

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

DEPARTMENT NO. 47

HON. ADOLPH ALEXANDER, JUDGE

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

-vs-

CHALRES WATSON,

Defendant.

6023

No. A-253,156

REPORTERS' DAILY TRANSCRIPT

Wednesday, September 8, 1971

VOLUME 23

Pages 3648 to 3836, Incl.

APPEARANCES:

See Volume 1.

HAROLD E. COOK, C.S.R.
CLAIR VAN VLECK, C.S.R.
Official Reporters

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I N D E X

<u>DEFENDANT'S WITNESSES:</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
PALMER, James O. (Res.)		3648-B	3739-SB	
SUAREZ, John <	3749-MK	3775-B	3826-MK	3834-B

E X H I B I T S

<u>PEOPLE'S EXHIBITS:</u>	<u>FOR IDEN.</u>	<u>IN EVID.</u>
307 - Chart	3689	
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LOS ANGELES, CALIFORNIA, WEDNESDAY, SEPTEMBER 8, 1971; 9:30 A.M.

THE COURT: People against Watson.

Let the record show all jurors are present; all counsel and the defendant are present.

Mr. Bugliosi, you may proceed.

JAMES O. PALMER,

resumed the stand and testified further as follows:

CROSS-EXAMINATION (CONTINUED)

BY MR. BUGLIOSI:

Q Doctor, did you bring any literature with you this morning indicating a low C average at North Texas State that would have a particular I.Q.?

A Yes.

Q What literature is that?

A I went to the library at UCLA and looked up the question of relationship between I.Q. and college success.

Q No, I am talking did you bring any literature to the court with you, any article or any book or anything like that that we can look at?

A I copied out of a book.

Q I'm afraid that would be hearsay, Doctor --

MR. BUBRICK: Objection, your Honor.

THE COURT: Just a moment.

Just a moment; you will disregard that remark,

1 ladies and gentlemen.

2 That would be no more hearsay than the book,
3 itself, would it?

4 MR. BUGLIOSI: Well, it is his statement that he copied
5 something.

6 THE COURT: Well, the book, itself, would be hearsay,
7 too, wouldn't it?

8 MR. BUGLIOSI: That is true.

9 THE COURT: Disregard that remark, ladies and gentlemen.

10 Go ahead; you may proceed.

11 Q BY MR. BUGLIOSI: Did you read any particular
12 article or any book indicating that a low C at North Texas State
13 would have a particular I.Q.?

14 A I read a book regarding I.Q. and university
15 success, in general.

16 Q What is the name of the book?

17 A The name of the book -- the book is written by
18 Donald Super, S-u-p-e-r; and the title of the book is Appraising
19 Vocational Fitness, 1968 revision.

#2

1 Q What does the book indicate with respect to a low
2 C at North Texas State?

3 A First, I would remark that a C grade at a class A
4 university, such as Texas State University, is an average
5 grade. He was an average college student.

6 Q Before you go any further, doesn't your report
7 indicate that he got low C's in college, if I'm not mistaken?
8 Let me have just a moment here.

9 A If so, I might correct that.

10 Q At page 3 of your report -- do you have your
11 report with you?

12 A Yes. Just a moment.

13 Q I thought I read somewhere that he got low C's in
14 college. I may be mistaken.

15 Line 5 and 6:

16 "When compared to those who actually
17 went on and succeeded in college, he was below
18 average."

19 If average would be a C, would that indicate a
20 low C or a D?

21 A No. I was talking there about his achievement
22 test taken in high school.

23 Actually he did maintain about a C average. This
24 average, however, of course, like any average -- well, in
25 Mr. Watson's case his grades covered quite a range.

26 He had A's in such -- it looks to me like a third
27 year course in American Constitution and Texas Government,
28 he got an A. He got A's in physical education. I understand

1 he was a football player at one time. That is understandable.

2 He got B's in geography, psychology, economics,
3 all university level courses.

4 On the other hand he failed completely -- what is
5 this? Composition and rhetoric. He took it over again and
6 got a C. So he was maintaining -- this was my rough estimate
7 that he was an average college student.

8 Q He got some F's in addition to that then?

9 A Let me look down this list. Yes, there are three
10 F's in three years, two of them in the same course and another
11 one in finance and in his very last year he got an F, in the
12 last year he was there, which must have been his junior year,
13 the third year, he had three B's, a C, and an F in finance,
14 which is about a C average.

15 Q My photostatic copy --

16 A When you photostat a photostat it is hard.

17 Q Did he get a D in Themes and forms -- is that the
18 language? Themes and forms.

19 A Yes. This was predicted too from his -- apparently
20 his talents did not lie in writing essays, in expressing him-
21 self in language as is true sometimes in people who are
22 majoring in business.
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3R-1

1 Q Besides English, he didn't ~~the~~ too well in mathe-
2 matics, also; is that right?

3 For instance, he got a D in mathematics for busi-
4 ness; is that right?

5 A Yes.

6 Q And he got an F in finance?

7 A Yes, even though his talents were in that direction.
8 I don't know how to explain that, but his average across the
9 board is around a C. They don't give a grade point average on
10 this, as many universities do.

11 Q So it is your belief that a C, then, would be
12 equivalent to what?

13 A To an average college student.

14 Q And that would be an average I.Q. of what?

15 A Shall I continue?

16 Q Yes.

17 A Okay; Dr. Super in his book quotes on Page 86:
18 A study by Haufmann done at Oberlin College, that 65 percent
19 of entering freshman who are below I.Q. 110 failed; and, again
20 I am quoting, in another college of less prestige than Oberlin,
21 there were practically no freshman with I.Q. below 110.

22 This is at the college level and Mr. Watson was
23 attending a Class A university.

24 In a subsequent paragraph Super states, quote:
25 Data on the Wechsler Bellevue has been summarized in a study
26 in 1958 showing that the average liberal arts college freshman
27 has a Wechsler I.Q. of 116. The average student, one of 120.

28 That is, that the entering college freshman has an

3-2

1 I.Q. slightly below the average for all students at a liberal
2 arts college. Again, I would submit that a Class A university,
3 such as North Texas State University, probably has a better
4 selection than would the average liberal arts college; that is,
5 their educational requirements are probably higher, as must
6 universities are.

7 The University of North Texas, a state university,
8 is probably comparable, as best I can ascertain, to state
9 colleges elsewhere; such as Ohio State, or Michigan State or
10 our state universities here in California.

11 Q Why did you select Oberlin there?

12 A Only because this was where this particular research
13 was conducted, as an illustration.

14 Q Are you familiar with the academic requirements
15 at Oberlin?

16 A Only generally. It is a fairly stiff little
17 college. They have a high scholastic standing.

18 Q And Oberlin was used in that report --

19 A In that one study --

20 Q -- as a --

21 A -- other studies, however, done at other universi-
22 ties, the general idea here, and I perhaps could have looked
23 up more, but at least these three different studies cited here
24 suggest that in general it was, and insofar as one can general-
25 ize, from the studies of various colleges that a C student at
26 a major university would have an I.Q. of about 120, give or
27 take a few points.

28 Q On the Iowa test of educational development, you

3-3
1 indicated that Mr. Watson's grades were below average; is that
2 right?

3 A Let me look at that again -- may I look at that
4 again?

5 Q Yes. I believe he took this exam in the 11th grade
6 in high school.

7 A Yeah, I've found it. Well, there is quite a
8 variation in his scores on this test. That is, they range from
9 at one point he is better than three-quarters of the national
10 average; this is in quantitative thinking; and on another point,
11 if I read it correctly here -- these Xeroxes are hard to read
12 -- at another point, and this was on what, social studies --
13 he is only at the 15 percentile. In other words, 85 percent
14 of the students are better than he; so he had a range of
15 academic abilities in the 11th grade and these are reflected
16 to a certain extent in his successes and failures when he went
17 to the university.

18 Q On the college entrance examination in 1963, Watson's
19 scores were in the lower 25 percent; is that correct?

20 A Again, they vary.

21 Q But overall his scores were in the lower 25 percent;
22 is that correct?

23 A I don't see any overall score here. They don't,
24 you know, they don't add up mathematics and English, just like
25 you don't add up apples and pears; they are not comparable.

26 Q I am reading from Page 2. You say on the college
27 entrance examination in 1963, both his verbal and mathematical
28 aptitudes were above two-thirds of the general high school

3-4
1 population, but compared to those who actually went on to
2 college, his scores were in the lower quartile?

3 A That is true. The point here is that Mr. Watson
4 apparently was doing very well in his own high school but was
5 running up against -- it was predictable that he would run up
6 against considerable competition when he went on to university.
7 That's why -- this is not an uncommon situation for a young man
8 to be an A student in high school, but then he runs up against
9 A students from everywhere else when he gets into the univer-
10 sity, because he is an average in competition with other
11 people.

12 Q Is it a fair statement to say that on the college
13 entrance examination in 1963, compared to those people who
14 actually went on to college, Watson's scores were in the lower
15 25 percent?

16 Is that a fair statement?

17 A No, they vary up and down.
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#4
1 Q Well, what do you mean when you say his scores
2 were in the lower quartile?

3 A There are some in the lower quartile. Let me
4 see. Again you are talking about the ACT, the American College
5 Test?

6 Q Yes, the college entrance examination in 1963,
7 but compared to those who actually went on to college his
8 scores were in the lower quartile?

9 A Yes, that is true. Again you are comparing him
10 with people of superior intelligence, that is the people who
11 go on to college are of such intelligence, and if you take
12 that end of the scale, that is, if you say that people who go
13 to a university have an I.Q. of somewhere between 120 on up,
14 he was at the lower end of that group.

15 That is why I am saying that the best estimate I
16 can make of his intellectual functioning at that time was that
17 he was at the lower end of the superior intelligence group,
18 an I.Q. of approximately 120.

19 Q I think yesterday you said 110 to 120.

20 A Yes. Since I did this research, I revised it
21 upward a little bit.

22 Q The research says 116, doesn't it?

23 A That is the liberal arts college freshman, average
24 student, 120, average for the four years.

25 You see the person with the I.Q. of 110 that goes
26 to college soon finds it a very hard struggle to ^{complete} ~~complete~~
27 with much brighter people and he drops out.

28 So that when you take all four years, you know --

4-2

1 and Mr. Watson went three before he dropped out --

2 Q Assuming, Doctor, that Mr. Watson's I.Q. has
3 dropped -- let's make that assumption.

4 A Yes.

5 Q Isn't it true that one of the causes of this
6 diminution could very well be his present depression and his
7 emotional problems?

8 A Yes.

9 Q And you so state that in your report; is that
10 correct?

11 A Yes.

12 Q In other words, Mr. Watson's I.Q. at the time of
13 these murders could very well have been higher than it is
14 right now?

15 A I don't know. I would say that I have seldom
16 seen depression cause an I.Q. to drop some 15 to 20 points at
17 least.

18 This is rare to see depression alone do this. I
19 made a point in my report that I could not account for it on
20 depression alone, that I would judge from my experience that
21 other things must have been affecting his intellectual
22 functioning than depression.

23 Q You mentioned not only depression in your report
24 but his present emotional confusion.

25 A Yes.

26 Q So his depression and emotional confusion, as you
27 say, could be responsible for lowering his I.Q. between, let's
28 say, the time of the killings and now?

1 A Well, I don't know his I.Q. at the time of the
2 killings. I have an estimate of what his I.Q. was in his
3 college years and then in March of this year and I cannot
4 account for his, you know, very significant lowered
5 intellectual efficiency on the basis of emotional disturbance
6 alone. This would be extremely rare.

7 Q I am talking about emotional confusion plus
8 depression.

9 A Yes. So am I.

10 I would say that emotional confusion plus
11 depression, it would be difficult to account for his
12 significant drop in intellectual efficiency on the basis of
13 those two things alone.

14 Q But it is your opinion that those two factors
15 could very well cause a decrease in his I.Q.; is that correct?

16 A They could partly -- they certainly could be part
17 of it, oh, yes.

18 Q Is it true, Doctor, that there has never been any
19 concrete evidence that one can assess an individual personality
20 from the test results on the Wechsler? Is this a true state-
21 ment, that you cannot make a determination or an evaluation
22 of a personality by interpreting the Wechsler?

23 A That is mostly true. It is an intelligence test,
24 not emotional functioning, but it is also well established,
25 both in clinical practice and in research, that certain
26 kinds of intellectual functioning are disturbed by personality
27 disturbances.

28 Q The Wechsler I.Q. test, I take it, is not a test

1 of exact precision; is that correct?

2 A It is as precise as psychologists have been able
3 to make it so far.

4 Q I agree. We are talking about the degree of the
5 degree again, but it is not as accurate, for instance, as
6 when one says that the thermometer today has a reading of
7 76 degrees -- it is not that type of accuracy?

8 A No; that is true.

9 Q In other words, one's actual I.Q. may be higher or
10 lower than is reflected in the Wechsler?

11 A There are variations in it, yes.

12 Q The Wechsler, I think, breaks down I.Q.'s into
13 groups; is that correct?

14 A Yes.

15 Q Do you have that breakdown with you?

16 A Yes.

17 Q Perhaps you could step down from the witness
18 stand, Doctor, and for the benefit of the jury write out the
19 particular I.Q. groups.

20 A Sure. This stands for Wechsler Adult Intelligence
21 Scale and it has three I.Q.'s.

22 There are a set of tests that are labeled verbal
23 tests. These require the subject to give verbal answers to
24 vocabulary questions --

25 Q No, I meant, Doctor --

26 A The verbal I.Q. is 89. The performance I.Q.,
27 that is the nonverbal test, is also 89 and the full I.Q.,
28 full scale I.Q., is 88. These numbers are not significantly

1 different.

2 Q What I meant by I.Q. groups, for instance, 130
3 and above is classified as superior. That is what I meant by
4 I.Q. group.

5 A Oh, certainly, all right.

6 That is not a very good bell-shaped curve.
7 Average I.Q. is 100. Two-thirds of the population,
8 approximately, range between 90 and about 110. This is average
9 I.Q. covering about two-thirds of the population.

10 Another group of the population have I.Q.'s
11 somewhere between 75 and about 120 -- or, let's see -- yes,
12 about 120, so that you have an average I.Q. of 100 and this
13 is the average range.

14 Bright average runs from 110 to 120 and above
15 120 is considered superior, less than 2 percent of the
16 population.

17 Q Excuse me a moment. You may resume the witness
18 stand.

19 I think for the jury we can perhaps simplify
20 this a little bit.

21 THE COURT: Supposing, Mr. Bugliosi, you draw the curve
22 that you want.

23 MR. BUGLIOSI: I am just going to make a breakdown.

24 THE COURT: Yes.

25 Q BY MR. BUGLIOSI: And you tell me if it is correct.

26 THE COURT: If you don't agree with the doctor, you just
27 tell him.

28 Q BY MR. BUGLIOSI: This is the Wechsler -- tell me

1 if I am correct on this.

2 A Yes.

3 Q 130 or above would be superior; is that correct?

4 A Very superior.

5 Q 120 to 129 would be superior?

6 A Yes.

7 Q 110 to 119 would be bright normal?

8 A That is the term Wechsler uses, yes.

9 Q 90 to 109 is average?

10 A Uh-huh.

11 Q Now, 80 to 89, dull normal?

12 A Uh-huh.

5R-1

1 Q 70 to 79, borderline?

2 A That's right; and below 70 --

3 Q Would be a mental defective; is that correct?

4 A Mental retarded.

5 Q Now, it is a fact, Doctor, from your studies that
6 many criminals have what are termed dull normal I.Q.'s; is that
7 correct, from research studies?

8 A I don't know of such a study. Many criminals have
9 bright I.Q.'s, as far as I have been informed. But up here, I
10 am not an expert on this, but my own information, such as I
11 do know on this, is that -- and this I got mostly from my
12 association with Atascadero State Hospital, where I have been
13 a consultant from time to time -- is that they have two kinds
14 of prisoners there. They have prisoners who are very, very
15 bright, extremely bright, and the people who are very dull;
16 and fewer of the normal ones.

17 Q There is no question about that. We are talking
18 about averages, now --

19 A Well, you can't average, again, when you have two
20 extremes and no middle.

21 Q There is no average middle I.Q. among criminals;
22 is that your point?

23 A I would say it would be illogical to talk about
24 an average. Well, that you have two classes of criminals, as
25 far as intelligence is concerned.

26 Q Haven't you been talking about averages with
27 respect to North Texas State and Oberlin and things like that;
28 hasn't that been your testimony so far today?

1 A You can talk about averages in places where you
2 have a range; but prisons you get both extremes rather than
3 a range, if I make myself clear.

4 Q No, I'm not clear at all on that, Doctor. I would
5 assume --

6 A Okay. If you talk about a general population,
7 the average, quote, average citizen, not in prison, not in any
8 institution, then you can talk about an average I.Q.; but if
9 you take a special population, such as a prison, then when you
10 talk about an average, what you are having is very, very high
11 scores at one end and low scores at the other end and saying
12 an average in the middle -- doesn't really exist -- or if you
13 take a university, you are going to have a special sample of
14 very bright people, such that the average at a university
15 population is in that superior range.

