorted
25 in her mood or in her particular values.

26 Q As a basis for that opinion, did you consider a
27 psychological report made by a Dr. Maloney, Michael Maloney?

28 A Yes.

18-3

1 Q And he wrote a report after making certain
2 psychological tests?

3 A Yes.

4 Q And that was recently?

5 A Well, let me say this: My opinions were formed --
6 I got a copy of the report from you recently; he had done the
7 tests, of course, sometime before that. But they weren't --
8 they were quite in agreement with what my opinion was and my
9 own psychological tests.

10 Q Did you ever take a psychological test yourself?

11 A Yes.

12 Q And what kind of a test was that?

13 A The test she took was the Minnesota Multiphasic
14 Personality Inventory.

15 Q Is that -- are these psychological tests useful
16 tools for psychiatrists in diagnosing patients?

17 A Yes.

18 Q They are not in and of themselves necessarily
19 dispositive --

20 A The what?

21 Q All right. That's a legal term.

22 The psychological test -- There is a series of
23 psychological tests that are usually administered by
24 psychologists, Ph.D.s?

25 A Yes.

26 Q All right. And one of those tests, the MMPI,
27 the Minnesota Multiphasic Personality test, and then the
28 well-known inkblot test, the Rorschach test, is one of them?

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A Yes.

Q And you administered an MMPI?

A Correct.

Q And this is a tool used by psychiatrists in reinforcing diagnoses, I suppose?

A Well, not necessarily. It has the value of giving you, as it were, an independent view.

Because, first of all, it's a self-administering test. It's one that the patient takes the printed pages and the answer sheet and the pencil and paper and does the test, and the doctor can be out of the room, has no real bearing on the matter.

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14 And this test is one of the earlier ones, and it's
2 been validated probably more than any psychological test.

3 And by that I mean that it has been shown to
4 measure what it purports to measure. And it further is
5 machine scored.

6 And in this case, this MMPI, it is computer
7 scored.

8 And because of the programs that it's been able
9 to add to the particular grading of the test and all, they can
10 give a rather elaborate readout on the test.

11 So that in a sense you have a validated independent,
12 at least of the bias of the individual psychiatrists,
13 personality inventory of a given individual.

14 So that you have, then, something you can have as
15 a way of also showing how your own clinical viewpoint is.
16 And when that test and the USC psychologist test and my own
17 clinical opinion all essentially agree, that, of course, is
18 rather nice to have such unanimous viewpoints.

19 Q Is it your opinion or not your opinion that
20 Leslie is free of Manson's influence now?

21 A Well, psychologically, yes.

22 Q All right.

23 And you feel her mental health is good now under
24 the circumstances?

25 A Yes.

26 Q And by "circumstances," I'm talking about long
27 incarceration, stress of this trial.

28 A Yes. She shows good ego strength in view of

1 situations she's in, precariousness of her position, and the
2 incarceration; yes, excellent.

3 Q All right.

4 Now, incidentally, Doctor, you have known me for
5 quite some time, haven't you?

6 A Yes.

7 Q And you have testified in other cases in which
8 I've been a lawyer?

9 A Yes.

10 Q And you testified at the penalty phase of Leslie's
11 first trial, did you not?

12 A Yes.

13 Q I was a lawyer there?

14 A Yes.

15 Q And you testified in behalf of Tex Watson, did
16 you not?

17 A Yes.

18 Q That was back in 1971, too, was it not?

19 A Yes.

20 Q And I was a lawyer there?

21 A Yes.

22 Q And you have testified in other matters?

23 A Correct.

24 Q All right.

25 And as a result, could you say we've become friends?
26 Is that a fair statement?

27 A Yes.

28 Q And have you said anything today or is any of your

1 testimony today biased or slanted in some manner because you
2 know me and have known me for maybe 15 years?

3 A I don't think so.

4 MR. KEITH: I don't have anything further.

5 THE COURT: All right, thank you.

6 This might be an appropriate time to take our
7 recess.

8 All right. Ladies and gentlemen, at this time
9 we will recess until 3 o'clock, about 12 minutes away.

10 Bear in mind during this recess that you are not
11 to discuss this case amongst yourselves or with anyone else,
12 and you are not to form any opinion concerning this matter
13 or express any opinion concerning this matter until the case
14 is finally given to you.

15 Furthermore, you must not allow yourselves to read,
16 see, or hear any news media accounts of this matter.

17 The court will be in recess until 3 o'clock. All
18 jurors, defendant, counsel, and the witness are ordered to
19 return at that time.

20 Court's in recess. Thank you.

21 (Recess taken.)

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1 THE COURT: People versus Van Houten.

2 Let the record show the defendant is present,
3 represented by counsel, the People are represented by counsel,
4 the jurors are in their assigned places.

5 You may cross-examine, Mr. Kay.
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1 MR. KEITH: Thank you very much.

2

3 CROSS-EXAMINATION

4 BY MR. KAY:

5 Q Dr. Ditman, you and Mr. Keith, besides being
6 business friends, are also social friends, aren't you?

7 A To some extent, yes.

8 Q Now, when Mr. Keith took over for Miss Van Houten's
9 first attorney, Mr. Hughes, when he disappeared, and Mr. Keith
10 took over at the end of the guilt phase and then represented
11 her in the penalty phase, he called you as a witness for
12 Miss Van Houten in the penalty phase, right?

13 A Yes, I believe so.

14 Q All right.

15 You testified on her behalf there, right?

16 A Yes.

17 Q All right.

18 And when Mr. Keith represented Tex Watson, he also
19 called you as a witness to testify on behalf of Tex Watson,
20 didn't he?

21 A Yes.

22 Q By the way, in formulating your opinion about
23 Miss Van Houten's state of mind at the time of the LaBianca
24 murders, did you take into consideration what Mr. Watson told
25 you that happened inside the LaBianca residence?

26 A No.

27 Q You didn't take that into consideration?

28 A No.

1 Q Why not?

2 A Well, one, I haven't talked to him for a number
3 of years;

4 Two, I don't have that -- or I did not have that
5 record available of his description of what happened.

6 And my own memory of it is not that reliable.

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1 Q Well, do you recall that he gave you a little
2 different description of what Miss Van Houten did inside the
3 Labianca residence than Miss Van Houten told you on this tape
4 and in your interview?

5 A I don't recall whether it was different or the
6 same.

7 I don't recall the details of it, frankly.

8 Q Mr. Keith didn't ask you to look at that report
9 that you did on Mr. Watson before you testified here; is that --

10 A No.

11 Q By the way, how many times have you talked to
12 Mr. Keith, say over the past three months, about this case?

13 A (Pause.)

14 Including phone calls, meetings, I'd estimate
15 maybe 20 times.

16 Q And how many times have you talked to me,
17 Doctor?

18 MR. KEITH: Well, may the court please, object to that
19 question.

20 His relationship to me is confidential and to
21 Leslie. Why should he talk to Mr. Kay?

22 THE COURT: Well, the objection is overruled.

23 The witness may answer.

24 Q BY MR. KAY: How many times have you talked to
25 me, Doctor?

26 A I haven't talked to you.

27 Q Did you ever call me on the phone and ask me --
28 Did you ask me if I might have any relevant

21-2

1 information that you might like to look at and consider in
2 helping to determine what Miss Van Houten's state of mind was
3 at the time of the LaBianca murders?

4 MR. KEITH: Object to the question on the same grounds:
5 Immateriality.

6 Why should he talk to the prosecution?

7 MR. KAY: Well, it's --

8 THE COURT: The objection is overruled.

9 The witness may answer.

10 THE WITNESS: The answer is I haven't talked to you; so
11 I couldn't answer that.

12 Q BY MR. KAY: And Sergeant Sartucke, who is the
13 chief investigator in this case, have you ever talked to him?

14 A No.

15 Q How, how many --

16 You talked about meetings and phone calls; that
17 there had been about 20 with Mr. Keith.

18 Can you break them down. How many meetings,
19 actual face-to-face meetings have you had with Mr. Keith?

20 A (Pause.)

21 MR. KEITH: Is your time frame again within the last
22 three months?

23 MR. KAY: Right.

24 THE WITNESS: I would limit it to about five.

25 Q BY MR. KAY: And so the other 15 during the last
26 three months would be phone calls?

27 A Yes.

28 Q All right.

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Now, say, the period from August --

Well, say, the period of September through the
end of December last year. Did you have any meetings or
phone conversations with Mr. Keith concerning this case?

A I don't recall that I did, no.

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1 Q All right.
2 Now, the meetings and conversations you have had --
3 Well, let me state, the meetings that you have had
4 this year with Mr. Keith, were any other psychiatrists present?

5 A No.

6 Q Were any psychologists present?

7 A No.

8 Q You said that Mr. Keith on direct examination
9 provided you with some testimony that we had in this trial.

10 Do you have that with you?

11 A No, it was --

12 Regarding transcripts?

13 Q Yes.

14 A I think they were No. 16 through 23.

15 MR. KEITH: I'm not sure, but I --

16 THE WITNESS: I believe it's something of that nature.

17 Q BY MR. KAY: Did he give you the whole transcripts
18 or Xerox portions of the transcripts?

19 A Well --

20 Q Or do you know?

21 A Well, they appeared to be intact with, you know,
22 serial numbers.

23 I didn't see anything that was -- Well, one of
24 them had four pages of the same number, but they were essentially
25 complete, as far as I could tell.

26 Q All right.

27 Now, of course, Mr. Keith provided you with the
28 tape recording of the Marvin Part interview in 1969; is that

1 right?

2 A Correct.

3 Q And recently provided you with a transcript of
4 that?

5 A Yes.

6 Q All right. And did Mr. Keith tell you that
7 Miss Van Houten in this case testified outside the presence
8 of the jury and I cross-examined her as to what happened on
9 the nights of the murder?

10 A Did he tell me?

11 Q Did he tell you that?

12 A No.

13 Q All right.

14 A She did.

15 Q Did Mr. Keith provide you with a transcript of
16 my cross-examination of Miss Van Houten as to what she had
17 done on the night of the LaBianca murders?

18 A Is that 16 through 23?

19 Q It's No. 25.

20 A No, I do not believe so.

21 Q Do you think that you might have liked to have
22 read --

23 Well, let me put it this way: Now, Mr. Part, you
24 understand, was Miss Van Houten's attorney at the time that
25 the tape recording was made.