16 Q I'm not just talking about --

17 A So where you have to think about what the average
18 man is, what I am trying to say, sir --

19 Q I am not just talking about criminals who end up
20 in prison; I am talking about ^{criminals} prisoners, period. Certainly
21 there have been studies indicating that an average criminal
22 has a dull I.Q.; isn't that true, Doctor?

23 A I didn't read that.

24 Q You haven't done ^{any} research in that area?

25 A That is not my --

26 Q You realize that Mr. Watson is a criminal --

27 MR. KEITH: If the Court please --

28 MR. BUBRICK: Objection, your Honor.

5-3

1 THE COURT: Objection sustained.

2 MR. BUGLIOSI: Your Honor, he has already admitted seven
3 killings. I don't see what is prejudicial about that.

4 THE COURT: That determination is to be left to the jury.

5 Q BY MR. BUGLIOSI: Isn't it true, Doctor, that
6 approximately 16 percent of the American population falls into
7 the dull normal category, which would be 80 to 89?

8 A That would be about it. Well, a little less, but
9 approximately.

10 Let me just think on that for a moment -- yes,
11 about that; about 15 percent, somewhere along in there.

12 Q The figure is not 16, from the books?

13 A I will grant you that.

14 Q You say 15; is that correct?

15 A Somewhere along in that range, yes.

16 Q Okay.

17 A That's true.

18 Q And isn't it true that about 7 to 8 percent of
19 the American population falls into the borderline area?

20 A Mm-hmm.

21 Q What is it, 7 or 8?

22 A Somewhere along in there.

23 Q Okay, I'll put 8 here and 15 up there.

24 In other words, about 23 percent of the American
25 population falls between 70 and 89 I.Q.; is that correct?

26 A Let me just add it a minute so I can see.

27 It would be the same at the top, then, wouldn't
28 it; this is about 2 percent, this is about 60, about two-thirds

5-4 1 would be; another 8 and 2 percent here, and 2 percent up here.

2 Does that add up to 100? We are over somewhere.

3 Q Well --

4 A No, this is lower and this is lower. You are
5 correct in here, but I think this is about 5 percent and this
6 is about 13 and this is about 1 at the top.

7 Q At noontime today --

8 A We can check with the Wechsler book. I would have
9 to look at those figures again; I know it is supposed to add
10 up to 100 percent and I know that in that average range is
11 approximately two-thirds of the population and the others
12 divide out according to the Bell curve.

13 Q Check at noontime and see if this is 16 and this
14 is 6 and this is 2.

15 A You have the books; I don't have the books with
16 me.

17 Q Could you call back to your college at noontime --

18 A It follows the Bell curve, as I was illustrating
19 and you are illustrating.

20 Q Would it be close that approximately 25 percent
21 of the American population have I.Q.'s below 90, close to
22 25 percent?

23 A No; two-thirds of the population fall in the
24 average range and the balance falls on either side of that.

25 Q You are talking about 33-1/3 percent?

26 A 17 percent fall on either side of the average;
27 17 percent are superior and 17 percent are below average.
28

SAR-1

1 Q What percentage of the American population have
2 I.Q.'s below 89 or below 90?

3 A Well, as I was saying, this would be half of what
4 are not average, half of two-thirds.

5 Q Doctor, you deal with figures all the time; I am
6 just asking you a simple question --

7 A Mm-hmm.

8 Q -- approximately what percentage of the American
9 population have I.Q.'s below 90? Try to give us a figure.

10 A Around 17 percent, 17 to 18 percent, something
11 like that.

12 Q Even by your figures, Doctor, you have got 13 and
13 5 is 18, plus 1 is 19.

14 A That's right; approximately, I said.

15 Q Doctor --

16 A Give me one or two percentage points.

17 Q Doctor, you are the psychologist, you are familiar
18 with facts and figures; this is your business; right?

19 A Right.

20 Q Does 20 percent sound like a good figure would be
21 below 89 I.Q.; does that sound like a reasonable figure?

22 A I'm sorry, I can only repeat what I have said, is
23 that the average I.Q. range in there contains approximately
24 two-thirds. This is figured on a Bell shaped curve.

25 Q I'm not asking that question --

26 A And half the remainder fall below average. I'm
27 much more familiar with that figure of the mental retarded,
28 which is approximately 1 percent; and those between mentally

5A-2

1 retarded and average, then, are the balance between -- half
2 the remainder.

3 Q Would it be a fair statement to say, Doctor, that
4 even by your figures that about 40,000,000 Americans have I.Q.'s
5 below 89 -- even by your figures?

6 A 200,000,000 in the United States -- I'm trying to
7 figure it in my head here -- well, if there is 200,000,000
8 people in the United States and we say 15 percent or 15 or 16
9 percent, that is about 30,000,000, yeah.

10 Q 15 to 16 what, Doctor?

11 A Again, Doctor, I'm using your figures of 13 and 5
12 is 18, and 19.

13 Now, you were talking about 15 percent?

14 A However, as I pointed out, and here again I don't
15 memorize figures, sir, I point out that you have to add up to
16 100 percent here so that the figures in here that you gave
17 would not -- would add up to far more than 100 percent.

18 Q Doctor, you have --

19 A Because there is about two-thirds in the middle;
20 this is the way the thing is built.

21 Q Doctor, you say you don't memorize figures, and
22 this is your business. Didn't you ask Mr. Watson to memorize
23 figures?

24 A I asked him to repeat.

25 Q That is not his business, is it?

26 MR. BUBRICK: Your Honor, I am going to object.

27 THE COURT: Objection sustained.

28 Q BY MR. BUGLIOSI: Let's drop it from 19 percent to

5A-3
1 15. Your figures say 19, but suddenly you have come up with
2 15 --

3 MR. BUBRICK: It is not "suddenly," your HONOR.

4 MR. BUGLIOSI: It is; he put 13 and 5 and --

5 THE COURT: The jury will disregard that remark, too.

6 Q BY MR. BUGLIOSI: Even by your -- I don't know what
7 your figure is, Doctor; is it 15 percent, now, or is it 19?

8 A In that --

9 Q 89 and below?

10 A -- 89 and below, is half of two-thirds, which
11 would be about 17 percent, yes.

12 THE COURT: You mean half of one-third?

13 THE WITNESS: Half of one-third; excuse me.

14 Q BY MR. BUGLIOSI: So, using that figure, then,
15 about 35,000,000 Americans, between 35,000,000 Americans and
16 40,000,000 would have I.Q.'s below 89?

17 A Mm-hmm.

18 Q And you were not suggesting for one moment, Doctor,
19 that 35 to 40,000,000 Americans cannot deliberate and premeditate
20 a murder; you are not suggesting that, are you?

21 MR. BUBRICK: Assumes facts not in evidence, your Honor.
22 I think it is beyond the scope of the direct examination.

23 THE COURT: Objection sustained.

24 Q BY MR. BUGLIOSI: You say Mr. Watson's overall
25 I.Q. is what?

26 A In March, when I measured it?

27 Q Mm-hmm.

28 A It was 88.

5A-4

1 Q So from 90 to 109 is average and Mr. Watson's I.Q.
2 is only 2 points below the average I.Q. of people in this
3 country, then; is that correct?

4 A That's right.

5 Q The Wechsler test consists of 11 subtests; is that
6 correct, Doctor?

7 A Mm-hmm.

8 Q And could you briefly enumerate what those 11 tests
9 area?

10 A I thought I did that already, but I will do it
11 again, if you like.

12 The verbal tests are tests of general information:
13 A test called comprehension, which covers the kind of social
14 knowledge and judgment; a test of arithmetic reasoning; a test
15 called similarities, in which a person is asked to say how two
16 things are the same or alike; a test called digit span, in
17 which a person is asked to repeat a series of numbers given to
18 him immediately after they are given to him; a vocabulary test,
19 asking him to define certain words.

20 The nonverbal test consists of one called a
21 digit symbol test, in which the person is asked to copy little
22 symbols going from a chart, a diagram he already has, going
23 with certain numbers and to do this as fast as he can; a
24 picture completion test, he is to find the missing part in the
25 picture; the block design test, which he copies designs given
26 to him with colored blocks; a picture arrangement test, in
27 which he tries to find -- make sense out of a series of pic-
28 tures, something like comic strips, to get them in the right

5A-5

6f.

1 order to make sense out of them; and an object assembly test,
2 in which he puts together very simple jigsaw puzzles.

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#6

1 Before I go any further, Doctor, I want to remind
2 you would you please call back to UCLA perhaps at the break
3 or at noontime and ascertain according to Wechsler what
4 percentage of the population falls between 80 and 89 and
5 70 and 79 and 69 and below?

6 A Certainly.

7 Q Would you do that, sir?

8 A Yes.

9 Q On the similarities test one of the questions was
10 the similarity between an orange and a banana; is that correct?

11 A Uh-huh.

12 Q And Mr. Watson gave what similarity with respect
13 to those two?

14 A "Fruit."

15 Q He said "fruit"?

16 A Yes.

17 Q What about "Coat" and "Dress"?

18 A "Clothes."

19 Q "Axe" and "Saw."?

20 A "You cut with them."

21 Q "Dog" and "Lion"?

22 A "They are animals."

23 Q "North" and "West"?

24 A "Directions."

25 Q "Eye" and "ear"?

26 A "They are both on the head."

27 Q "Egg" and "Seed"?

28 A "Beginning of a tree or a bird."

6-2

1 Q Those aren't too bad answers, are they, Doctor?
2 A They are correct answers.
3 Q On the vocabulary what about the word "winter"?
4 A He said, "It is cold and snow."
5 Q "Repair," the word "repair"?
6 A He said it meant to fix.
7 Q "Breakfast"?
8 A "A meal in the morning."
9 Q "Fabric"?
10 A "It is material," and I asked him to explain a
11 little more and he said, "It is paper or anything."
12 Q He said, "Paper or" -- something else? It looks
13 like a-n-g.
14 A That is for "anything."
15 Q "Slice"?
16 A "To cut."
17 Q "Assemble"?
18 A "To put together."
19 Q "Conceal"?
20 A "To hide."
21 Q Enormous"?
22 A "Big."
23 Q "Sentence"?
24 A "Write out a line of words."
25 I gave him credit for that but it is not really
26 precise.
27 Q "Commence"?
28 A "Begin."

6-3

1 Q "Cavern"?

2 A "Cave,"

3 Q "Designate"?

4 A "Pick out somebody," and I asked him to explain
5 it and he said "Point out."

6 Q "Consume"?

7 A "To eat."

8 Q "Matches"?

9 A "Couldn't find a match. Can't match with."

10 I gave him credit for that even though that first
11 part of it was a nonsense answer.

12 Q Those are pretty sensible answers by and large,
13 aren't they, Doctor?

14 A They vary. Of course, you left out all those he
15 missed.

16 Q That is right in the report and I am reading them.
17 I am talking about the ones that he answered correctly. Those
18 are pretty sensible, aren't they?

19 A Well, some of them are and some of them got only
20 part scores.

21 For instance "Winter" should be defined correctly
22 as a season and he just described it, so he got a score of 1
23 rather than 2 on that one.

24 Or his reponse to "fabric" was a 1. "Enormous" is
25 more than big, it is huge or very large.

26 They are allowed part credits on some of these.

27 Q For the word "slice" you only gave him part credit.
28 He said "To cut."

1 A That is correct. The word "slice" is to cut into
2 thin pieces according to the standard answer in the Wechsler
3 book and the dictionary.

4 Q You only gave part credit for the word "Enormous"
5 too?

6 A That is right.

7 Q Part credit for the word "sentence"?

8 A That is right.

9 Q With respect to the digit span test, the 14th line,
10 you asked him to remember those numbers.

11 A Fourteenth line?

12 Q Fourteenth line. This is the digit span test.

13 Aren't there 14 lines of digits, digits forward, or are there
14 14 lines?

15 A No. I don't know what you are referring to here,
16 sir.

17 Q Block No. 5 says digit span 14 lines -- I am
18 counting the 14th line down.

19 A No, because the test says when you fail two in a
20 row you stop. So he failed. He could not repeat seven numbers
21 forward on two tries and thereafter the test is stopped
22 according to directions given.

23 Q You are familiar with all of these numbers and
24 their sequence, I take it?

25 A Familiar in what way, sir?

26 Q In other words, if I were to ask you the numbers
27 in the 14th line you would be very familiar with those numbers
28 and their sequence?

1 A No. I have read them. I don't memorize these.
2 I read them.

3 Q How often have you given this test, Doctor?

4 A Oh, hundreds of times.

5 Q Thousands?

6 A I would guess but I don't memorize these numbers
7 myself. I read them with the patients to be sure to get them
8 accurate.

9 You see Mr. Watson makes an average score, about
10 average score on that test. This is a test of immediate
11 concentration.

12 Q You gave him a zero for "Praise" and "Punishment"?

13 A Yes.

14 Q He said he didn't know what those words meant?

15 A No. He didn't know how they were alike. He
16 didn't know how they were the same, in what way praise and
17 punishment are the same.

18 Q In what way are they the same?

19 A They are both methods of discipline or criticism,
20 methods of getting people to behave.

21 Q And Mr. Watson didn't know that and you gave him
22 a zero for that; is that correct?

23 A That is correct. This is not -- this is a difficult
24 similarity and is not commonly passed by people of average
25 intelligence. It is hard to think how praise and punishment
26 both could be the same, if you stop to think about it a little
27 bit, unless you give it considerable thought.

28 Q How long did you give him to see the similarity

1 between the words "praise" and "punishment"?

2 A That is not a time test.

3 I let him think about it and he said he didn't
4 know and couldn't think it out. I went on to the next
5 question.

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6AR-1

- 1 Q You also gave him a zero for "Fly" and "Tree"?
- 2 A Yes.
- 3 Q What is the similarity between those two?
- 4 A They are both living.
- 5 Q They are both living?
- 6 A Living organisms.
- 7 Q And Mr. Watson couldn't see the similarity between
- 8 those two and you gave him a zero; is that correct?
- 9 A That is right. Again, that is the most difficult
- 10 item on the test, on this particular section of the test.
- 11 Q Is one of the tests on the Wechsler a situation
- 12 where you tell Mr. Watson a story and then ask him to repeat
- 13 it?
- 14 A No.
- 15 Q That is not part of the Wechsler?
- 16 A Tell him a story? No.
- 17 Q You talked briefly about the Rorschach test. This
- 18 is the so-called ink blot test as you have said; is that cor-
- 19 rect?
- 20 A Yes.
- 21 Q And the subject who is being given the test is
- 22 shown a series of cards with ink blots on them?
- 23 A That is right.
- 24 Q That is just as if someone had taken a bottle of
- 25 ink and indiscriminately splashed ink on the card; is that
- 26 correct?
- 27 A They are made -- it made similar to, I think, the
- 28 psychiatrist Rorschach got this from kindergarten children where

8A-2

1 they would put a little ink on a paper and splash it, fold it
2 over and open it up and the child looks at it to see what he
3 can make out of it.

4 Q And then the person who looks at the blot tells
5 you what he sees in the ink blot?

6 A Yes, what does this suggest to you, make you think
7 of, remind you of offhand.

8 Q And somebody else might be shown the same ink blot
9 and see something completely different?

10 A Right.

11 Q May I see the ink blots if you have them?

12 A No, I don't have them here.

13 Q Is there a reason why?

14 A Yes.

15 Q That reason, sir?

16 A The ethics of the American Psychological Association
17 prohibits us from displaying the test in public.

18 Q If Judge Alexander were to issue an order to you,
19 would you comply with that order?

20 A I would.

21 Q Can you recall what Mr. Watson -- when I talk about
22 order, I mean order to bring in the ink blots into court.

23 A I understand.

24 Q With respect to these ink blots, could you tell
25 the jury what each ink blot looked like to Mr. Watson and what
26 the ink blots would look like to a normal person?

27 A Or what some common responses are?

28 Q Yes.

1 A Yes.

2 On Card 1 he said, "I guess it is some kind of
3 bird."

4 He was talking about the whole ink blot. This is
5 a fairly common popular response.

6 He had a little difficulty in justifying his
7 response; whereas people would point out directly the wings.
8 It is a bird-shaped thing as most people look at it, a butter-
9 fly, and most people point out the wings and the tail, or
10 whatever they see on it. He had difficulty in making details
11 out of it when I inquired later.

12 On Card 2, he described, he mentioned "It looks
13 like a couple of rabbits," again, a very common response and
14 here, as I think I explained previously, he makes his associa-
15 tions first to all 10 cards. Then afterwards, I go back and
16 ask the subject to please explain each response related to
17 the ink blot as you saw it.

18 His explanation of the rabbits, he could point out
19 the details of it.

20 On Card 3 he saw two heads, maybe two people look-
21 ing at each other.

22 Again, this is pretty close to what most people
23 say, except that most people see these people doing more than
24 looking at each other.

25 On Card 4, he said it looked like a skin, a dried
26 out skin and again he had difficulty getting much detail and I
27 had difficulty finding out exactly what he was referring to on
28 the blot.