26 You realize that?

27 A That is my understanding, yes.

28 Q Okay.

1 You realize that I'm not Miss Van Houten's
2 attorney.

3 A I --

4 Q Do you understand that?

5 A -- got that impression.

6 Q Do you think that it might have been helpful to
7 you in forming your opinion that if you might have read the
8 cross-examination, so to speak, of Miss Van Houten as to what
9 she had to say about what occurred on the night of the LaBianca
10 murders, or at least what she had to say in 1977 about what
11 occurred on the night of the LaBianca murders, do you think
12 that might have helped you?

13 MR. KEITH: I'll represent to the court he can read it
14 right now. We've got nothing to hide.

15 THE COURT: Well, if that's an objection to the question,
16 the objection is overruled.

17 If it's an observation, thank you.

18 You may proceed.

19 MR. KAY: Yes. It's nice now that I've brought the
20 subject up.

21 Q But do you think that would have been helpful to
22 you in forming an opinion as to what her state of mind was at
23 the time of the LaBianca murders?

24 A Well, it might have been of value to be there
25 during that cross-examination more than just to read the
26 printed word.

27 Q All right.

28 Let me ask you this, now: Did Mr. Keith provide

1 you with a copy of Miss Van Houten's testimony at the penalty
2 phase of the first trial?

3 A No, I don't think so.

4 Are you referring now or back then?

5 Q Well, now. Did he provide you with a copy of the
6 testimony of Miss Van Houten at the penalty phase of the first
7 trial?

8 A No,

9 Q All right.

10 And back at the, as I recall --

11 When you testified at the first trial, you said
12 that you had read just a few pages at the beginning of that
13 testimony, is that right, before you testified, just about
14 her background?

15 A No. The first trial I was given a hypothetical
16 question --

17 Q All right.

18 A -- that was of some length.

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1 Q Right.

2 A That was the --

3 Q But I'm talking about her actual testimony,
4 where she testified, raised her hand, swore to tell the truth,
5 and got up on the witness stand and testified for a period of
6 about -- well, it included three days.

7 A I don't recall ever having seen that. I might
8 have.

9 Q Do you think that might have been helpful to you
10 in forming your opinion, to see what she had to say under
11 oath on the witness stand over a period of three days back
12 in 1971?

13 A I don't think so.

14 Q Now, when you testified at the penalty phase of
15 the first trial, isn't it true that the major factor in your
16 opinion about Miss Van Houten's diminished capacity was that
17 you assumed that she was under the influence of LSD at the
18 time of the LaBianca murders?

19 A I believe there's two parts to that.

20 One was -- one aspect was that she was, yes.

21 Q But you don't believe that any more, do you?

22 MR. KEITH: Now, that's assuming facts not in evidence,
23 that he ever did believe she was under the influence at the
24 time of the LaBianca murders.

25 THE COURT: Well, the objection is overruled.

26 THE WITNESS: The best that I can tell you, she was not
27 under the influence of an acute intoxication of LSD at the
28 time of the LaBianca murders.

23-2

1 Q BY MR. KAY: By "acute intoxication," you mean
2 under the immediate effects of LSD.

3 A Yes.

4 Q Now, you have told us that you testified for
5 Mr. Keith in the penalty phase of the first trial and you
6 testified for Mr. Keith in the Watson trial.

7 Since you testified for Mr. Keith in the Watson
8 trial, how many murder cases have you testified in?

9 MR. KEITH: You mean in which I participated, or
10 generally?

11 MR. KAY: Generally.

12 MR. KEITH: Okay.

13 MR. KAY: I will get the other part.

14 THE WITNESS: I would have to give a guess at that.
15 Three or four, maybe.

16 Q BY MR. KAY: And how many of those were for the
17 prosecution?

18 A I think one, maybe two.

19 Q Where were those?

20 A Well, here in Los Angeles.

21 Q Do you know the names of those cases?

22 A No, I don't think so.

23 I just remembered some -- the details of it.

24 Q And you were called as a witness by the
25 prosecution in those cases?

26 A I believe so, in one of them, yes.

27 Q Who was the deputy D.A. that called you as a
28 witness?

23-3

1 A I don't recall.

2 Q Do you recall what courtroom it was in?

3 A No.

4 Q Have you ever been on the witness stand and
5 testified under oath that a person who committed a murder
6 could maturely and meaningfully reflect on the gravity of his
7 contemplated act of killing before he or she committed the
8 killing?

9 A I think so.

10 Q Well, tell us when.

11 A I don't recall the details of those cases now.

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1 Q Can you recall the names of the cases, Doctor?

2 A No.

3 Q Do you recall who the deputy district attorney,
4 or the defense attorney or the judge or anybody was in the
5 courtroom when you so testified?

6 A No.

7 Well, one of them may have been the court of
8 Judge Frank Baffa, I think. I'd have to check my records.

9 Q In Judge Baffa's court you testified that the
10 defendant could maturely and meaningfully --

11 A It could have been that court, but I'd have to
12 check my records.

13 Q Well, would you do so, since you will obviously
14 be back on Monday?

15 A It's not possible for me to do that because they
16 are not cross-indexed, or anything.

17 It would mean going through an awful lot of
18 files.

19 Q Well, if there is any chance that you could find
20 that, I certainly would appreciate that.

21 We are not going to be in session tomorrow and --

22 A I understand.

23 Q -- and you will have Friday and Saturday and
24 Sunday.

25 Now, you have told us today about the fact that
26 you have taken some LSD.

27 How many times have you ingested LSD?

28 A I believe I said approximately about 10 times.

13-5

1 Q Approximately about 10 times.

2 Now, the times that you took LSD -- I mean, that
3 was of your own volition, wasn't it, Doctor?

4 A Yes.

5 Q And that wasn't part of any research project.
6 That was more for your own curiosity to find out what the
7 effects were.

8 A Well, it was part of the research in the sense
9 of preparing myself for the research, yes.

10 Q What I mean, it wasn't specifically required by
11 any grant or any research project that you take LSD, was it?

12 A Well, it wasn't written in the proposal, but
13 self-observation is, in that kind of research, is fairly
14 essential.

15 Q Well, now, Doctor, when you took LSD, after you
16 took LSD on, say, approximately 10 occasions that you did,
17 did it change your value system?

18 A I think so.

19 Q Do you think your value system is changed today?

20 A To some extent, yes.

21 Q Have you ever undergone psychiatric treatment?

22 A No.

23 Q When you took --

24 After you took LSD did you ever go out and kill
25 anybody?

26 A No.

27 Q Did you ever commit any acts of violence?

28 A No.

23-6

1 Q Did you ever commit any crimes at all when you
2 were under the influence of LSD?

3 A No.

4 Q As a matter of fact, LSD is a very introvertive
5 drug, so to speak, isn't it, Doctor?

6 A In comparison to alcohol, yes, it's more of an
7 introverted drug.

8 Alcohol being one of an extrovertive drug.

9 Q Speaking of alcohol, that's really your main
10 field of expertise, isn't it?

11 A One of them.

12 Q Excuse me.

13 A One of them, yes.

14 Q Well, isn't that in fact the main area of your
15 expertise?

24f 16 A I don't think so.

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1 Q Now, when you say LSD changed your values, in what
2 way did it change your values?

3 A Well, I think that I became more interested in
4 music, more interested in art, more tolerant of philosophies,
5 particularly like mystical or Eastern religion philosophies,
6 more interested in some poetry and some of the poets, such as
7 Blake, William Blake; probably more open to the possibility
8 of extrasensory perception.

9 Q Now, tell us about that.

10 A Well, I became interested in it enough that when
11 approached by the university I -- the extension division
12 wanted to put on a meeting to make some money.

13 And I said, "Well, be happy to do one for you, if
14 you will put on some meetings with some of the money you make
15 that doesn't make money, such as a meeting on alcoholism, or
16 some such thing as that."

17 And the meeting we put on was -- it was in 1965.
18 It was called "Extrasensory Perception: Fact or Fantasy?" and
19 it was one of the first meetings certainly at UCLA of that
20 nature.

21 And it was a little perhaps unusual for that time,
22 but not, of course, at all now.

23 Of course, it was a very successful meeting.

24 Q And do you feel, Doctor, that you have extrasensory
25 perception, so to speak?

26 A No, I didn't say that.

27 Q Well, I'm asking you, do you now feel that you have
28 extrasensory perception?

1 A I have no evidence that I do.

2 Q Do you have any beliefs that you do?

3 A No. I still have an open mind to the possibility
4 that some people might.

5 Q Now, you describe Miss Van Houten as a chronic
6 user of LSD, in your opinion; is that right?

7 A She was, yes.

8 Q All right.

9 And isn't it true that a chronic user of LSD
10 builds up a tolerance to LSD?

11 A Depends on how frequently they ingest it.

12 Q All right.

13 Well, would you explain that, then.

14 A Well, a rapid tolerance to LSD is developed. And
15 that tolerance is rapidly abated. And she knew -- had learned
16 in her drug-taking days and from her drug-taking friends that
17 to take LSD once every five to seven days you space it far
18 enough apart that you avoid the tolerance.

19 And that's how she reported she took LSD.

20 Q LSD, as you testified earlier, is not physically
21 addictive; is that right?

22 A Not in the sense of --

23 Q Heroin?

24 A -- withdrawal effects.

25 But some people have become very dependent on it.
26 In that sense it's addicting. It has become a way of life
27 for them.

28 Q Now, as I understood your testimony -- Well, first

1 let me ask you this:

2 Do you think in determining what a person's state
3 of mind was at the time of the commission of a crime that it
4 is important to see what that person did or said shortly
5 before the crime, at the time of the crime, and shortly after
6 the commission of the crime?

7 Do you think those three things are important?

8 A Yes.

9 Q Now, as I understood your testimony with Mr. Keith,
10 you basically said that Miss Van Houten didn't think it was
11 wrong to kill the LaBiancas; is that right?

12 A I said that she had a marked alteration in her
13 value system where death didn't matter. So killing someone
14 wasn't of consequence.

15 Q Well, let me ask you this:

16 Did you think that she realized what she was doing
17 in killing the LaBiancas was wrong?

18 A Not in the overall sense of her philosophy.

19 Q Do you think that she knew that the consequences
20 were, if she killed the LaBiancas, that the chances were that
21 she could get arrested and get punished by society?

22 A I think she appreciated that.

23 Q Do you think that she appreciated the fact that
24 it was against the laws of society to kill people?

25 A I think she appreciated that, yes, or knew it.

26 Q Do you think that she appreciated that if her
27 fingerprints were found inside the LaBianca residence that
28 she could get caught and prosecuted for murder?