6A-4

1 Most people on that card see it as two huge feet,
2 which is a very common response. Maybe they see a giant figure
3 or it may be seen again as a bat or butterfly, which is a very
4 common response to many of these cards.

5 Card 5, he saw a butterfly again for that response.

6 Card 6, he couldn't make any response out of it
7 at all. Most people see Card 6 as being like a fur rug, but
8 he could make no response to that.

9 Card 7, he saw a couple of angels and this I had
10 to inquire about quite a bit because I couldn't see what he
11 was talking about at first and in this he did something that
12 was somewhat unusual in that he not only used the ink itself,
13 but the spaces in between, but I finally figured out approxima-
14 tely what he was talking about, but it was a confused response
15 and not at all, at least the way he explained it to me from
16 the blot -- I would say it was very rare that anyone would have
17 seen it.

18 I had never seen it before in the thousands of
19 responses I received from subjects.

20 Card 8, he saw two animals on each side -- a
21 popular response, but he didn't see them as moving.

22 Cards 9 and 10, he just couldn't see anything at
23 all on either card.

24 Card 9 does not have a popular response.

25 Card 10 has several popular responses. Mr. Watson didn't
26 suggest anything to me that this looked like, just "I can't
27 make anything out -- just a lot of colors."

28 Now, say that Mr. Watson did make something out of

6a-5

1 No. 10 and what he saw in No. 10 is what most people see, there
2 would be nothing to prevent him from saying that he never saw
3 anything on No. 10; is that correct?

4 A No, but it is unusual for people not to see anything.

5 Q I am saying even if he did see something, there
6 is nothing to prevent him from saying that he did not see any-
7 thing?

8 A That is true.

9 Q You would have no way of knowing whether he was
10 telling the truth or not; is that correct?

11 A That is true.

12 Q In other words, Doctor, a person taking the ink
13 blot test has free rein to tell you just about whatever he wants;
14 is that correct?

15 A Yes.

16 Q Have you ever heard of Dr. Arthur R. Jenson, a
17 psychologist at the Institute of Human Learning, University of
18 California?

19 A Yes.

20 Q Do you agree with this statement by Dr. Jenson:

21 "What frankly the consensus of qualified
22 judgment is that the Rorschach is a very poor
23 test and has no practical worth for any other
24 purposes for which it is recommended by the
25 devotees"?

26 A Not at all.

27 Q You don't agree with that?

28 A I completely disagree.

6A-6

1 Q You will agree, Doctor, that the Rorschach test
2 does not reveal what a person's conduct was or will be in the
3 future. You will agree with that?

4 A It reveals his underlying attitudes, not his overt
5 behavior, that is true.

6 Q Did this Rorschach indicate any mental illness
7 on Mr. Watson's part?

8 A It certainly represents a young man who has con-
9 siderable perceptual difficulties. He just didn't see things
10 very straight or explain things very straight.

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6B

1 Q I am talking about mental illness.

2 A Well, insofar as such functioning is part of
3 mental illness, yes, that is true. It does indicate a state
4 of quote "mental illness."

5 Q You say he doesn't see things too clearly. Didn't
6 he indicate that he saw on several of those ink blot cards
7 what is a customary response of all the people?

8 A Yes, but you see the difference here is he had a
9 much harder time justifying his responses -- and this is a very
10 common hallmark of brain damaged patients.

11 The brain damaged patient will say, "Well, it
12 looks like a butterfly," and he doesn't know that later you
13 are going to say, "Well, now show me the butterfly."

14 When he gets to the butterfly, the ordinary subject
15 will say, "Well, here's the wings and the tail and it is
16 flying along."

17 Mr. Watson had difficulty, the classic difficulty
18 of the brain damaged patient of not being able to explain him-
19 self and getting more confused as he went along.

20 Q Take a look at the Thematic Apperception Test.
21 There are 20 cards there.

22 A Yes. It is not customary to give all 20, however?

23 Q Did you give all 20?

24 A No.

25 Q How many did you give to him?

26 A 12.

27 Q Did this test indicate any mental illness on Mr.
28 Watson's part and if so, what kind?

6b-2

1 A May I just look at my notes for a moment?

2 Q Yes.

3 A Well, again I hope you will excuse me, sir, but
4 I work in terms of describing behavior rather than putting
5 diagnostic labels on things and here, if I may be permitted,
6 I will describe behavior, which falls under several different
7 kinds of mental illness.

8 For one thing Mr. Watson's stories to the TAT lack
9 reference to feelings.

10 I kept trying to say, "Well, how does the person
11 in the story feel? What does he think about this?"

12 His stories were marked by a kind of very bare
13 matter of fact approach, a lack of feelings in them.

14 Secondly, they were on the depressive side in the
15 sense that they were apathetic stories. They also indicated
16 a considerable amount of passivity, that is seldom did the
17 person in the story, the hero of the story, do anything.

18 Other things happened to him all through the
19 stories. These were the characteristics of these stories.

20 Q Passivity?

21 A Yes.

22 Q Go ahead.

23 A These could be characteristic of several different
24 kinds of quote "mental illness."

25 Q Passivity and depression, that is not necessarily
26 synonymous with mental illness, is it?

27 A No.

28 Well, again I hope you will excuse me -- I am a

6b-2

1 psychologist. I am not a psychiatrist. I don't deal with these
2 diagnostic labels.

3 I think in terms of humans who suffer from
4 emotional problems and in Mr. Watson's stories, his associations
5 with the Rorschach, the responses to the TAT, taken altogether,
6 do indicate that this was a very depressed confused apathetic
7 young man.

8 His confusion at times is a point that psychiatrists
9 would call it schizophrenic.

10 MR. BUGLIOSI: Motion to strike that last gratuitous
11 remark.

12 MR. BUBRICK: I think that is within his range of
13 knowledge, your Honor.

14 MR. BUGLIOSI: Talking about what psychiatrists would
15 say.

16 THE COURT: I think you asked him what kind of mental
17 illness, didn't you?

18 MR. BUGLIOSI: He classified it from a psychiatric
19 standpoint and said that psychiatrists would say that. I was
20 asking him for his opinion.

21 THE COURT: The motion to strike will be denied.

22 Q BY MR. BUGLIOSI: There is a considerable
23 divergence of opinion, is there not, Doctor, as to whether
24 there is any connection at all between the TAT, the Thematic
25 Apperception Test, and conduct?

26 A Well, there is a considerable gap between fantasy
27 and action in everyday life and TAT is usually used where we
28 are interested in understanding the fantasies behind actions,

6b-4

1 but to predict from fantasy to action is risky.

2 It is more not so much prediction as the fact that
3 you can say, "Well, now I understand why he behaved that way
4 because this is the way he had been thinking."

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1 Q In other words, depression and confusion and
2 apathetic -- or, apathy, this would indicate that someone would
3 kill seven people; is that correct?

4 A Gee, I don't know on that.

5 Q You realize that he's on trial for seven counts of
6 murder, Doctor?

7 A Yes.

8 Q And you say that you can draw some type of a
9 correlation between the results of the TAT and conduct?

10 A Oh, no, I said the opposite, sir. I said that
11 one's fantasies did not predict his behavior; but, rather,
12 that the fantasies are used by the psychologists and
13 psychiatrists to help understand behavior.

14 Q So you can look at the TAT, then, and based on the
15 TAT result you can say, "Now I understand why this particular
16 person did certain things"; is that correct?

17 A It assists in that. I would emphasize here, sir,
18 that no one test does the trick.

19 Q Right.

20 A And, in fact, as is brought out, I think, before,
21 even the whole battery of tests needs to be compared with the
22 findings from other sources, such as psychiatric interviews
23 or neurological studies, so that the TAT is not used alone as
24 a single indicator, but, rather, merely as a sample of the
25 subject's fantasies.

26 Q Well, when you examined Mr. Watson you were aware
27 that he told other psychiatrists that he had killed seven
28 people; you were aware of it?

1 A Oh, I read it in the newspaper.

2 Q Now, after you gave him these tests and you came
3 up with your conclusion that he was depressed, confused and
4 apathetic --

5 A Um-hmm.

6 Q -- based on those conclusions did you say to your-
7 self, "Now I know why he probably killed these people"?

8 A No.

9 Q What is the validity, then, of all these tests?

10 A The validity of them?

11 Q Yes. You indicated that there might not be a
12 causal connection between the results of these tests and
13 conduct, but --

14 A You can't predict the conduct.

15 Q -- but you can look at what a person did and then
16 look at the tests results and then say, "Now I understand why
17 he did this"?

18 A Yes, a bit more; I have more insight into it.

19 Q Well, knowing that --

20 A Not completely, yes.

21 Q -- but knowing that he killed seven people, do
22 you find it understandable now why he killed seven people,
23 based on the conclusion of depression, confusion and apathy?

24 A Not that alone, no, sir. I am puzzled there; I
25 could not base -- I could not explain that entirely.

26 Q There seems to be an inconsistency; is that
27 correct?

28 A No.

Q Paradox?

A No, I don't say it is a paradox. I would say that that, alone, would not explain to me why anyone would do anything as horrible as he is reported to have done, that is true.

I can only say that when you put my results together with other data it becomes more understandable -- still, I cannot explain this.

MR. BUGLIOSI: Before we go on to the next test, your Honor, may I mark this as people's exhibit -- people's next in order, whatever it is?

THE COURT: I will tell you in a moment.

THE CLERK: 307, Judge.

THE COURT: That is 307.

Q BY MR. BUGLIOSI: And we'll put on here Mr. Watson's I.Q. was 88?

A Yes.

Q And you said that his I.Q. is only two points below the average I.Q. of individuals in this country, you said that; is that correct?

A Well, approximately 20 points below what he probably had in college.

Q Yeah. Just try to answer one question at a time, Doctor.

It is two points below, his I.Q. is two points below the average I.Q. of individuals in this country; is that correct?

A Yes, that's correct.

XXXXX

1 Q With respect to the Graham-Kendall Memory for
2 Design test, did you show Mr. Watson all 15 of the designs?

3 A Yes.

4 Q And how did he come out on that test?

5 A He completely reversed two of the figures, giving
6 him a raw score of 6. I corrected, as given in the directions
7 to the test, I corrected for his age and his vocabulary score
8 on the Wechsler, giving him a corrected score of 3, which is
9 called by the authorities of the test in the borderline range.

10 However, rotations in themselves are suggestive
11 of a perceptual disorder associated with central nervous
12 system dysfunctioning.

13 Q In this Graham test you showed Mr. Watson some
14 designs --

15 A That's correct.

16 Q -- then shortly thereafter you asked him to draw
17 what he saw?

18 A Immediately afterwards. He sees them for five
19 seconds, I take them away, he draws them.

20 Q Even assuming he drew designs different than what
21 he actually saw, you have no way of knowing that he was
22 drawing distortions?

23 A Only his general attitude toward the whole thing;
24 that is, he was struggling to make correct answers.

25 Q But, in any event, Mr. Watson was given free
26 rein to draw anything he wanted?

27 A Well, he was asked to draw what he had seen.

28 Q But he could draw something that he did not see and

1 you would have no way of knowing it; is that correct?

2 A That is true.

3 Q You have to answer out loud, Doctor.

4 A I'm sorry; that's true.

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1 Q On the Draw A Person test did you bring --
2 incidentally, did you bring the TAT cards or the Graham-
3 Kendall Memory For Designs cards with you?

4 A No.

5 Q You brought none of these with you?

6 A No.

7 Q For the same reason?

8 A That's right.

9 Q With respect to the Draw A Person test, did you
10 bring Mr. Watson's drawings with you?

11 A Yes, I have them here.

12 Q How many drawings were there?

13 A There are four drawings altogether.

14 Q Why did you make an exception with respect to
15 bringing these drawings to court?

16 A Well, I brought the Rorschach responses; there is
17 no test cards or test equipment involved in the drawings.

18 Q So there were four drawings; is that correct?

19 A That's correct.

20 Q Could I see those drawings?

21 A Sure. This is the one he drew first; the second
22 drawing; this is the third drawing; and that's the last drawing.

23 Q These aren't bad drawings at all, are they, Doctor?
24 I mean, for someone who is not an artist?

25 A They lack considerable detail or expression for
26 someone who is not an artist. Most people do not draw quite
27 such stiff, rigid, empty looking drawings.

28 Q The reason I'm smiling, Doctor, is that I'd hate

7A-2
1 to show you the pictures I draw for my children every night.
2 I think this is considerably better.

3 A As I emphasize in my directions, it is not a test
4 of his artistic ability.

5 For instance, if you look at a very simple drawing,
6 such as was drawn by Thurber, the little animal line drawings
7 in which there is considerable expression in these very simple
8 drawings, and people who are not artists nevertheless end up
9 giving much more expression, movement, feeling to their draw-
10 ings, rather than the rather empty figures that Mr. Watson drew
11 for me.

12 Q Doesn't it look like some of these people are
13 smiling?

14 A I'd have to look at it again.

15 Q That one right there.

16 A Well, not much of a smile, in my estimation. I
17 will agree it is a little more smile than any of the rest of
18 them. That switch, that's the drawing he made of Manson?

19 He put a smile on Manson and he didn't put a smile
20 on anybody else.

21 MR. BUGLIOSI: May these drawings be marked, your Honor,
22 as People's exhibits?

23 THE COURT: 308.

24 THE WITNESS: May I get some copies of these, or Xeroxes
25 of them for my files? You can have the originals, as far as
26 that goes.

27 MR. BUGLIOSI: Perhaps they can collectively be marked
28 308, put 308 on all three of them?

7A-3
1 THE COURT: Yes.

2 Do they take a Xerox, Doctor?

3 THE WITNESS: Yes, they should Xerox.

4 THE COURT: Stipulate we can have them Xeroxed and
5 return the originals to the doctor?

6 MR. BUGLIOSI: So stipulated.

7 MR. BUBRICK: Thank you, your Honor.

8 Q BY MR. BUGLIOSI: Let's talk about the MMPI test,
9 the Minnesota Multiphasic Personality Inventory --

10 A Yes.

11 Q How many questions are there on that test?

12 A Now, I, again --

13 Q 556?

14 A 566; that's right. I started to say "556" and I
15 have to stop myself to remember exactly.

16 Q Did you give Mr. Watson all 566 questions?

17 A That's right.

18 Q What is an MMPI profile, Doctor?

19 A It is a set of weighted scores given on 10 differ-
20 ent scales, plus three scales that have to do with the validity
21 of the test.

22 Q Isn't it true that approximately 10 to 20 percent
23 of completely normal people will produce profiles and indicate
24 mental illness?

25 A That is a difficult one to answer. Well, the
26 estimates in the population are that about 10 to 20 percent
27 of the people suffer from emotional discomforts of some kind,
28 so that this is probably true. I have never heard that

7A-4

1 statement regarding the MMPI, but I would agree this makes
2 sense to me, when you make the statement.

3 Q No, I'm talking about 10 to 20 percent of normal
4 people, not of people with emotional disturbances; 10 to 20
5 percent of normal people produce profiles on the MMPI which
6 indicate a mental illness?

7 MR. BUBRICK: The question is ambiguous, your Honor.

8 THE COURT: Does the doctor understand the question?

9 THE WITNESS: Of people who are not coming to psychiatrists;
10 is that how we mean "normal"?

11 Q BY MR. BUGLIOSI: How would you define the word
12 "normal"; let's start with that?

13 A I would say -- it is a hard word to define --
14 I would say that if we talk about people who are not going for
15 any kind of help for emotional problems and are not planning
16 to, that surveys of various kinds across the country have
17 shown that about 15 to 20 percent of them do suffer from
18 emotional disturbances, that do need some psychotherapy or other
19 help; therefore, when you say would this be true that they
20 would show this on the MMPI, I would agree.

21 Q That is not what I said, Doctor.

22 Let's talk about people who do not suffer from
23 emotional disturbances: Isn't it true that 10 to 20 percent
24 of those show some type of mental illness on the MMPI?

25 A People who are perfectly happy? I would say that
26 I would doubt it.

27 Q You indicated, I think, under direct examination,
28 that a doctor Alex B. Caldwell assisted you in some fashion on

7A-5

1 the MMPI test?

2 A Yes.

3 Q He is an associate of yours?

4 A Yes.

5 Q Isn't it true that Dr. Caldwell concluded that
6 Mr. Watson's profile is of only, quote, very borderline validity,
7 unquote?

8 A The diagnostic statement that he gets from his
9 machine says that, yes.

10 Q Didn't he put his name below that conclusion,
11 Doctor?

12 A Well, that was one paragraph in -- one line --
13 yes, that is true; he did say that.

14 This is in a paragraph on Page 2 labeled "Diagnostic
15 Impression," and he said, "It should be reemphasized the
16 profile is a very borderline validity and that a diagnostic
17 formulation is only tentative and speculative." That is, as
18 a diagnosis. This is Dr. Caldwell's opinion.

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1 Q His diagnostic opinion; is that correct?

2 A Diagnostic formulation is only tentative and
3 speculative.

4 Q In other words, in the opinion of Dr. Caldwell,
5 your associate, the validity of the MMPI test with respect
6 to Mr. Watson is very doubtful; is that correct?