24-4

1 And I'm talking about right after she killed the
2 LaBiancas.

3 Do you think that she thought that?

4 A I'm not clear what started that perseveratory
5 activity to remove the fingerprints, whether it was her thought
6 or Katie's thought, and she wasn't clear in her own mind.
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1 I think the overall view she had was that she
2 believed that this was the beginning of the Helter Skelter
3 revolution and that it was going to work out.

4 Q Well, now, Doctor, didn't you tell Mr. Keith, and
5 I believe you did, if I heard right, that you believed what
6 Miss Van Houten said in this tape to her attorney, Marvin Part
7 that you believed that?

8 Didn't you tell --

9 A I believe that she was telling what she believed,
10 yes.

11 Q And you have a copy of that --

12 A Yes, I believe so.

13 Q -- transcript, don't you?

14 Directing your attention to page 32, the bottom --

15 A Yes.

16 Q -- says, starting at line 26:

17 "MISS VAN HOUTEN: Umm, we took some change,
18 and then I was busy with the fingerprints, 'cause
19 I didn't want any to be left. And the others --

20 "MR. PART: What did you do with the
21 fingerprints, and who told you to do something,
22 if someone did?

23 "MISS VAN HOUTEN: Umm, Katie handed me a
24 towel and --

25 "No, I said, 'What about the finger-
26 prints? I left some on the lamp shade.'

27 "And Katie handed me a towel and
28 said, 'Go wipe them off with this.'"

24-6

1 So in this tape recording that she made with her
2 attorney, isn't it clear that she is the one that brought up
3 the idea about the fingerprints?

4 A She brought them up, but the idea of handing her
5 the towel was initiated by Katie.

6 And who initiated the concept and who began the
7 activity, as I say, I'm not sure.

8 Q Well, isn't it clear from this tape, if you say
9 you believe what is on here, that Miss Van Houten is the one
10 that brought up about the fingerprints and what to do, that
11 she was the concern, because she didn't want any to be found?

12 A Um-hmm.

13 Q Now, Doctor, when Mr. Keith gave you these trans-
14 cripts, the testimony of Linda Kasabian, did you read both the
15 direct and cross-examination of Linda Kasabian?

16 A Yes.

17 Q Did you read both the direct and cross-examination
18 of Dianne Lake?

19 A Yes.

20 Q And both the direct and cross-examination of
21 Barbara Hoyt and Paul Watkins?

22 A I didn't get to -- quite a bit of material -- I
23 didn't get to finish all of Watkins.

24 Q But you read Barbara Hoyt?

25 A I think I finished that.

26 Q All right.

27 Now, Doctor, going to Dianne Lake, assume that
28 Dianne Lake, and, of course, this is in the testimony that you

1 read, but assume that Dianne Lake testified in this case that
2 about 7 o'clock in the morning --

3 Well, first assume that John Eokianos, who is a
4 news vendor, who knew the LaBiancas, they were customers of
5 his for about two years, was -- saw the LaBiancas at the news-
6 stand at the corner of Hillhurst and Franklin about 2 o'clock
7 in the morning of August 10th, 1969;

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1 And they were on their way home at that time;
2 they had been up to Lake Isabella, and they came back and
3 dropped their daughter off and were on their way home; so
4 it's about 2:00 o'clock in the morning now.

5 Now, further assume that at 7:00 o'clock that
6 same morning Dianne Lake testified that she was in the back
7 house at Spahn Ranch, in this little farm-type house about a
8 quarter of a mile away from the other buildings at Spahn
9 Ranch.

10 And assume that Dianne Lake testified that
11 Leslie came in about 7:00 o'clock that morning and Leslie --
12 her demeanor appeared that she was uptight, was the phrase
13 that Dianne Lake used; and Dianne Lake further said that
14 when Leslie came in she was carrying certain items, and that
15 she put some items on the bed by the fireplace, and she
16 noticed that she was carrying a purse and a blouse and a
17 plastic bag that appeared to contain some coins in it and the
18 a rope.

19 And she put these things on the bed, and then
20 that Leslie went outside and started collecting firewood;
21 and that Dianne Lake went out with her and helped her collect
22 firewood.

23 And that after collecting this firewood the two
24 girls came back inside and Leslie built a fire and started
25 burning the rope.

26 And during the course of burning the rope a peach
27 colored car drove up, at which point Leslie, in a rapid
28 manner, took the rope which she was burning and doused it in

25-2

1 the sink, under some water, and told Dianne Lake --

2 Assume that in the meantime some men -- before
3 Leslie got up some man got out of the car.

4 And assume that Leslie told Dianne Lake not to
5 let the man see her because the man just gave her a ride from
6 Griffith Park and she didn't want the man to see her.

7 And further assume that Griffith Park is real
8 close to where the LaBianca residence is, about nine-tenths
9 of a mile away.

10 And assume that Leslie hid under a bed sheet,
11 and that the man didn't see her.

12 The man came to the front door, came in a little
13 ways, and left.

14 And after he left Leslie came out from under the
15 bed sheet, continued to burn the rope, burned the rope, burned
16 a small brown purse, burned the blouse and took off her own
17 clothes and burned her own clothes, and then took a shower.

18 And after the shower she sat on the bed with
19 Dianne Lake and started counting the coins, the bag of coins
20 that she brought back, including some foreign coins and some
21 old American coins.

22 And further assume that Mr. LaBianca was a coin
23 collector, and he did have some foreign coins and old coins
24 in his collection.

25 Now, assuming those facts to be true, doesn't this
26 show on Leslie's part that she knew what she did was wrong
27 and if she got caught she would be punished?