7 A No.

8 Q What does very borderline validity mean in your
9 language, Doctor?

10 A Well, I checked this back with Dr. Caldwell. You
11 see I should explain that Dr. Caldwell's report is based on a
12 computer.

13 The computer has certain information in it but
14 not all information about the MMPI. It would be impossible.

15 What the computer took into account here, I am
16 quite sure, is Mr. Watson's score on what is known as the
17 F or falsification scale.

18 This is a scale that was made up originally to
19 determine if people were exaggerating or falsifying their
20 complaints.

21 It was made up by asking people -- I believe it was
22 in the military -- people were asked to take the MMPI and asked
23 to pretend that you are really crazy and psychotic, you are to
24 be discharged from the Army and what your answers would be,
25 what answers would you give and this is how it was made up.

26 However, the falsification score has a high
27 correlation with the schizophrenic score itself. That is what
28 people would consider to be quote "crazy" -- and I am using the

8-2

1 layman's language here -- is included in both the falsification
2 scale and the schizophrenic scale itself.

3 Now, the schizophrenic scale contains other
4 items to which a person who suffers from this disorder would
5 ascribe and normal people would not, but which normal people,
6 or even most psychologists looking at the questions themselves
7 would not know that this was a quote "schizophrenic response."

8 Thus the falsification score here on Mr. Watson's
9 profile is a part of his schizophrenia.

10 Now, the computer does not have that piece of
11 information built into it.

12 I asked Dr. Caldwell specifically what the overlap
13 is between the falsification and schizophrenic scores and he
14 said it is the greatest overlap between any two scales in the
15 entire set of 13 scales.

16 Q Let me ask you this: Do you disagree then with
17 his conclusion?

18 A Yes. I believe this is a valid scale.

19 Q Dr. Caldwell's conclusion is that the profile of
20 Mr. Watson is a very borderline validity. It is very doubtful.
21 Do you disagree with that?

22 A Yes, I would disagree. My own opinion is to agree
23 with his statement, "The disturbance is apt to be borderline
24 if not overtly psychotic, such as a psychotic depression or
25 schizo-affective schizophrenia."

26 I agree with that statement and I have more
27 confidence in that statement than Dr. Caldwell's computer. I
28 believe there is one place where I had information the computer

1 didn't.

2 Q When Dr. Caldwell makes the statement that it should
3 be re-examined, that this profile is a very borderline validity
4 and that such a diagnostic formulation is only tentative and
5 speculative -- are you saying that this is the computer talking?

6 A Yes.

7 Q Are you saying that Dr. Caldwell did not adopt
8 that conclusion?

9 A He makes his reports directly from the computer.

10 Q And he signs his name below that; is that correct?

11 A That is correct.

12 Q Do you recognize the signature of Alex B. Caldwell?

13 A Yes.

14 Q This is his signature?

15 A That is right.

16 Q On that report?

17 A That is right.

18 Q Do you normally disagree with Dr. Caldwell on his
19 findings?

20 A At times.

21 Q And this is one of those times?

22 A Yes.

23 Q What is the MMPI critical items list?

24 A It is a list of items which are used generally to
25 follow up the MMPI, to interview the patient, ask him what
26 he means about it.

27 Q Do you feel that Mr. Watson's answers to the
28 questions on the MMPI critical items list indicate mental

1 illness on his part?

2 A May I just take a second to find that.

3 Again I don't like to seem to be quibbling, sir.
4 I again talk in terms of emotional disturbance, confusion,
5 of behavior, rather than strictly mental illness as such.

6 Q All right.

7 Let's talk about emotional disturbance. What
8 else, sir?

9 A Emotional disturbance, depression.

10 THE COURT: I think you said confusion.

11 THE WITNESS: And confusion. Thank you, sir.

12 THE COURT: Would this be a good time to have our
13 morning recess?

14 MR. BUGLIOSI: Yes.

15 THE WITNESS: Would you hand me those three sheets.

16 THE COURT: We will have our morning recess at this time
17 and once again please heed the usual admonition.

18 (Recess.)
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1 THE COURT: People against Watson.

2 Let the record show all jurors, counsel and
3 defendant present.

4 You may proceed, Mr. Bugliosi.

5 BY MR. BUGLIOSI:

6 Q Doctor, before we continue on with the MMPI, going
7 back briefly to the Wechsler, have you clarified any of these
8 points with respect to percentages?

9 A Yes, may I do that?

10 Q Please.

11 A I was hasty here and I did make an error in my
12 figures.

13 This figure that is 65 should include all of this,
14 and then I believe the figures that you quoted, which you told
15 me came out of the book -- I believe Wechsler's textbook?

16 Q Right.

17 A -- would be correct; so the 65 or two-thirds
18 includes bright-normal, average and dull-normal. That's why --
19 and this figure here is mistaken.

20 Q You agree, then, that dull-normal would be 16
21 percent; borderline 7; and mentally retarded, 1?

22 A That sounds reasonable to me. I don't memorize
23 figures, sir, but since you quoted from the book --

24 Q But I'm not on the witness stand, so I can't --

25 A Yes.

26 Q If you agree with what I say, I will write those
27 figures in.

28 A Yes, would you? I believe that's correct.

9-]

1 Q 16.

2 A About 16 percent there.

3 Q 7; and you say about 1?

4 A About 1; that will add us up, won't it?

5 Q So about 20 percent of the American population

6 have I.Q.'s below 89?

7 A That's right.

8 Q Approximately 50,000,000 Americans, then?

9 MR. BUBRICK: Your Honor, that depends on the United

10 States population.

11 MR. BUGLIOSI: Well, assuming the population is 200,000,000.

12 MR. BUBRICK: It varies.

13 Q BY MR. BUGLIOSI: That would be about 50,000,000;

14 is that correct?

15 A No, 24 percent, a quarter of 200,000,000 -- yes.

16 Q About 50,000,000; is that correct?

17 A That's right.

18 Q And of these 50,000,000 Americans, Mr. Watson,

19 having an 89, would be at the upper 1 percent of those

20 50,000,000; is that correct?

21 A As of March 1971, yes.

22 Q Going back to the MMPI critical items list, do

23 you feel that Mr. Watson's answers to those questions in that

24 list indicate any type of mental illness on his part?

25 I believe you said -- what, emotional disturbance?

26 A Considerable emotional disturbance.

27 Q -- depression and confusion?

28 A Yes.

9-3
1 A. Yes.

2 Q We are talking about the critical items list now;
3 is that correct?

4 A. Yes.

5 Q Did you feel that his answers were inappropriate
6 to the questions on the critical items list?

7 A They are not, certainly not the way most people
8 would answer them at all. They are inappropriate in that sense.

9 Q All right. Let's take a look at Question No. 5:
10 "I am easily awakened by noise"; Mr. Watson answers "True"
11 to that question.

12 Now, would a person charged with seven counts of
13 murder, as you knew Mr. Watson to be at the time you examined
14 him, would he be expected to sleep soundly?

15 MR. BUBRICK: Oh, if your Honor please, I think that
16 calls for a conclusion of the witness.

17 MR. BUGLIOSI: This is what he is testifying to, your
18 Honor; he analyzed --

19 THE COURT: No, that is not his answer at all.

20 MR. BUGLIOSI: He analyzed the MMPI critical items list
21 and I am asking him for the basis --

22 MR. BUBRICK: That was Mr. Watson's answer.

23 MR. BUGLIOSI: I see a "True" after No. 5 here.

24 THE WITNESS: Yes, he said "True," to that.

25 THE COURT: What is the question? What was your question;
26 what was the question on the test, Doctor?

27 THE WITNESS: The statement is, "I am easily awakened by
28 noise," and Mr. Watson answered "True."

9-4

1 Q. BY MR. BUGLIOSI: Now, my question, then, would
2 a person charged with seven counts of murder, as you knew Mr.
3 Watson to be at the time you examined him, would he be expected
4 to sleep soundly?

5 A. I don't know.

6 Q. Do you feel that that was an inappropriate answer?

7 A. Most people taking this test, again the average
8 person taking this test, says "False" to that.

9 Q. All right. Let's take a look at Question No. 142:
10 "I certainly feel useless at times."

11 Mr. Watson answered "True" to that question?

12 A. Yes.

13 Q. Do most people answer "False" to that question?

14 A. Yes.

15 Q. Would a person charged with seven counts of murder,
16 Doctor, normally feel other than useless?

17 MR. BUBRICK: Object to that, your Honor; calls for a
18 conclusion of this witness.

19 THE COURT: If you know.

20 MR. BUGLIOSI: He is the one that is giving his opinion.

21 THE COURT: If he knows. Can you answer that, Doctor?

22 THE WITNESS: No, I don't know.

23 Q. BY MR. BUGLIOSI: Question No. 152, "Most nights
24 I go to sleep without thoughts or ideas bothering me"; he
25 answered "False" to that question; is that correct?

26 A. That's correct.

27 Q. In other words, what he said there is that most
28 nights he goes to sleep with thoughts or ideas bothering him;

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1 A Presumably, yes.

2 Q Now, shouldn't a person charged with seven counts
3 of murder, Doctor, in your opinion, go to sleep at night with
4 some thoughts bothering him?

5 A I would think so; but, then, you know, I have
6 difficulty putting myself in a person's shoes who commits
7 murder. I don't know.

8 Q But the majority of people answered that question
9 differently from Mr. Watson?

10 A That's right.

11 Q But the majority of people who took this test are
12 not charged with murder; is that correct?

13 A That's right.

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EXHIBIT
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10R-1

1 Q Let's take a look at Question No. 337.

2 "I feel anxiety about something or someone almost
3 all the time."

4 And he answered that "True"; is that correct?

5 A Yes.

6 Q Shouldn't a person charged with seven counts of
7 murder feel an anxiety about things almost all the time?

8 A I don't know. Some might and some might not.

9 Q You say you don't know, Doctor. You did form
10 opinions based on his answers to these questions. You said
11 that they indicated emotional disturbance, depression, con-
12 fusion, his answers were inappropriate.

13 Now, I am asking you why would that indicate con-
14 fusion on his part, inappropriateness, emotional disturbance
15 or anything?

16 A These are items dealing with distress and depres-
17 sion.

18 Q You realized that he was charged with seven counts
19 of murder when he answered that question?

20 A Yes.

21 Q Wouldn't the answer to that question then by Mr.
22 Watson, the answer he gave, be a perfectly normal response?

23 A If it were a normal person committing the murder,
24 I would presume that anyone who committed murder, who was a
25 normal person, would feel a lot of anxiety, that is true, but,
26 you know, again, you don't know.

27 There are people who commit murders, I would guess,
28 who may never feel anxious. I don't know.

10-] 1 Q What do you find confusing or inappropriate about
2 Mr. Watson's answer to Question No. 337?

3 A That is part of what I was talking about the
4 depression. I was talking about confusion, listed under Ideas
5 of Reference, persecution, delusions and the answers labeled
6 peculiar experiences and hallucinations.

7 Q What do you find inappropriate or confusing about
8 that answer?

9 A That answer deals with depression, not with con-
10 fusion or inappropriateness. It has to do with depression and
11 anxiety, the last one you read.

12 Q Where do you see on the MMPI critical items list
13 anything dealing with confusion, any subject title called
14 "Confusion"?

15 A Okay. I am using confusion to cover other items
16 here, other categories, Ideas of Reference, persecution,
17 delusions, peculiar experiences and hallucinations.

18 Under Ideas of delusion, Ideas of Reference, he
19 has two, four, six, more than half -- almost all of them under
20 peculiar experience and hallucinations.

21 Q You say reference, persecution and delusion shows
22 confusion; is that correct?

23 A It is part of a confused state of mind.

24 *Alright,*
25 Q *Let's* look at Question 110, *which is* under ~~that~~ reference,
26 persecution and delusion, which you claim means confusion.

27 A I would say similar terms.

28 Q Question 110, "Someone has it in for me?"

"Answer, True."

10-3

1 What confusion does that show on Mr. Watson's part?

2 A Okay. I am looking at a pattern of answers, sir,
3 not one answer at a time.

4 I will agree you can take any one answer and you
5 can say this does or doesn't mean, but when one takes -- talks
6 about a confused state of mind, one looks at a great many
7 responses, across several tests.

8 Q Let's take several others.

9 "Question 284. I am sure I am being talked about.

10 "Answer True."

11 What type of confusion does that show on Mr.
12 Watson's part?

13 A These are answers that are generally given by
14 people who feel confused.

15 Q Doctor, you have read about Tex Watson, haven't
16 you, being charged with these murders?

17 A Yes.

18 Q It is a pretty publicized case? The Tate-La Bianca
19 case?

20 A That is right.

21 Q Wouldn't it be normal for Mr. Watson to say, "Yes,
22 people are talking about me?"

23 MR. BUBRICK: Object to the word "normal." I think that
24 is a conclusion. Whatever his response is, is his response.

25 THE COURT: Can you answer the question, Doctor?

26 THE WITNESS: I had difficulty answering you. I am
27 not quite sure what is wanted here.

28 Q BY MR. BUGLIOSI: Let's take another question,

10-4

1 Question 364.

2 "People are saying insulting and vulgar things
3 about me."

4 And the answer is "True."

5 Shouldn't a person being charged with seven counts
6 of murder answer a question like that?

7 A I don't know how a person charged with murder might
8 answer to these -- on this test.

9 Q Doctor, you are the psychologist who analyzed his
10 answers to these questions. Now, I am asking you how you ^{came} ~~came~~
11 up with your analysis?

12 A I came up with it, as I said before, sir, on the
13 basis, not of this set of -- there is I don't know how many
14 but scarcely a fifth of the MMPI items included on this
15 critical items. I did not base my judgment/alone on these critical
16 items but rather on the profile of the MMPI, on the Rorschach
17 technique, on his responses to the TAT and so on, across the
18 board, rather than on any one particular item.

19 Q Let me interrupt you.

20 You said on two occasions that the MMPI critical
21 items, just that, show emotional disturbance; depression and
22 confusion, that that has been your opinion.

23 We are talking about the MMPI critical items list
24 and I want to know how his answers to those questions show
25 emotional disturbance, depression, and confusion, that wouldn't
26 be normal for him to show?

27 A I can tell you this, that I based this on a com-
28 parison again as one basis psychological test -- that we

10-5

1 compare this with what you say the average person would say.
2 His items here are not what average persons say at all, but
3 they are responsive people who generally quote ideas of
4 reference, persecution, delusion, peculiar experience and
5 hallucinations.

6 I am using the term confusion as a general term
7 to cover those statements.

8 Q "Question 323. I have had very peculiar and
9 strange experiences."

10 "Answer true."

11 Wouldn't a person who had ingested LSD and every
12 other type of drug and killed seven people answer that ques-
13 tion "True"?

14 A I would expect that.

15 Q What is so unusual about it? Where do you come
16 up with the inappropriateness and confusion?

17 A Most people don't answer that "True."

18 Q Most people haven't killed seven people or ingested
19 LSD and every other type of drug. We are talking about Mr.
20 Watson, now.

21 A All right. Killing seven people and ingesting a
22 considerable amount of LSD is very inappropriate in my thinking.

23 Q But his answer to that question wasn't inappropriate?

24 A It is also inappropriate to the normal population.

25 Q You mean to tell me that if he killed seven people
26 and ingested LSD, belladonna and everything else and someone
27 asked him a question "True or False, I have had very peculiar
28 and strange experiences?" and he answered that "True," you

1 think that is a funny answer on his part?

2 A Oh, it is on his part.

3 Q Do you think we are talking about if it is not
4 Charles Tex Watson?

5 A All right. Then Charles Tex Watson's response
6 here is what he believes about himself but most people don't
7 say "True" to that item.

8 Q Doctor --

9 A So most people don't have these confusing exper-
10 iences. He is saying, "I did have them."

11 Q I guess I am having difficulty making myself clear,
12 although maybe not, maybe I am not, Doctor.

13 A I don't know.

14 Q Maybe I am not having a difficult time.
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1 MR. BUBBRICK: Your Honor, whatever the inference is in
2 that statement, I'd ask it be stricken and the jury asked to
3 disregard it, please.

4 THE COURT: He has been asked not to make statements
5 like that before.

6 Whatever it means, disregard it, ladies and
7 gentlemen of the jury.

8 Q BY MR. BUGLIOSI: The norm group, that is the
9 original group upon which the MMPI test was standardized
10 was relatives of 700 hospital patients in Minnesota; is that
11 correct?

12 A To the best of my memory.

13 Q And the test has never been standardized on
14 criminal defendants; is that correct?

15 A It has never been restandardized; there have been
16 studies, I believe, though I am not familiar with them.

17 Q Has the MMPI test ever been standardized on
18 criminal defendants?

19 A Not so far as I know.

20 Q Now, since the norm group, the group upon which
21 these questions and answers were standardized were noncriminals,
22 700 relatives of patients --

23 A Oh, excuse me; the standardization group, that
24 was the control group -- standardize -- it also included many
25 people who were -- who suffered from mental disorders, and so
26 that there were two standardization groups.

27 There was a control group; that is the normals,
28 so you would know what normals answer like; then they had --

11-2

1 some of these people did commit crimes. If you look at the
2 Atlas for the MMPI, many of the histories given in that Atlas
3 are people who have committed crimes.