28 A Well, it indicates she does -- didn't want to be

25-3
1 caught, perhaps; but it doesn't indicate what her value
2 system was, her philosophy was about what was really right
3 to do.

4 Q All right.

5 Now, let's look at some of this transcript here
6 of her conversation with her attorney, Mr. Part.

7 And directing your attention to page 18, she's
8 talking about Susan Atkins -- Actually, it starts on page 17.

9 But she is talking about Susan Atkins coming
10 back after they had tortured Gary Hinman to death and Sadie
11 came in grinning and saying, "We killed him."

12 And then on page 18 she states, starting at
13 line 5:

14 "And after that -- well, we were all
15 almost fascinated by the thought of killing people
16 just because we'd been, you know, taught to stay
17 away from it and nobody knows about death, really,
18 you know."

19 Now, doesn't that indicate to you that she realized
20 it was wrong, she realized she had been taught to stay away
21 from killing, but even though she had been taught to stay away
22 from it she was just going to do it anyway?

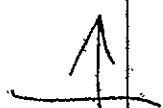
23 Doesn't that kind of show you that, that she
24 realized it was wrong but, the heck with that, and she was
25 going to do it anyway?

26 A Well, I'm not sure what she is referring to here
27 when she says she was taught, whether she was talking about
28 the earlier pronouncements of Manson about gentleness and

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1 kindness he espoused or demonstrated by his behavior, or
2 whether she's talking about what you may be referring to,
3 her earlier values during her religious training as a child.

4 Q Well --

5 A I'm not sure.
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1 Q Let me say -- let me give you another assumption
2 that you can assume.

3 Assume that Paul Watkins testified in this case --
4 and you said you didn't get to finish his testimony.

5 But assume that Paul Watkins testified that
6 during the summer of 1968, before Leslie even joined the
7 Family, that Charles Manson was talking about physical
8 killings and dying, and things like that, before Leslie even
9 joined.

10 Assume that he testified to that.

11 Now, look at that again, and assuming that to be
12 true, and that he was talking about these things from the
13 time -- from even before Leslie joined, doesn't that kind of
14 show an awareness on her part of the things that she had been
15 taught; that it was wrong to kill, but even though it was
16 wrong that she was -- she and the others were still
17 fascinated by the thought of killing someone?

18 A Well, to put it in the frame of reference, if
19 someone, who has an alteration value system and may think
20 that this is like a holy war that they are going into and
21 that what they are doing ultimately and overall is right,
22 then, many people are fascinated by games of war, so to speak.

23 I mean, I don't think this negates the thought
24 that she had grossly altered value systems.

25 Q Well, now --

26 A I mean, her own life --

27 Q Let me ask --

28 MR. KEITH: Let him finish. He didn't get a chance to

25-6

1 finish.

2 THE COURT: Did you finish your answer?

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3 THE WITNESS: Her own life didn't seem to matter.

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1 Q BY MR. KAY: Well, if her own life didn't matter,
2 Doctor, why was she so conscious about wiping off fingerprints?

3 A Well, let me put it this way:

4 I thought it was sort of a dissociative activity
5 which was somewhat out of context with the behavior before
6 and after;

7 That it went into a kind of frenzied state, which
8 was triggered by either something she thought of or something
9 Katie said.

10 But if it was -- if it were just one episode in
11 an overall thing, why would she give such a frank account of
12 things, if she really cared for her existence, as this?

13 Q Well, let me ask you, Doctor.

14 The context in which she said this -- Well, after
15 Sadie came in and told about the Hinman murder, "Well, we were
16 all almost fascinated by the thought of killing people just
17 because we'd been, you know, taught to stay away from it and
18 nobody knows about death, really, you know."

19 What in here do you get about Gary Hinman's murder
20 being part of the holy war?

21 A Well, I don't know if that was, but the part --
22 or whether she considered it as part of Holter Skelter.

23 I didn't get any information that she did,

24 Q Well, if she didn't isn't it pretty clear that
25 she is talking about killing?

26 A In here, whether it's her life or others, death
27 has lost its consequence. Life has lost its meaning.

28 I mean, he asks her in here, as you know --

1 Q Well, let me ask --

2 MR. KELTH: He never gets to finish his answers.

3 THE COURT: I think he finished answering the question
4 he was asked.

5 MR. KAY: Yes. He likes to volunteer a lot.

6 THE COURT: All right; put your next question.

7 Q BY MR. KAY: Let me ask you, Doctor: If
8 Miss Van Houten was so unconcerned about her own life, in
9 your opinion would she have killed the LaBiancas if she thought
10 Sgt. Sartuche over here was watching her do it?

11 A Well, that's a whole different situation. Would
12 she have done it at that time?

13 Q Yes.

14 A I don't know. I think that certainly her own
15 well-being --

16 Q "Her own"; excuse me?

17 A Her own well-being, her own life. And life itself
18 has lost its meaning. Death had lost its consequence.

19 Q Well, she certainly didn't think that she was
20 going to die, did she, Doctor?

21 A Well, I believe it's in here that --

22 When he asked her about the consequences to her,
23 she didn't seem to particularly care.

24 Q Well, didn't she --

25 I thought you told us earlier that she thought that
26 she and Manson and the others were going to escape and there
27 was going to be this revolution, and then at the end of the
28 period of their escape they were going to come back and take

1 over everything.

2 A Yes.

3 Q Well, she certainly thought that she was going to
4 be there when they were going to take over everything, didn't
5 she?

6 A She believed that.

7 Q Let me --

8 There is no question in your mind, is there,
9 Doctor, that she had the intent to kill before she even left
10 Spahn Ranch on the night of the LaBianca murders? Isn't that
11 true?

12 A I gather that was the intent of all of them.

13 Q And if you believe what she says in this tape here,
14 isn't it true that before she even left the night of the
15 LaBianca murders she'd considered beforehand the idea of
16 killing?

17 A Yes.

18 Q And she wanted to do it, didn't she?

19 A I gather she thought she did, yes.

20 Q Because her best girlfriend, Patricia, had been
21 out the night before and partaken of the festivities, and she
22 was a little upset -- Well, as she put it, she wanted to go
23 along if they did it again.

24 A Yes.

25 Q Now, she --

26 In your opinion was Miss Van Houten well aware of,
27 during her stay with the Manson family, of just exactly who
28 the police were?

1 A I think so, yes.

2 Q And she was aware that if you committed a crime,
3 violated society's laws, that the police would arrest you for
4 it if they caught you.

5 Don't you think she was aware of that?

6 A I think so, yes.

7 Q Don't you think she was aware of -- also aware of
8 the consequence that if she killed somebody, physically killed
9 somebody, that they weren't going to come back to life?

10 A I'm not so sure.

11 I don't think she understood death as that,
12 permanent, or that kind of meaning.

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1 Q You mean she thought that the Labiancas were just
2 going to pop up and come back to life again?

3 A Well, I didn't say that.

4 As I said, her thinking was pretty uncritical.

5 And I grant you that there are some things here
6 that are not very compatible, but that's part of her uncritical
7 thinking, which, in turn, is part of the chronic brain syndrome
8 that one sees in people who ingest LSD repeatedly at least
9 on occasions.

10 What is essential is the profound alterations in
11 the value systems and in the critical thinking.

12 Q Now, you talked about the chronic organic brain
13 syndrome earlier with Mr. Keith; is that right?

14 A Yes.

15 Q All right.

16 Are you aware of the "Diagnostic and Statistical
17 Manual of Mental Disorders" put out by the American Psychiatric
18 Association?

19 A Yes.

20 Q I take it you have this book in your library?

21 A Yes.

22 Q And you refer to it?

23 A Yes.

24 Q Now, by the way, are mental disorders determined
25 by a vote of the members of the American Psychiatric
26 Association?

27 A Yes.

28 Q So, in other words, for example, it used to be a

1 mental disorder to be a homosexual; is that right?

2 A Correct.

3 Q And then the people had a meeting and raised their
4 hands and said, "That's no longer a mental disorder," and so
5 be it, it was no longer a mental disorder?

6 A Right.

7 Q Now, you describe Miss Van Houten's organic brain
8 syndrome as chronic as opposed to acute; is that right?

9 A At the time of the murders.

10 Q All right. That's right.

11 Q Now, would you agree, Doctor, that

12 "It is important to distinguish
13 'acute' from 'chronic' brain disorders because
14 of marked differences in the course of illness,
15 prognosis and treatment. The terms indicate
16 primarily whether the brain pathology and its
17 accompanying organic brain syndrome is reversible.
18 Since the same etiology may produce either
19 temporary or permanent brain damage, a brain
20 disorder which appears reversible," in parentheses,
21 "(acute) at the beginning may prove later to have
22 left permanent damage and a persistent organic
23 brain syndrome which will then be diagnosed as
24 'chronic.'"

25 Now, do you agree with that?

26 A Well, as I said earlier, whether you take the
27 position "chronic" means reversible or not reversible, and I
28 realize -- I'm aware that some would hold that when you say

1 "chronic" you mean not reversible.

2 Q Well, doesn't the American Psychiatric Association,
3 which you told us that you were a member of -- don't they hold
4 it when you say that somebody has a chronic organic brain
5 syndrome that that means that they have an irreversible brain
6 syndrome, irreversible brain damage?

7 A Well, the American Psychiatric Association doesn't
8 purport to be the last word.

9 Currently they are working on the revised manual,
10 which is a marked departure from that.

11 And, for example, the concept of neurosis is not
12 mentioned in the new edition, which is not yet, as you said,
13 voted on and accepted and which, incidentally, must conform
14 with World Health list of diseases by treaty of this country
15 with other countries.

16 So there is not just votes with the APA. There's
17 actually governmental treaties that decide these things.

18 For example, in the World Health Organization
19 there is a thing called alcoholic jealousy which we don't
20 have in our nomenclature.

21 I qualified my statement this morning about
22 "chronic." And there are things that people do think that are
23 permanent and we find they are not. And there are conditions
24 that we see now that we haven't been around long enough to
25 know whether they are permanent or not.

26 But "chronic" really refers to time, chronicity.

27 And when I was using the term, I did qualify it
28 to say -- and I didn't necessarily mean it was not reversible.

1 In time things would change.

2 But it would last long enough, you know, days,
3 weeks, or months so that chronic ingestion, repeated ingestion,
4 one episode with kind of carry-on -- they would be cumulative,
5 in effect.
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1 Q Well, you don't have any evidence that Miss Van
2 Houten suffered any brain damage, do you?