4 Q What type of crimes?

5 A Including murder; various types of crimes.

6 Q But the test has never been standardized on
7 criminal defendants?

8 A There is no scale for criminality here, no.

9 Q Right.

10 By and large, the vast, vast majority of individuals
11 upon whom this test was standardized were noncriminals; isn't
12 that true?

13 A That is true.

14 Q Now, since the norm group, then, standard group,
15 by and large were noncriminals and Mr. Watson is not a non-
16 criminal, how can this test be valid with respect to Mr.
17 Watson?

18 MR. BUBRICK: If your Honor please, I respectfully
19 object to the phrase "noncriminal"; I think that is for the
20 jury to decide.

21 MR. BUGLIOSI: May we approach the bench?

22 THE COURT: Yes, you may approach the bench.

23 (The following proceedings were had at the bench.)

24 MR. BUGLIOSI: It is obvious from the man's answers that
25 he was looking at Mr. Watson's answers to these questions the
26 way a person who was not charged with murder --

27 THE COURT: Now, wait a minute now. You didn't ask him
28 about persons charged with crime, but you assumed him to be

1 a criminal, which is for this jury to decide.

2 MR. BUGLIOSI: No, no; he based his conclusions at the
3 time of these examinations on the fact that Watson had told
4 others that he had killed seven people.

5 THE COURT: That he read about it; that he read about it.

6 MR. BUGLIOSI: And also that -- in discussions with the
7 psychiatrists.

8 THE COURT: So what does that mean?

9 MR. BUGLIOSI: That means that he thought Mr. Watson
10 falls into a different area than the group upon which these
11 tests were standardized and, hence, this test is invalid.

12 THE COURT: I think the objection here is to referring
13 to Watson as a criminal.

14 MR. BUGLIOSI: I have to categorize him some way.

15 THE COURT: "Charged with crime" is different from being
16 a criminal. The jury is going to decide whether he is a
17 criminal or not.

18 MR. BUGLIOSI: But he has already said that when he
19 examined Mr. Watson he had been told that the man killed
20 seven people.

21 THE COURT: All right.

22 MR. BUGLIOSI: I think we ^{are} playing with words --

23 THE COURT: No, we are not at all; we are not at all.

24 The fact that a person has killed seven people,
25 that killing might not be criminal. That is what I am trying
26 to tell you. It is up to the jury.

27 MR. KAY: You mean, in other words, it could have been
28 done in self defense?

11-4

1 THE COURT: Suppose he was insane at the time.

2 MR. BUGLIOSI: Even then it would be criminal. It would
3 be criminal.

4 THE COURT: But then he is found not guilty by reason
5 of insanity.

6 MR. BUGLIOSI: He has to be found guilty first, before
7 he can be found not guilty --

8 THE COURT: If he is found insane, he is not guilty of
9 the crime, is he?

10 MR. BUGLIOSI: But he is not treated as an innocent
11 person; he is treated as a guilty person. He is sent to the
12 hospital for the criminal insane.

13 THE COURT: But whatever it is, he is found not guilty
14 by reason of insanity; isn't that true?

15 MR. BUGLIOSI: Yes, but he is not treated --

16 THE COURT: Isn't it just as easy to ask him as "Persons
17 charged with crime" rather than assume this man to be a criminal
18 in your questions?

19 MR. BUGLIOSI: Well, after the man has already said that
20 he knew that Mr. Watson -- or, he believed that Mr. Watson had
21 killed seven people --

22 THE COURT: That doesn't make him a criminal. That's my
23 point.

24 I think you can very easily change it to incorporate
25 that, "Charged with a crime."

26 MR. BUGLIOSI: Thank you.

27

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11A

(The following proceedings were had in open court.)

Q BY MR. BUGLIOSI: Going back just a moment, you say the norm group upon which the MMPI test was standardized were not criminals; is that correct?

A Certainly, that wasn't -- that wasn't any one of the special groups, no, as such.

Q And by and large the group upon which the MMPI test was standardized were not people charged with crime; is that correct?

A That's correct, yes.

Q Now, since the norm group, Doctor, were noncriminals, people who were not charged with crimes, and since Mr. Watson is charged with seven counts of murder, how can the MMPI test be valid with respect to Mr. Watson?

A Well, the MMPI isn't there -- we aren't using it to predict his guilt or innocence or his crime; but, rather, to tell us a little bit of one indicator of how emotionally disturbed he may be.

Q Isn't the basic theory of the MMPI test that the more questions a person answers the same way as persons in the norm group would answer, the more likely the person is apt to be --

A Be like that group.

Q -- be like that group?

A That is true.

Q How can you expect someone charged with seven counts of murder to answer questions like a relative of a

11A-2

1 hospital patient in Minnesota?

2 A Oh, excuse me. There were more than one group.
3 I hope I made that clear, that the control, the standardization
4 group consisted of two main groups; the relatives and the
5 emotionally disturbed, mentally ill people.

6 There were two sets of groups.

7 Q But not people charged with crime?

8 A Not primarily, no.

9 Q What percentage, Doctor, one-half of one percent?

10 A I don't know; perhaps something like that.

11 Q All right.

12 A Okay.

13 You are correct in your point.

14 Q All right.

15 Since 99-1/2 percent of the people who constituted
16 the norm group were not charged with a crime and Mr. Watson is
17 charged with seven counts of murder, how can this test be
18 valid as to him?

19 A Well, as I say, the validity concerns not the
20 question of murder, because I don't have any murder scale on
21 here.

22 It tells me how very depressed and confused he
23 was feeling and how disturbed he felt, rather than his -- and
24 I am talking about the profile, not the critical items, one at
25 a time.

26 Again, I would emphasize, sir, that this test was
27 made up quite imperically; nobody said that these were
28 schizophrenic or hysterical items; rather, they gave the items

11A-3

1 to everyone concerned, the normal and quote, "abnormal groups,"
2 and then the answers that differentiated normal from abnormal
3 were statistically selected, such that you cannot tell from
4 any one item much about the subject.

5 You can only tell from the profile of responses
6 altogether; thus, I would agree with you, as you read one item
7 at a time, that it does not make too much sense to say what
8 he did mean there.

9 Q I'm just looking --

10 A I am looking at the pattern of items rather than
11 the items, per se. The critical items do suggest and are used
12 primarily as a method of following up in interviewing the
13 patient, saying, "What did you mean, you had strange and
14 unusual experiences?" And --

15 Q Doctor, you said the MMPI critical items list
16 showed confusion, emotional disturbance, and I forget the
17 other word you used --

18 THE COURT: Depression.

19 THE WITNESS: Depression.

20 Q BY MR. BUGLIOSI: The point I am trying to make,
21 Doctor, again going back to question 284, "I'm sure I'm being
22 talked about," and Watson's answer, "True" --

23 A Um-hmm.

24 Q -- some relative of a hospital patient in Minnesota,
25 the norm group, you say the average person would answer that
26 question "False"? ..

27 A Um-hmm.

28 Q Isn't Mr. Watson's answer to that question to be

11A-4

1 expected, the answer he gave, "True," to be expected in view
2 of the fact that he is charged with seven counts of murder and
3 these are highly publicized murders?

4 What is so unusual about this?

5 A As I say, sir, I can imagine the possibility
6 that he might have said the opposite. He might not feel talked
7 about.

8 If he does feel talked about, maybe he hears
9 talk, undoubtedly, but whether he feels that or not is only
10 indicated by his answer.

11 THE COURT: Doctor, let me ask you this, it is not a
12 question of the correctness of his answer --

13 THE WITNESS: That is true; it is how he feels, his own
14 subjective impression of how he feels.

15 THE COURT: And whether the answer is correct or not is
16 not the important factor?

17 THE WITNESS: Yes, sir; that's quite right. Thank you.

18 Q BY MR. BUGLIOSI: But that answer -- "I'm sure I'm
19 being talked about," and the answer is "True," this is to be
20 expected from someone in Mr. Watson's shoes; is that correct?

21 A As I say, I don't know. I don't know what to
22 expect.

23 Q Page 4 of your report, Doctor, you say that the
24 psychological tests show that Mr. Watson is experiencing
25 almost overwhelming feelings of depression and anxiety; he
26 goes over and over again his troubles and worries in highly
27 obsessive fashion, probably magnifying them extremely.

28 Do you say that?

11A-5

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1 A Where is page 4?
2 Q Excuse me?
3 A Yes.
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#12

1 Q Isn't it perfectly normal, Doctor, for a person
2 being charged with seven counts of murder to be depressed and
3 suffering from anxiety?

4 A I can only say, you know, that I would imagine that
5 to be true, but I can also imagine that there would be people
6 who would not.

7 So how this refers to his acts, I don't know.

8 Q Doctor --

9 A I would say yes, I can see your point.

10 Q You say he was probably magnifying his troubles
11 and worries.

12 For a person charged with seven counts of murder,
13 and facing a possible death penalty, Doctor, how in the world
14 can he be accused of magnifying his problems?

15 I mean, does anyone have more problems now than Mr.
16 Watson?

17 How can you say he magnified his troubles and his
18 problems when he is charged with seven counts of murder and he
19 is facing the death penalty?

20 A You see I don't know that that is exactly what he
21 was worried about. He might have been worried about other
22 things for all I know.

23 I know the proportion of his disturbance, but I
24 saw no indications -- at only one point did I see any reference
25 in his answers to these tests that had reference in any way
26 directly connected to the alleged crime.

27 I only talk about the degree of his disturbance and
28 the fact of it. The content of it, I must admit I don't know

1 what he was worrying about. He might have been worried about
2 other things. It seems to me reasonable what you say.

3 Certainly I would feel that way, I know, but I am
4 not Mr. Watson and I've heard of people who commit crimes who
5 do not feel guilty about the crime or worry about it or worry
6 about the possibility of execution.

7 That is they almost feel relieved. This has been
8 published many times by various prison psychiatrists and
9 psychologists who have studied the matter. I have seen some
10 cases myself of this.

11 Q Mr. Watson wasn't worried about his sex life, was
12 he?

13 A Might have been.

14 Q "Question No. 20. My sex life is satisfactory."

15 What does he say? He said that he is worried
16 about it; right?

17 A He thought his sex life -- at that point,
18 apparently, he thought his sex life was satisfactory. He
19 said "False." No, he said "True."

20 Q Doctor, let me ask you this: Prior to this trial have
21 you ever examined a person being charged with murder and then
22 testified at that trial?

23 A Yes.

24 Q What trial was that?

25 A One recently I can think of was a juvenile. I
26 would rather not mention the name for matters of confidence
27 and the other was a trial -- I don't remember the names of
28 the people involved -- I was in the military. I remember those

1 two particularly.

2 Q Okay. You had one case --

3 A I don't remember others offhand. I know I have
4 examined people who frequently have been adjudged guilty and
5 examined before the sentence. This is what I am more commonly
6 involved in and I don't appear in court on those.

7 Q With respect to your military service examination,
8 how long ago was that?

9 A Oh, gosh, World War II, 25 years ago.

10 Q Other than that you say you have examined one
11 person charged with murder?

12 A Where I appeared in court.

13 Q Right.

14 Was this a juvenile court that you appeared in?

15 A Yes.

16 Q It wasn't a criminal court?

17 A No.

18 Q So this is your first trial then in a criminal
19 court where you have examined someone charged with murder?

20 A And testified.

21 Q And you testified?

22 A Yes. That is true. This is not part of my common
23 practice, but then very few murders are referred to psychologists.

24 Q What is a sociopath?

25 A That is old-fashioned term that was kind of a
26 wastebasket term to describe people who were delinquent and
27 didn't seem to comprehend or go along with social norms and
28 customs.

1 Q Are they called psychopaths today, or is it just
2 the reverse?

3 A Both terms are still used. I don't use them
4 commonly because I think they are too broad and have too much
5 meaning.

6 Q On page 4 of your report you say, referring to
7 Mr. Watson, "His pattern as a whole indicates a considerable
8 social and emotional alienation."

9 A Yes.

10 Q "And an inability to accept and live within social
11 bounds or to form interpersonal relationships."

12 A Yes.

13 Q Isn't that kind of a sociopath or psychopath?

14 A Well, that is why I say those terms are too broad.
15 I don't use them. It is also true schizophrenics. It is
16 true of all three diagnoses.

17 Q You say it is true of schizophrenics. You are
18 very, very well aware that many, many schizophrenics have
19 responsible positions, very responsible positions in our
20 society such as doctors and lawyers. You are aware of that?

21 A So do sociopaths and psychopaths, yes.

22 Q But sociopaths and psychopaths as opposed to the
23 schizophrenics, doctors or lawyers, by definition, if he is a
24 sociopath or psychopath he is violating the law; right?

25 A Not necessarily, no. He may skim along the edge
26 of the law, find the loopholes in it.

27 Q Isn't it true that sociopaths constitute a very
28 large portion of the criminal element in our society?

1 A Again the term is so broad I have difficulty
2 answering that in good conscience. I would say that probably
3 this is what most people would say.

4 Yes, I will agree this is a common opinion, but
5 I do reserve my own belief that the term is rather meaningless
6 to mean anything about human behavior. Psychopaths is a
7 broad and meaningless term to me.

8 Q Doctor, on page 4 of your report you say that Mr.
9 Watson has serious doubts as to his masculinity.

10 Did you form any opinion whether this had been
11 a problem that he had had for quite a while or whether it is
12 of recent origin?

13 A Well, here again my tests don't tell me that
14 entirely.

15 I do say this, that from the tests alone, where
16 I see the kinds of doubts that Mr. Watson's responses indicated,
17 are ones that I would normally believe are of some extent, that
18 he has probably held them for some time and then when I heard
19 the history, it seemed to me that there was more evidence of
20 this.

21 Again, however, that is in the history and not in
22 my data.

23 Q You say he had held this feeling of lack of
24 masculinity for some time.

25 Would that be prior to his coming out here to
26 California and meeting Charles Manson?

27 A Well, I again refer to, you know, general clinical
28 experience in dealing with youngsters and young adults and

1 generally people of Mr. Watson's age, who still have doubts
2 about their sexual identity, doubts about how manly they are,
3 are still resolving the doubts that are normal to a young
4 teenager.

5 Mr. Watson's responses were more like those of a
6 14 or 15-year old boy in that respect and so I would say that,
7 you know, he still was trying to resolve something that he
8 had not completely resolved in his teenage years.

9 Q Would you say, Doctor, that feelings of guilt over
10 what he has done and fear of what might happen to him underlie
11 much of his depression?

12 A His current depression?

13 Q Yes.

14 A Oh, I would imagine that would be true, yes,
15 but this is again a hypothesis. I don't know for sure.

16 It would seem that is reasonable to expect, yes.

17 Q His feelings of guilt over what he has done
18 underlie much of his depression.

19 A Again this is a hypothesis that I would agree with.
20 I would suspect that is probably true, yes.

21 Q It is not only a hypothesis that you would agree
22 with, Doctor, don't you say on page 5, "Although Mr. Watson's
23 general pattern of responses indicate that considerable
24 feelings of guilt underlie his depression and are probably
25 a major source in his confusion --" don't you say that?

26 A Yes, but I am not sure -- you know, I don't know
27 how much of the guilt has to do with the crime which we are
28 trying, or whether it had to do with guilt about other things

1 in his life because again there are many, many studies to
2 show that people who commit crimes, commit them -- because
3 they already feel guilty before they ever commit the crime,
4 and they feel more guilty about the things they have done before
5 in their lives than they do about the crime, the crime then
6 that invites the punishment.

7 They then in some magical and quote "crazy way"
8 receive the punishment that will eventually atone for all of
9 their previous crimes that are more desperate than the one
10 they are accused of. This seems strange but there have been
11 many studies and suggestions.

13R-1

1 Q You are not suggesting that he has done
2 something other than -- well, worse than kill seven people?

3 A It is possible that he has done things that in
4 his own mind are worse -- in other words, I am saying here
5 now, not knowing about Mr. Watson specifically, but talking
6 about the theory of crime -- do you understand what I mean,
7 sir?

8 I am talking about a theory of crime which might,
9 I don't know, apply to Mr. Watson.

10 Q When you say here Mr. Watson's general pattern of
11 responses indicate that considerable feelings of guilt underlie
12 his depression, you were thinking that maybe he was feeling
13 guilty about, say, skipping school when he was a young kid?

14 A Oh, I would guess it would be something more than
15 that.

16 Q Stealing a grape at a supermarket?

17 A Making all A's in high school and then failing
18 out of college.

19 Q Oh, I get it; so this is what you were referring to?

20 A I would say that that would be one kind; I would
21 say it would be more major than the kind of things you say;
22 and, as an illustration in his case, I think these are the
23 kind of things that would make a young man who had been a
24 success in high school -- and I am told he was an athletic of
25 some note -- he goes to college and doesn't do as well.

26 Q And you say he failed --

27 A I say that, therefore, he doesn't do as well at
28 college and therefore, he used -- that this could cause

13-2

1 depression, but, again, this is a hypothesis, I don't know.