3 A Yes. In the sense that I think she had a marked
4 alteration of value systems and in critical judgment.

5 Believing the things she believed, as accounted
6 here, in part, I noticed it showed very -- well, a marked
7 lack of critical thinking.

8 Q Well, Doctor, by brain damage, doesn't that mean
9 that there's some actual lesion or scar tissue to the brain
10 which will show up on an electroencephalogram?

11 A No.

12 Earlier Mr. Keith asked me was there dead cells.
13 I said it does not necessarily mean it has to be dead cells.
14 Nor does it have to mean that you have new cell formation,
15 such as scar tissue.

16 But you can have, as you can get in a rabbit,
17 electrographic changes that will persist for six weeks after
18 LSD ingestion.

19 Well, what you call chronic is a matter of time.
20 It is something chronic if it persists over weeks and months.
21 Nor is it acute.

22 Q Now, Dr. Ditman, you took into consideration, you
23 said, Dr. Maloney's report. And in that he made the finding
24 that Miss Van Houten had superior intelligence, an I.Q. of 125;
25 isn't that right?

26 A It was 122.

27 Q Well, okay. The full-scale I.Q. of: Verbal I.Q.,
28 117; performance I.Q., 125; full-scale I.Q., 122.

1 That's what, like the top five percent of the
2 United States?

3 A Something like that, yes.

4 Q All right.

5 Did you take into consideration when she was
6 given an I.Q. test at Frontera back in 1971 that she had a
7 performance I.Q. of 121?

8 A I know about that, yes.

9 Q Well, that's pretty good, isn't it?

10 A Yes.

11 Q Did LSD cause her to have that type of an I.Q.?

12 A You mean a good I.Q.?

13 Q Um-hum.

14 A No, I don't think so; but --

15 Q Didn't seem to affect her having a good I.Q., did
16 it?

17 A Well, one could have brain damage and it wouldn't
18 necessary affect the I.Q.

19 It might affect -- and he did test for, you know,
20 spatial organization, things like that.

21 You have to look in areas other than just I.Q. to
22 look for brain damage.

23 And let me say this about I.Q.s: It's kind of a
24 dumb concept anyway to take the whole brain, the most complex
25 thing probably in the universe, and put one index to it and
26 say that explains the whole thing, you know.

27 You don't want to go by one number when you're
28 talking about personality and talent and creative imagination

1 and all the faculties that people have.

2 Q Well, let me say this, Doctor:

3 When you are talking about Miss Van Houten, she's
4 a bright girl, in your opinion, isn't she?

5 A That is as I so reported in my report, which I
6 thought you got a copy of, or partial report, to Mr. Keith.

7 Q Yes.

8 Mr. Keith gave me a copy of your report at 3:00
9 yesterday afternoon.

10 A Yes. I said she's bright. I didn't do a psychc-
11 metric test, and I don't particularly like giving numbers to
12 I.Q.s because --

13 Q Let me ask you this, Doctor:

14 Nobody forced Miss Van Houten to join the Manson
15 family, in your opinion, did they?

16 A Not that I know of, no.

17 Q Nobody forced Miss Van Houten to take the LSD she
18 took, did they?

19 A No.

20 Q And nobody forced Miss Van Houten to sit there
21 and listen to this garbage that Mr. Manson was pouring out,
22 did they?

23 A No.

24 Q She liked all this stuff, didn't she?

25 A Well, let's say she was seduced into it.

26 Q Well, now, when Miss Van Houten joined the Manson
27 family, in your opinion, wasn't she an experienced drug-taker?

28 A Well, but --

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1 Q Well, no. Wait, wait. Can you answer my question?

2 A Yes.

3 Q All right.

4 And in your opinion was she experienced sexually?

5 A Yes.

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1 Q And she was independent; I mean, she'd graduated
2 from business school, isn't that right?

3 A Yes.

4 Q Done well in business school, too, hadn't she?

5 A I gather she did fairly well, yes.

6 Q And she made her own decision to drop out of
7 society, so to speak, as you would say, didn't she, Doctor?

8 A Well, if you don't take into account the forces
9 that were, in a sense, impinging on her, such as her drug
10 taking, her breakup with Bobby Mackey, with her divorce of
11 her parents, with her somewhat immature personality as far
12 as dealing with influences from the outside.

13 I mean, one doesn't determine completely what they
14 do, you know.

15 Q Well, Doctor, do you believe in the concept of
16 individual responsibility?

17 A Yes.

18 THE COURT: Would this be an appropriate time for the
19 recess?

20 MR. RAY: Fine.

21 THE COURT: All right.

22 Ladies and gentlemen, at this time we are going to
23 recess in this matter, and in this case we will recess until
24 Monday morning, May 23rd, 1977, 10 a.m.

25 Bear in mind during this recess that you are not
26 to discuss this case amongst yourselves or with anyone else,
27 and you are not to form any opinion concerning this matter or
28 express any opinion concerning this matter until the case is

1 finally given to you.

2 Furthermore, you must not allow yourselves to
3 read, see, or hear any news media accounts of this matter.

4 All right. The court will be in recess as to this
5 case until Monday morning, May 23rd, 10 a.m. All jurors,
6 defendant, counsel, and the witness are ordered to return at
7 that time.

8 Court's in recess. Have a good weekend, ladies
9 and gentlemen.

10 (At 4:05 p.m. an adjournment was taken
11 until Monday, May 23, 1977, at 10 a.m.)
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