2 Q Did you say he failed out of college?

3 A No, I didn't say failed out of college --

4 Q Earlier you said --

5 A I did, but I corrected it; but, he certainly didn't
6 do as well in college.

7 Q But when you talk about feelings of guilt underlying
8 his depression, you feel that he was really referring to getting
9 lower grades at North Texas?

10 MR. BUBRICK: That is not what he said at all; I object
11 to that.

12 THE COURT: No, he didn't.

13 THE WITNESS: I didn't say that.

14 Q BY MR. BUGLIOSI: Did you get the impression,
15 Doctor, from the psychological tests that you administered to
16 Mr. Watson that he has a tendency to want to blame others for
17 problems that beset him?

18 A Yes, or to see it -- see himself as the victim of
19 circumstances. I don't know what language I used here, but
20 we'll look at it here.

21 Yeah, he's the passive figure in his fantasies on
22 the TAT, as I mentioned before; he's the passive figure that
23 things happen to, rather than as a person determining his own
24 fate; and, thus, when things happen, he wonders what has
25 happened to him, rather than he has done something.

26 This is his general attitude and approach to life.

27 Q Well, the people he blamed or things he blames are
28 other human beings; right?

13-3

1 A Or circumstances, yeah.

2 Q In fact, you used that language, talking about
3 his masculinity, which, again, he has to cover by blaming
4 outside influences; is that correct?

5 A Yeah, may I expand on my remarks as regarding
6 guilt?

7 Q Yes.

8 A Okay. As a better example here, and this is
9 suggested by some of his stories, and again seem verified a
10 bit when I heard some of his history, that he was a fairly
11 nice and obedient boy who was very close to his mother. His
12 stories indicate a great deal of fondness for his mother, and
13 that he may have -- that is a very common picture for a young
14 man who feels close to his mother, dependent on her, to feel
15 guilty a bit when he begins to leave home, when he breaks the
16 apron strings, to feel even more guilty when he does not
17 succeed and to feel intensely guilty about that when he finds
18 himself in a situation which is highly socially disapproved of,
19 such as the Manson family; and involved in the crimes which he
20 is alleged to have been involved in, that this disappointment
21 and this feeling of guilt, I would submit, is probably one of
22 the central things which Mr. Watson felt as indicated by his
23 responses to the test.

24 Q Did you get the impression, Doctor, that Mr. Watson
25 doesn't want to face up to the fact that he killed seven
26 people and he is trying to talk himself into believing that
27 this was some type of an accident?

28 A No.

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1 Q You didn't get that impression?

2 A (Shakes head.)

3 Q You have to answer out loud, Doctor.

4 A No. I feel that this is one matter which he was
5 most confused about and puzzled about within himself.

6 Q Page 5 of your report --

7 A Yeah.

8 Q -- the story suggested that Mr. Watson is unable
9 to account to himself the events of which he is accused of
10 participating in; that is, he tries to tell himself that it
11 was more like an operation, possibly an accident.

12 A Yes, that is my conclusion from that one story.
13 This is the only incident --

14 Q What story are you talking about, Doctor; aren't
15 we talking about --

16 A The story quoted previously, a story he told to
17 the TAT.

18 Q You were talking about stabbing the people?

19 A Yes.

20 Q You got no information from any psychiatrist that
21 other than these seven killings, Mr. Watson stabbed someone
22 else, did you?

23 A That is true, but I would say that this is a
24 general pattern of Mr. Watson's life, that things are acci-
25 dents; that they are not, you know, they are accidents of
26 life.

27 Q When is the last time you read your report, Doctor?

28 A Just the other day.

13-5

1 Q Had you forgotten some of the contents?

2 A No, I am referring back to them as you read them.
3 I don't memorize reports, sir.

4 Q If this is true, what you say here, that he is
5 trying to tell himself that it was more like an accident; in
6 other words, he doesn't know how to account ~~for~~^{to} himself, the
7 events which took place, it is exceedingly common, is it not,
8 for human beings to rationalize and attempt to explain away
9 their wrongful conduct so they ~~could~~^{can} live with themselves, so
10 to speak?

11 A Yeah.

12 Q That is exceedingly common, isn't it?

13 A Oh, sure.

14 Q So you find nothing unusual about Mr. Watson
15 trying to tell himself that maybe this was an accident, these
16 seven killings?

17 A Yeah, I can't see how it is an accident; but he --
18 the story suggested this. I quoted this story, sir, because
19 it was the only response out of all the responses that seemed
20 to have some direct bearing of any kind on the alleged crime.

13af.

13AR-1

1 Q Okay, going on, Doctor, would you agree that an
2 atmosphere and that the circumstances surrounding the taking
3 of these tests can affect the results?

4 A Oh, yes.

5 Q And therefore, I take it, that you try to give
6 these tests to everyone under essentially the same conditions;
7 you seek uniformity; is that correct?

8 A I seek it, but I never attain it completely.

9 Q But this is what you try to achieve, a certain
10 amount of uniformity?

11 A Yes, as much as possible.

12 Q Wouldn't the anxiety and the depression of a per-
13 son being charged with seven counts of murder, and on trial
14 for his life, contrast considerably to the relaxed circumstances
15 under which we can assume the norm group took these tests?

16 A The nonemotionally disturbed group, oh, yes, I
17 would assume that.

18 Q Even the emotionally disturbed group, you indicated
19 that it would probably be one-half of one percent of those
20 were charged with a crime; Mr. Watson is charged with seven
21 counts of murder and one count of conspiracy to commit murder.

22 A Yes.

23 Q Wouldn't you say that the anxiety and depression
24 of Mr. Watson would contrast considerably with, let's say,
25 the relaxed circumstances of these other people, the norm
26 group?

27 A Oh, I have seen young men come in my office who
28 were far more upset about going to Vietnam than Mr. Watson

1 seemed to be.

2 Q But you do say that Mr. Watson was suffering from
3 extreme depression; isn't that right?

4 A Yes.

5 Q So we can talk about Mr. Watson, not about some-
6 body going to Vietnam.

7 A Except you asked -- you asked what the setting is
8 in which the tests are conducted, or how the patient feels
9 when he comes in, and I am saying that Mr. Watson certainly
10 came in under, you know, considerable stress involved before
11 he came into the test --

12 Q All right, now, let's --

13 A -- but I would say that my practice is to handle
14 people who are under considerable stress and try to ask them
15 to take these tests, no matter how disturbed they may feel at
16 that moment, and try to settle him down and get their co-
17 operation. This I did with Mr. Watson, the same as I do with
18 any other young person who comes in my office.

19 Q In view of the fact that we have a norm group
20 against which other people are compared --

21 A Ma-hum.

22 Q -- isn't there a possible distortion, because of
23 the stress setting in which Mr. Watson took this examination,
24 as opposed to the norm group, isn't there a possible distortion
25 because of that?

26 A You are talking here about my office or him?

27 My office was the same for all patients; there was
28 no stress in my office.

1 Q You mean Mr. Watson felt no stress in your office?

2 A No more than anyone else would have, no.

3 Q Didn't you say that based on your examination of
4 him in your office, that he was suffering from extreme depres-
5 sion and anxiety?

6 A But that wasn't due to anything I did in my office,
7 no.

8 Q I am talking about Mr. Watson, his state of mind
9 in your office.

10 A Right; and that state of mind, I maintain, reflected
11 throughout his responses, just as any other depressed person
12 would have.

13 Q So the total circumstances surrounding his taking
14 the tests would vary ^{and} contrast considerably from the circum-
15 stances surrounding the taking of the test by the norm group?

16 A They are not anxious, they are not depressed, so
17 they don't register anxiety and depression on the test; true.

18 Q Doctor, can poor physical health affect these
19 tests?

20 A If it affects and disturbs them, yes.

21 Q Did you feel that Mr. Watson was in poor physical
22 health at the time he took these tests?

23 A I had no knowledge of his health, sir.

24 Q You saw he was a tall individual, over six feet --

25 A Yes.

26 Q -- weighing between 110 and 116 pounds?

27 A Yes.

28 Q That is not good physical health, is it?

1 A I'm not a physician, sir.

2 Q Certainly extreme depression can affect the results
3 of these tests, can't it?

4 A That is what the tests are there to measure.

5 Q That is what I am saying; if someone is extremely
6 depressed --

7 A It will show up on the test.

8 Q That will be reflected on the test?

9 A Yes.

10 Q And normally in a negative fashion; right?

11 A Yes.

12 Q So if Mr. Watson was in poor health and extremely
13 depressed, this would account for the rather low grade he got,
14 then; there could be one more factor accounting for the low
15 grade; isn't that true?

16 A You are talking here about his intelligence?

17 Q Yes.

18 A Yes.

19 Q Low grade on intelligence and every other test he
20 took.

21 A Well, the other tests are tests of his emotional
22 state, and so they do reflect his depression. His intelligence,
23 as I have testified before, could be partly -- intellectual
24 deficiency could be partly deterred by depression, except that
25 the gap between I estimated his intelligence in college and
26 the intelligence I got is hard to explain, purely on the basis
27 of depression.

28 Q These results you have come to are your personal

1 conclusion; is that right, Doctor?

2 A That's right.

3 Q In fact, given the same test data that you had,
4 different psychologists could reach different conclusions;
5 is that correct?

6 A I would doubt it.

7 Q Have these tests been standardized, psychologically
8 speaking, on you; are you the standard, in other words?

9 A No.

10 Q When you reach a conclusion, is that the standard
11 conclusion among psychologists in this country?

12 A I believe my interpretation of the tests are very
13 similar to what most psychologists conclude, yes.

14 Q But other psychologists could differ, based on
15 the same data?

16 A There would be differences, but not major differ-
17 ences. I would believe that most psychologists would find the
18 same general pattern. There might be some slight differences
19 of opinion on this one point or that one point, but the same
20 general pattern, yes.

21 Q When you examined Mr. Watson, in fact, at the time
22 that you reached your conclusions you were aware that he was
23 being charged with murder and that the prosecution was asking
24 for the death penalty?

25 You were aware of that; is that correct?

26 A I knew he was being charged with murder and I'm
27 not sure what the penalty is. In fact, until you mentioned
28 it, I didn't know what the penalty would be, being asked here.

1 Q But you know, of course, that the death penalty was
2 one possible punishment; is that right?

3 A That's right.

4 Q Are you against the death penalty, Doctor?

5 A I am.

6 Q Now, Doctor, you understand that perhaps the most
7 critical, or at least one of the very, very critical issues
8 during this trial is whether Mr. Watson could maturely and
9 meaningfully deliberate, premeditate and reflect upon the
10 gravity of the contemplated act of killing.

11 Were any of the psychological tests you administered
12 to Mr. Watson, were any of them designed to determine whether
13 a person taking the test could maturely and meaningfully
14 deliberate, premeditate and reflect upon the gravity of the
15 contemplated act of killing?

16 A No, sir; they are not specifically designed for
17 that question.

18 MR. BUGLIOSI: Thank you. No further questions.

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14R-1

REDIRECT EXAMINATION

1
2 BY MR. BUBRICK:

3 Q Dr. Palmer, would you lie on the witness stand
4 because of any possible consequences that this case might
5 reach?

6 A No, sir.

7 Q Can you separate your own personal and private
8 feelings from your professional feelings?

9 A Yes, sir.

10 Q Do you ever do work at the request of the courts?

11 A I have.

12 Q Have you ever expressed this feeling as you have
13 on other occasions about the death penalty?

14 A Oh, yes.

15 Q That is no big secret, so far as you are concerned?

16 A Oh, no. I have made this in public statements
17 many times.

18 Q Dr. Palmer, are there any specific questions that
19 you relied on, exclusive of everything else, to reach the
20 conclusion that you did about Mr. Watson?

21 A Any specific questions?

22 Q Yes.

23 A No, sir.

24 Q To the complete exclusion of everything else?

25 A No. I went on a general pattern of questions,
26 not on specific items.

27 Q Is there any specific test, the result of which
28 you used to the complete exclusion of everything else in an

1 effort to decide whatever you did about Mr. Watson?

2 A No, sir. I used all tests combined.

3 Q Do you know, Dr. Palmer, whether there is any test
4 at all that is made exclusively for people who are accused of
5 committing crimes?

6 A No. I don't know of one.

7 Q Is there anything in any of the tests that you
8 gave Mr. Watson, Dr. Palmer, that would tell you what he was
9 feeling guilty about?

10 A There is some indications in his fantasies, sir,
11 that I did read in my report, that he did have concern about
12 what his mother might think of him.

13 I gained that impression from some of the things,
14 fantasies, and associations, that he revered his mother.

15 He saw her as an angel and my hypothesis was that
16 among the things that he felt very guilty/^{about}was the possibility
17 that he might have disappointed her.

18 Q Is there anything else, any other area in which
19 you specifically find references to guilt in any of the tests
20 that you gave him?

21 A No, sir -- well, except his generalized feeling
22 of depression and guilt, but specific to any one item, no.

23 Other than, again, the story that was quoted in
24 my report, because I looked for something as one might do in
25 such an instance to see any possible reference to the crime
26 and this one TAT story was a story about stabbing. Again, it
27 is a story, the response to that particular picture is not
28 unusual.

1 Q These tests that you gave, Doctor, pretty well
2 measure the subjective person, do they not?

3 A That is true.

4 Q Is there any way you know of, or can you tell from
5 anything at your disposal what the degree of emotionalism,
6 depression, or confusion might have existed in the norm group?

7 Do you understand my question?

8 A Not exactly.

9 Q Is there any way of telling whether any people in
10 the norm group were emotional about anything else, were feel-
11 ing depressed or were confused?

12 A - You mean when the tests were standardized?

13 Q When the test was standardized.

14 A No. These people were presumed to be nondisturbed.
15 This again is one of the questions of standardizing
16 a test, because we know that in people who are used as normals,
17 that they are people with quote normal anxieties and there are
18 people who may be as emotionally disturbed as we have in mental
19 hospitals, but just don't happen to be in the hospital and
20 might very well be in the normal group.

21 Q That is the point of it, Doctor. People who are
22 quote normal have emotions and can suffer from some degree of
23 emotionalism, can't they?

24 A Yes.

25 MR. KAY: I will ask that that be stricken -- "that is
26 the point of it," as a gratuitous statement.

27 THE COURT: "That is the point of it" may go out.

28 MR. KAY: Thank you.

1 Q BY MR. BUBRICK: People who are normal suffer from
2 some degree of emotionalism, do they not?

3 MR. KAY: That is a leading question.

4 THE COURT: If I recall, he is practically repeating a
5 question you put to him.

6 MR. BUGLIOSI: This is his witness, your Honor.

7 THE COURT: The objection is overruled.

8 THE WITNESS: I am sorry. The question is normal people
9 have emotion? Oh, yes, of varying degrees.

10 Q BY MR. BUBRICK: And do normal people suffer from
11 some degree of depression?

12 A Certainly under certain stresses or losses, they
13 would.

14 Q And whatever might make a person depressed would
15 depend certainly upon the individual who feels depressed.

16 MR. BUGLIOSI: A leading question.

17 THE COURT: Overruled.

18 THE WITNESS: Oh, excuse me. The depression would depend
19 on the stress that he as an individual is experiencing.

20 Q BY MR. BUBRICK: Yes?

21 A Yes.

22 Q And the same is true of confusion; correct?

23 A Yes.

24 Q There are no objective tests which you can administer
25 to a normal person to find out whether he is suffering from
26 any degree of emotionalism, depression, or confusion at the
27 time he takes the test?

28 A Well, if he is suffering from this to an unusual

1 degree, it will show up on the test, yes.

2 Q But we have --

3 A But if he is feeling sad that day or something is
4 puzzling him that day as opposed to being confused about things
5 across the board and in general, and from day to day, this may
6 not show up on, say, like the MMPI, which is built to check
7 out gross disturbance rather than just everyday emotional
8 upsets, worries, puzzlements, that all of us have.

9 Q In other words, it is a --

10 A That does not show up on the MMPI.

11 Q In other words, it is a matter of degree, then?

12 A It is a matter of degree, yes.

13 THE COURT: Are you going to be much longer, Mr. Bubrick
14 with the doctor?

15 MR. BUBRICK: I don't think so, your Honor. Although I
16 think he is coming back this afternoon. He was asked to get
17 something for Mr. Bugliosi.

18 MR. BUGLIOSI: He already did. Well, the ink blots,
19 of course, we would ask the Court to have him bring those in.

20 MR. BUBRICK: I do want to cover something else, and I
21 think it is rather important, unless you want to run over a
22 few more minutes.

23 THE COURT: I would run over a few minutes, if I thought
24 that we could get through with the doctor.

25 Q BY MR. BUBRICK: Dr. Palmer, would you tell us what
26 a Class A university is, please?

27 MR. BUGLIOSI: This calls for a conclusion, your Honor.
28 He is not an expert in the field of education.

#14

1 Q BY MR. BUBRICK: In response to some requests by
2 Mr. Bugliosi did you do some research last night?

3 A I made an inquiry about this, yes.

4 I was advised by the Division of Graduate Admissions
5 at the University of California --

6 MR. BUGLIOSI: This is hearsay, your Honor, calling for
7 hearsay.

8 MR. BUBRICK: You said you would waive the hearsay rule,
9 Mr. Bugliosi.

10 MR. BUGLIOSI: If he would bring in the actual documents
11 or the actual books.

12 THE COURT: You consider North Texas University as class
13 A?

14 THE WITNESS: It was classified this by the book I read.

15 THE COURT: That is all.

16 Q BY MR. BUBRICK: Let me ask you one further question,
17 Dr. Palmer: There was something mentioned about the falsifica-
18 tion scale on the MMPI test.

19 A Yes.

20 Q Do you recall that?

21 A Yes.

22 Q And then you said there was a schizophrenic scale
23 on the MMPI test.

24 A Yes.

25 Q Now, included within the schizophrenic scale are
26 there a lot of questions which appear in the falsification
27 scale?

28 A Yes.

14-2

1 Q Are there also a series or a group of questions
2 in the schizophrenic scale called the subtle items that do not
3 appear in a falsification scale?

4 A That is true.

5 Q If somebody were trying to intentionally falsify
6 his answers on the MMPI test, is there any correlation between
7 answers to the falsification scale and the subtle items?

8 A The subtle items are not in the falsification
9 scale.

10 Q No. They are in the schizophrenic scale.

11 A They are in the schizophrenic scale. So that one
12 way one could differentiate would be to say that the person
13 who is suffering from what is called schizophrenia would be
14 more apt to answer some of these questions that most people
15 would not know were quote "schizophrenia items," yet he
16 might also answer those very obvious items that the general
17 public would say "Oh, I'll bet that is how a crazy person
18 would answer," which are on the falsification scale.

19 Q Did the -- can the computer pick up this
20 difference?

21 A No. It is not programmed to pick that difference
22 up, so this is where I have some knowledge that the computer
23 doesn't have. It has not been programmed.

24 Q It is something that the psychologist does independent
25 of the computerized program?

26 A That is right. This I did independent of the
27 computer program.
28

14-3

1 Q You did that with respect to Watson's test; is
2 that correct?

3 A That I did.

4 Q Can you tell us how the schizophrenic scale portion
5 of the MMPI test turned out?

6 A Yes. The schizophrenic scale, weighted scale of
7 between 105 and 110, where 50 is normal.

8 Q You mean he is twice normal?

9 A He is twice schizophrenic.

10 Q Twice schizophrenic?

11 A A very high score. It is only surpassed by his
12 depression score.

13 They are both very extreme. Much less than 1/10
14 of 1 percent of the population would give such a pattern of
15 responses.

16 Q One final question: Dr. Palmer, in all of the
17 testing that you do over the years that you have done it,
18 have you ever given any thought to assessing credibility of
19 the taker of the test?

20 A Credibility?

21 Q Yes.

22 A Oh, constantly, in every instance.

23 Q Did you do that with Mr. Watson?

24 A Yes.

25 Q Did you have any opinion or did you have any
26 feeling about whether or not he was trying to fake it?

27 A I felt on the contrary that he was most eager
28 to try to respond as honestly as he could because he himself

1 was worried about his condition and he wanted to see where he
2 stood.

3 Q Now, these tests that you gave him, are they tests
4 that have been used over a long period of time?

5 A Yes.

6 Q So far as you know have any of them been rejected
7 by psychological services?

8 A No.

9 Q Are there any tests that you gave him which are
10 personal to you alone, that you, so far as you know, you are
11 the only psychologist who uses them?

12 A No. These tests constitute the most commonly used
13 tests in clinical practice today throughout the United States.

14 Q Are the standardizations that you talked about
15 tabulations which come nationwide so far as these same tests
16 are concerned?

17 A Yes, in general, yes.

18 Q They are nothing that you have done and keep --

19 A Yes.

20 Q -- personal to you within the selected group?

21 A No. These are standardized. For instance, the
22 Wechsler test was standardized by a corporation in New York
23 using samples from across the country, independent of anything
24 I have ever done.

25 Q May we assume, Doctor, that the opinion you formed
26 of Mr. Watson is the result of a profile that was apparent to
27 you as a result of all the tests that you administered?

28 A That is right.

1 MR. BUBRICK: I have nothing further, your Honor.

2 MR. BUGLIOSI: Nothing further.

3 THE COURT: All right. Thank you. You may be excused.

4 Ladies and gentlemen of the jury, we will recess
5 at this time until 1:30.

6 Once again please heed the admonition heretofore
7 given.

8 (The noon recess was taken until 1:30 p.m. of the
9 same day.)

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LOS ANGELES, CALIFORNIA, WEDNESDAY, SEPTEMBER 8, 1971, 1:30 P.M.

--oOo--

THE COURT: People against Watson.

Let the record show all jurors, counsel, and the defendant are present.

Mr. Bugliosi, you may proceed, or Mr. Keith.

MR. KEITH: Dr. Suarez, will you take the witness stand?

THE CLERK: Please raise your right hand.

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

THE WITNESS: I do.

JOHN SUAREZ,
called as a witness by the defendant, testified as follows:

THE CLERK: Will you take the stand and be seated. Will you state and spell your name, please.

THE WITNESS: Dr. John Suarez, S-u-a-r-e-z.

DIRECT EXAMINATION

BY MR. KEITH:

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

A Yes, I am.

Q And do you have a specialty, sir?

A I am a psychiatrist.

Q Doctor, referring to your education, did you attend

1 Columbia College in New York between 1952 and 1956?

2 A I did.

3 Q And did you earn a degree there?

4 A Yes.

5 Q That was an AB degree?

6 A That is correct.

7 Q And where did you earn your MD degree?

8 A Also at Columbia University.

9 Q And was that in 1960?

10 A That is correct.

11 Q And from 1962 to 1964, were you awarded a Master
12 of Science degree at the University of California at Los
13 Angeles?

14 A Yes, I was. That was in connection with my
15 residency in psychiatry.

16 Q And where did you intern, Doctor?

17 A At the Stanford Medical Center in Palo Alto.

18 Q And this was 1960-61?

19 A That is correct.

20 Q And between 1961 and through 1964, did you have
21 your residency in psychiatry at MPI?

22 A At UCLA.

23 Q UCLA neuropsychiatric institute; is that correct?

24 A Yes.

25 Q And what is your present position, Doctor?

26 A Presently I am assistant professor of psychiatry
27 with both the department of psychiatry and the school of law
28 at UCLA, and I am also director of the second of legal

1 psychiatry at UCLA and I also have a part-time private practice.

2 Q How long have you held the position that you just
3 described to us? The position or positions?

4 A Since 1963.

5 Q From '64 to '65 were you a fellow in legal psychiatry
6 at the Boston University, law and medical institute in Boston,
7 Mass.?

8 A Yes, I was.

9 Q And did you do work during those two years with
10 the Suffolk County Superior Court in Boston?

11 A That was a one-year period, yes. I was a court
12 psychiatrist for the Suffolk County Superior Court in Boston.

13 Q Are you a diplomate of the American Board of
14 Psychiatry and Neurology?

15 A Yes, I am.

16 Q And are you a professional advisor to the execu-
17 tive committee, California Association of Mental Health?

18 A Yes, I am.

19 Q And are you a member of the advisory board National
20 Legal Program on health problems of the poor?

21 A Yes, I am.

22 Q And do you also do examining work for the State
23 of California Workmen's Compensation Appeals Board?

24 A Yes, I do.

25 Q Are you a consultant to any organization?

26 A I am a consultant to the Federal Bureau of
27 Prisons and I am also a consultant to the Federal, Superior,
28 Municipal Courts in this area.

- 1 Q Are you a member of certain professional societies?
- 2 A Yes, I am.
- 3 Q And what are they?
- 4 A I am a fellow of the American Psychiatric Association.
- 5 I am a member of the Isaac Ray Award Committee within
- 6 that association.
- 7 I am a fellow of the American Orthopsychiatric
- 8 Association.
- 9 I am a member of the American Academy of Psychiatry
- 10 and law, of which I am a counselor.
- 11 I am also a member of the Southern California
- 12 Psychiatric Society, of which I was a chairman of the section
- 13 of psychiatry and law back in 1966, and I was chairman of the
- 14 legislative committee between 1968 and 1970.
- 15 Q Have you also authored a number of publications in
- 16 the field of psychiatry?
- 17 A Yes, I have.
- 18 Q Without going into them, approximately how many
- 19 publications have you authored?
- 20 A There are about 20 that are published and several
- 21 others, some of which are in the process of being published.
- 22 Q Have you contributed to any books concerning the
- 23 profession of psychiatry?
- 24 A Some of those publications include chapters in
- 25 books, yes.
- 26 Q Doctor, directing your attention to Mr. Watson,
- 27 the defendant in this case, did you have occasion or occasions
- 28 to examine him to determine his mental condition on the

1 evenings of August 8th, 9th and 10th, or the days, we will
2 say, of the 8th, 9th and 10th of 1969?

3 A Yes, I did.

15f.

#15

- 1 Q And when and where did this examination take place?
- 2 A My contacts with Mr. Watson were in my office at
- 3 UCLA at the UCLA Neuro-psychiatric Institute; the dates were
- 4 March 19th and 26th and April 2nd and 9th of 1971, for a
- 5 total of about 12 hours.
- 6 Q Did the examination consist of interviews
- 7 primarily, your own examinations, that is, with the defendant
- 8 Watson?
- 9 A That's correct.
- 10 Q And did you interview him alone during this 12-hour
- 11 period or was Dr. Frank there during that time also?
- 12 A There were several doctors that work with me
- 13 present during those examinations.
- 14 Q Was Dr. Frank present at some of those examinations?
- 15 A I think he was present at most or all of them,
- 16 yes.
- 17 Q Doctor, did you obtain from Mr. Watson information
- 18 concerning his early background and history?
- 19 A Yes, I did.
- 20 Q And did you also obtain from Mr. Watson an account
- 21 by him of his relationship with Charles Manson and Charles
- 22 Manson's so-called family or group?
- 23 A Yes, I did.
- 24 Q And did he explain to you how he believed Mr.
- 25 Manson affected him, generally?
- 26 A He both expressed his impressions as to how he
- 27 had affected him and also described a lot of events and a lot
- 28 of relationships over time.

15-2

1 Q And did he describe to you Mr. Manson's so-called
2 teachings or philosophies?

3 A We went into that to some degree, yes.

4 Q In other words, did Mr. Watson tell you about
5 helter-skelter and the bottomless pit and certain anti-
6 establishment views of Mr. Manson?

7 A Yes, there were discussions of that; I don't
8 don't recall the bottomless pit, as such, but the helter-
9 skelter and some of the other philosophies were discussed.

10 Q And did Mr. Watson describe to you how he felt
11 about Mr. Manson at the time Watson was living with Manson at
12 the Spahn Ranch and elsewhere?

13 A Yes, we went into that to a great degree, how he
14 felt about Manson and how he interacted with him, changed and
15 developed over time.

16 Q As a result of your examination of Mr. Watson and,
17 incidentally, were you the beneficiary of any other information
18 concerning the so-called Tate-La Bianca case in addition to
19 what you obtained from -- the information you obtained from
20 Mr. Watson?

21 A I read the Grand Jury proceedings dated December
22 5 and December 8, 1969; and I also read a number of reports.
23 These were primarily psychiatric evaluation reports that had
24 been from other psychiatrists that had been done prior to
25 mine.

26 Q And I gather that as a result of your examinations
27 of Mr. Watson and as a result of other information that you
28 received about the case, you formed a certain opinion concerning

15-3

1 Mr. Watson's mental condition at the time of the so-called
2 Tate-La Bianca homicide; is that correct?

3 A Yes, it is.

4 Q And what was and what is your opinion at the
5 present time concerning the state of Mr. Watson's mind at the
6 time of the homicides?

7 A I think that can best be presented by me by
8 referring to my report.

9 Q If you need your report to refresh your recollection,
10 I am certain his Honor will permit you to refer to it.

11 A It would be easier on me to do so, yes.

12 It is my impression and it was at the time I
13 prepared my report, which is dated May 28 --

14 Q Now, let me interrupt you.

15 When you say "impression," do you mean "diagnosis"?

16 A I mean more than diagnosis; I mean diagnosis plus
17 my view -- my professional opinion and view of the matter, yes.

18 Q Thank you. Go ahead, Doctor.

19 A In that report I said that the patient presented a
20 complex clinical picture of psychopathology, which could best
21 be understood in terms of different stages over time.

22 Prior to his coming to California I am of the
23 impression that this was a very insecure and dependent
24 individual who had a great need to please and be accepted by
25 others and who lacked a significant degree of self and
26 assertiveness, so that he easily blended and was manipulated
27 by others.

28 While lacking in a strong male identity, not having

1 been provided by his father, he nevertheless felt under
2 pressure to match the achievements and feats of his older
3 brother.

4 Like his father, he developed very hostile-
5 dependent relationship with his mother and learned to be
6 guided and influenced greatly by her wishes and plans.

15A

1 Despite serious problems in his relationship with
2 his parents, his overall adjustment and his failure to develop
3 a mature and independent outlook, there is nothing in the
4 history prior to his arrival in Southern California that
5 suggests that the psychopathological process had reached
6 psychotic proportions.

7 Once in California he became progressively
8 involved in the drug scene. He has demonstrated a tremendous
9 propensity to ingest large quantities of drugs. Originally
10 these represented a way of coping with his stresses and
11 anxieties and a way of escaping from the responsibility and
12 expectations of others.

13 Drugs superimposed badly on his pre-existent
14 personality in that they further diluted his ego strength and
15 self identity, rendering him that much less in touch with
16 reality and that much less assertive and functional.

17 Added to this came his exposure to the Manson
18 group. This was very appealing because he was made to feel
19 that he was somebody important and that he really belonged.
20 He saw in Manson a powerful and omniscient figure to whom he
21 could turn over the everyday running of his life.

22 Being highly suggestible and dependent it became
23 very easy to progressively indoctrinate him in certain
24 philosophical ways and ultimately render him able to carry
25 out any activity without concerns for appropriateness or
26 morality.

27 By the time of the killings, from his elaborate
28 descriptions, he had become little more than a puppet or a

1 robot, highly dependent and frightened of Manson and very
2 much in need to carry out his commands. This had been
3 achieved by a carefully worked out drug program and a set of
4 personal and philosophical consultations aimed at brainwashing
5 him out of his original preconceptions and beliefs.

6 After his arrest, from the available reports it
7 appears that he became acutely decompensated in a catatonic-
8 like state.

9 Currently -- that is, at the time I saw him in the
10 spring -- he showed significant residuals of his psychotic and
11 robot-like state, in that he was very much in limbo between
12 the ideology that he developed with Manson and his pre-existing
13 ideas about reality, of what is right, et cetera.

14 In addition, the psychological testing, the
15 neurological exam and the electroencephalogram, all of which
16 I requested as part of my consultation, revealed widespread
17 central nervous system damage, which in my opinion is most
18 likely due to the heavy and prolonged ingestion of all the
19 many different drugs that he was exposed to in those preceding
20 months.

21 My report concludes that it is unusual to see such
22 blatant signs of organic brain damage in people who have been
23 chronic users, and I think it reflects the severity and
24 diffuseness of the deterioration process within his central
25 nervous system.

26 That, in a nutshell, is my impression of this
27 patient's mental condition.
28

16R-1

1 Q Putting it in even more of a nutshell, were you
2 of the opinion that Mr. Watson was psychotic at the time of
3 the Tate-La Bianca homicides?

4 A Yes, I am.

5 Q Briefly, Doctor, a psychosis is what, by your
6 psychiatric definition?

7 A I'm using the term psychosis in this context to
8 mean a severe psychiatric disturbance, which includes a think-
9 ing disorder, an emotional disorder, and a chaotic life adjust-
10 ment. Those are the three major components of psychosis, as
11 I am using it here.

12 Q Is a person who is psychotic severely mentally
13 disordered, in your opinion?

14 A Yes. That is the term usually used for people who
15 have the most severe type of emotional disorder.

16 Q When you say emotional disorder, is there a differ-
17 ence in your lexicon between emotional and mental disorder,
18 or are you talking about the same thing?

19 A No, sir. They can be used interchangeably.

20 Q In your opinion, Doctor, did the -- I take it the
21 heavy ingestion of various types of drugs contributed to Mr.
22 Watson's psychosis at the time of the homicides?

23 A Yes, they did.

24 Q And I take it that you are familiar generally with
25 the effects of chronic ingestion of or usage of LSD, speed,
26 on an individual?

27 A Yes, I am.

28 Q And in the course of your experience, have you

1 clinically examined and treated many, many people who have
2 fallen the victims of drug usage?

3 A In my clinical practice, I have seen many cases
4 that have had emotional problems, which are thought to be
5 secondary to ingestion of drugs, both acutely and chronically.

6 Q In your experience, Doctor, can a person who has
7 chronically used drugs such as LSD and the amphetamines suffer
8 psychosis or be the victim of a psychosis, even though not on
9 an actual trip at the time?

10 A Yes. It has been reported many times and I have
11 seen cases like that in which the ingestion of certain drugs
12 trigger off a psychotic episode and in some cases the psychosis
13 subsides in a matter of hours or days, but in other cases I
14 have seen it before, it becomes a permanent condition or a
15 long-standing condition for that particular individual.

16 Q Mr. Watson told you about Mr. Manson's domination
17 over him and other members of the so-called Manson family, I
18 take it?

19 A Yes. I don't believe he used the word "domination."

20 Q I gather that --

21 A He more described the nature of the relationship
22 among them, yes.

23 Q Perhaps you could tell us how he described, from
24 your report, the nature of the relationship between Manson
25 and himself.

26 Assuming that this relationship that he told you
27 about, you considered in arriving at your ultimate opinion or
28 impression that Watson was psychotic.

1 A Yes. This was an item that I did consider.
2 Watson described the group and how it operated^{and}/the
3 fact that Manson was the leader and planned and arranged and
4 controlled the activities.

5 He also controlled the drugs that people took and
6 when they took them, so that he would often have periods in
7 which he would dole out different medications.

8 Manson would also hold sessions in which he would
9 talk about his philosophy or sing songs or perform demonstra-
10 tions geared at further developing and presenting his ideas,
11 and also convincing -- and I believe brainwashing the people
12 participating.

13 Also Manson, with regard to Watson in particular,
14 would give him a set of assignments on a day-to-day basis,
15 such as repairing things around the ranch or fixing dune
16 buggies and things like that.

17 Q Did Mr. Watson also describe to you some of the
18 so-called philosophical concepts that Mr. Manson preached?

19 A Yes, he did.

20 It is hard for me to have a total picture of what
21 that philosophy embodied, but I do have at least fragments of
22 it.

23 It had to do with the fact that, first, some of
24 the notions and moralities that were existing in society were
25 all wrong, that love and goodness were to be defined in differ-
26 ent ways.

27 That the important thing was for people to give
28 of themselves, to give their minds, their personal possessions,

1 et cetera.

2 Also, there was discussion and predictions about
3 some cataclysmic event that was coming. At times, this was
4 the fact that California either would be wiped out or sink
5 into the ocean or something, or that there would be a total
6 war between the races in which most everyone would be wiped
7 out and only those who espoused this philosophy and were con-
8 vinced by it, they may have a chance of surviving.

9 There was also a discussion about death and dying
10 and fear and Manson would put on demonstrations, either by
11 driving at great speeds on the road, or by using animals, in
12 which he would talk about fear and dying and basic concepts
13 like that.

14 Q Did Mr. Watson tell you during these interviews
15 whether or not he believed Mr. Manson's teachings?

16 A The impression I got from his many descriptions is
17 that gradually he became more and more involved with this and
18 less and less able to discriminate what was being said, or
19 compare it to ideas that he may have had before.

20 In short, eventually he became totally unable to
21 challenge them in any way critically and just would accept
22 them as the gospel and would try very hard to live by them and
23 to follow the preachings of Manson.

24 Q Did Mr. Watson tell you -- you used the term
25 omniscient -- I can't pronounce it correctly, you know what
26 I mean -- in your report. Did Mr. Watson tell you in substance
27 and effect that he thought at the time that Mr. Manson was
28 some kind of a deified person?

1 A Again, I don't believe he used exactly those
2 terms, but the impression --

3 Q I said in substance and effect.

4 A But the impression was that Manson had become a
5 very important figure who obviously knew the truth and who
6 obviously had the key to the future and he became totally com-
7 mitted to following that philosophy, including the fact that
8 after a while his own ability to discriminate between himself
9 and other people and Manson was totally disrupted and he often
10 referred to himself and Manson, or the group, being one, or
11 all of them becoming Manson.

12 A There were many references like that in which Manson
13 became not only the ideal to be followed, but perhaps some sort
14 of an agent into which everyone else would slip into in terms
15 of identity.

16 Q Mr. Watson talked to you about the subject of
17 perfection as related to Mr. Manson and his group?

18 A There were references as I recall to become
19 totally perfect, ideal, and things like that, if and when one
20 totally swallowed and accepted the teachings as they were
21 being offered.

22 Q And did Mr. Watson talk to you during this 12-month
23 period about the concept of loss of ego or ego destruction?

24 A Yes. He repeatedly described how there were times,
25 and progressively more so over time, in which he did not know
26 who he was, nor whether he was himself or Manson or one or
27 different -- a lot of confusion so far as his own identity.

28 Q Doctor, in your opinion, does the repeated and

1 chronic usage of LSD tend to in and of itself affect one's
2 ego identity without regard to any other outside influences?

3 A Yes. This is a commonly seen phenomenon in most
4 people who take it and it is particularly pronounced in certain
5 types of individuals.

6 Q What types of individuals would you expect to find
7 a loss of ego identity from the heavy use of LSD, regardless
8 of other possible circumstances or forces interacting?

9 A The people who are the most susceptible to drugs
10 like that are people who already have problems with their
11 identity and their ego strength, who already are precariously
12 balanced in terms of reality, and for whom it seems the drug
13 sort of tips the balance and makes the condition full blown.

14 Q Did you form an opinion as to whether or not Mr.
15 Watson was that kind of a person at the time he joined with
16 Manson at the Spahn Ranch?

17 A Yes. I think he certainly had predisposition in
18 this direction and the exposure to the drugs and the inter-
19 action with Manson made this snowball over time.

17f.

#17

1 Q In your experience does the heavy use of LSD also
2 tend to impair one's judgment?

3 A It can do that, yes.

4 Q And can it also tend to make one credulous or
5 gullible or pliable or suggestible?

6 A Yes, inasmuch as the capacity of the individual
7 to test reality and to be aware and to be critical and
8 objective is impaired, to that same degree and in that way his
9 ability to differentiate and to assess critically and to
10 accept or reject ideas, is also impaired.

11 Q And does the repeated use of LSD also tend to,
12 perhaps, affect adversely one's ability to, let's say, let's
13 put it this way, one's ambitions, one's goals, one's values?

14 A This, again, is seen in at least some people who
15 ingest LSD; their drive, their ambitiousness, their motivation
16 is often impaired and reduced, as is at times their ability
17 to think philosophically and critically and to uphold values.

18 Q Does the repeated ingestion of speed -- you know
19 what speed is?

20 A I do.

21 Q -- and does the repeated ingestion of speed tend
22 to operate in the same way as the ingestion of LSD does,
23 assuming we are dealing with the sort of person that Mr.
24 Watson presented to you, a passive, dependent individual before
25 he ever took any drugs at all?

26 A Well, it is not that; speed does not affect the
27 brain in quite the same way as LSD, although the exact ways
28 of the workings of all these drugs are not known; but it is

17-2

1 known that speed can also have a very disruptive influence,
2 both acutely and chronically on the capacity of the mind to
3 work in the usual way.

4 Q Now, you have told us, Doctor, that Mr. Watson
5 was psychotic at the time of the homicides.

6 Psychotic, as you told us, is a general term for
7 serious emotional disorder; and, in your opinion, Doctor,
8 is there a way that you can break down and describe the
9 psychoses that you found Mr. Watson to be suffering from?

10 A I will try; I think I have done some of that
11 already --

12 Q I think you have, too, but --

13 A The most important feature, I think, had to do
14 with the disruption in his -- both in his thinking and in his
15 emotional life -- of being able to have a clear idea of who
16 he was and what the reality around him was.

17 Gradually, over time, as I reconstructed the
18 picture, he became less and less able to have an identity,
19 to be an individual, to be a self --

20 Q Now, this was the result, I take it, of a number
21 of factors?

22 A Yes; I believe it was the putting together of his --
23 the type of personality that he had to begin with, the drugs
24 that he ingested and the nature of the interaction with Manson
25 over time.

26 Q And did you also consider what you might call the
27 life style of the Manson family, itself, the commune style
28 living, rather isolated with little contact with the outside

17-3

1 world?

2 A I was including that when I meant the nature of
3 the interaction with Manson, the whole setting was included,
4 yes.

5 I forget where I was; I was trying to describe --

6 Q When I interrupted you you were describing --

7 THE COURT: The nature of his psychosis.

8 THE WITNESS: And the fact that the main thing was the
9 gradual loss of the ability to test reality, to assess things
10 critically, objectively, to be able to reject or turn down
11 certain things as offered by way of ideas; and more and more
12 the becoming of an individual who was totally enmeshed in some
13 ideology, and some plan, and totally committed to carrying it
14 out and totally in fear of not doing the best possible job
15 in so doing.

16 That is, a concern that he must please and carry
17 out the orders and the ideas as well as he possibly could,
18 for fear that the leader may be rejecting and not accepting
19 who he was or what he was doing.

20 This, I think, was the main form that the psychosis
21 took over time.

22 Q BY MR. KEITH: At the time of the homicides would
23 you say that Mr. Watson was operating in any way in a delusional
24 state or under a set of delusions?

25 A Yes, I think that would be an applicable term,
26 in that his ability, again, to test reality, to differentiate
27 what was from what wasn't, to be able to assert his own
28 inherent values or the values he had learned originally, all

1 of these things were so imparied that he accepted what was
2 offered to him uncritically, as if it were true.

3 Q And is this a form of delusion?

4 A Yes; and these ideas were then incorporated as
5 if they were his own.

6 Q And when one is operating under a delusion, is
7 that a symptom of psychosis?

8 A Yes, delusions and delusional thinking is a
9 common symptom of the general category of illness that we
10 call psychosis.

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1 Q Did you find any evidence of schizophrenia in
2 Mr. Watson's personality, or is schizophrenia and psychosis
3 the equivalent?

4 A I would say that many of the features that he
5 presented at that time and also at the time I saw him, could
6 be -- are found in schizophrenia.

7 Whether I would use that term or not, to me is not
8 too important, because I feel that drugs played a large part
9 in bringing about that condition; and whether that should
10 properly be called schizophrenia or not is just a matter of
11 semantics, of words, and certainly the condition has many
12 features in common with what one might call schizophrenia in
13 another patient who didn't have exposure to drugs.

14 Q Schizophrenia is a mental disease, is it not and
15 there are various types of schizophrenia?

16 A It is an emotional and mental condition and dis-
17 order; again, a rather general category that has different
18 types to it, yes.

19 Q And are the causes of schizophrenia in a person
20 generally unknown?

21 A That's correct; basically they are not known. They
22 are thought to be a combination of certain predispositions at
23 birth coupled with certain types of experiences in developing.

24 Q However, in this instance, any schizophrenic
25 features you found in Mr. Watson you attributed to his ingestion
26 of drugs?

27 A I would say that they became overt and recognizable
28 after he became involved with drugs.

1 The propensity or the disposition to such may
2 have been there before, by looking at his personality.

3 Q It is your opinion that Mr. Watson's ability to
4 think for himself was impaired at the time of the homicides?

5 A Very definitely so. As I described already, he
6 had pretty much lost his own identity and was echoing or
7 paraphrasing or trying to imitate that of Manson.

8 Q Incidentally, Doctor, Mr. Watson described to you
9 his activities, did he not, on the evenings of the homicides?

10 A Yes, we went over as much detail as he could give
11 us during those two nights; right.

12 Q And did you believe what Mr. Watson told you his
13 role was during the nights of the homicides?

14 A You mean in terms of his description of what had
15 occurred?

16 Q Yes.

17 A I pretty much accepted what he had described, yes.

18 Q Is your opinion concerning -- or, your opinion
19 that Mr. Watson was psychotic based solely on the fact that
20 you pretty much accepted what he told you occurred on those
21 two nights?

22 A No, his descriptions of those two nights are only
23 one factor of many in helping me to arrive at the impressions
24 I have stated.

25 Q As a result of your long experience in talking to
26 patients and evaluating them, do you make some special effort
27 to, let's say, discern the wheat from the chaff, separate --
28 in other words, determine whether a person is telling the

1 truth or trying to con you?

2 A This is an effort that we always try to make. It
3 is not always something that is easy to do.

4 In general, one derives a feel for the credibility
5 of the patient that one is talking to; but one always acknowl-
6 edges the possibility that there may be both conscious and
7 unconscious distortions in the history and the descriptions
8 that one attains.

9 I think we all are aware that the potential exists,
10 and it is only a matter of degree to what extent it occurs;
11 and we make an educated guess based on the total picture that
12 the patient presents.

13 Q So you are telling us that in your analysis of the
14 total picture Mr. Watson presented, you did analyze the
15 credibility factor of Mr. Watson?

16 A This is something that is inherent in our talking
17 to a patient, yes.

18 Q And you were aware, of course, that he was charged
19 with seven counts of murder at the time you examined him?

20 A I was.

21 Q And you were aware that he was going to go on
22 trial, and in a very real sense, for his life?

23 A I was.

18f.

#18

1 Q When you say, Doctor, that he acted in a robot-like
2 state, did you mean that on the nights of these homicides that
3 he acted sort of like a mechanical person, just following
4 directions?

5 A Yes. The robot-like description applies not so
6 much as to his movements or his walk or anything like that.
7 It applies more to the fact that, as I reconstruct it, he
8 was programmed to carry out certain things and expected to do
9 so, and he went about it in the most effective and efficient
10 way possible in that context.

11 That is what I meant by robot-like.

12 Q Did Mr. Watson tell you that on the day of the
13 Tate homicides, which occurred approximately at 1:00 a.m., I
14 believe, of August -- I see Mr. Kay shaking his head.

15 MR. KAY: About 12:15.

16 Q BY MR. KEITH: All right -- in the early, just
17 after midnight of August 9, 1969, did Mr. Watson tell you
18 that during the preceding day he had ingested certain drugs?

19 A I am looking through my notes. I do have as
20 detailed a history as I could obtain of his drug ingestion
21 over that period of time.

22 You are asking me, though, specifically the day
23 in question.

24 Q Yes, whether he had taken any drugs preceding the
25 Tate homicides, within 24 hours thereof.

26 A I don't seem to find specific reference to the
27 day prior to the first set of killings.

28 THE COURT: This is the second. Tate was the second set --

18-2

1 no, La Bianca was second. Tate was first and La Bianca second.

2 MR. KEITH: Yes, your Honor.

3 Q Let me ask you this: Assuming he had not taken
4 any drugs on the day before the Tate killings, would that
5 change your opinion that he was psychotic at the time?

6 MR. BUGLIOSI: The only problem with that question --
7 I am not disputing the truth of the matter contained therein --
8 the only problem is, I think, it assumes facts not in evidence.
9 Mr. Watson is the only one who has given testimony on that
10 point thus far, your Honor, and he says he was under the
11 influence, so I will object to that hypothetical as not being
12 based on evidence. Maybe we should approach the bench.

13 THE COURT: I don't quite understand the problem here.
14 You originally were talking about the day preceding the morning
15 of the 10th?

16 MR. KEITH: No, your Honor.

17 I was in effect talking about August the 8th, your
18 Honor. The Tate homicides occurred at approximately 12:15 a.m.
19 --

20 THE COURT: Suppose you reframe your question.

21 Q BY MR. KEITH: Was your opinion that Mr. Watson was
22 psychotic at the time of the Tate homicides and at the time
23 of the La Bianca homicides based in part upon any information
24 you may have received that he was actually under the influence
25 of drugs at the time?

26 A No. I was talking about a more diffused process
27 over time. The exact drugs, if any, that were ingested in
28 those preceding hours would not be very important in my total

18-3

1 picture of his condition.

2 I may have information on that. I haven't found
3 it yet but, no, my opinion does not hinge on exactly what he
4 took a few hours before.

5 Q What he took or what he didn't take?

6 A That is correct. It hinges on the more chronic
7 period of time over months -- weeks and months.

8 MR. KEITH: I have no further questions at this time.

10 CROSS-EXAMINATION

11 BY MR. BUGLIOSI:

12 Q Just a few questions, Doctor. I really mean that.
13 There won't be too many.

14 Were you in charge, Doctor, of the team of
15 psychiatrists, psychologists, and neurologists who examined
16 Mr. Watson?

17 A I don't know if I was in charge. I think I was
18 the one that coordinated it, yes.

19 Q You are the chairman of the Division of Legal
20 Psychiatry at UCLA?

21 A I am the director, yes.

22 Q Is there a chairman?

23 A There is a chairman of the Department of Psychiatry,
24 of which my division is one part of it.

25 Q You are the director of the Division of Legal
26 Psychiatry at UCLA?

27 A Section of the Legal Psychiatry, yes, rather than
28 division.

18-4

1 Q You were not appointed by Judge Alexander to
2 examine Mr. Watson; is that correct?

3 A That is correct.

4 Q Is Mr. Bubrick the first person who contacted you?

5 A I believe so, yes.

6 Q At the time you interviewed Mr. Watson, did he
7 appear to know where he was?

8 A More or less. His awareness of his location and
9 where he was seemed to fluctuate.

10 At times he could give a correct answer such as
11 being in my office at UCLA, et cetera, and at times there
12 would be some confusion as to whether he really was here or
13 where he was or who he was.

14 This fluctuated over time in those 12 hours.

15 Q Did he seem to know the day, month, and the year?

16 A I am sure at one point -- let me be specific.

17 On April the 2nd, during one of the examinations
18 I asked him and he answered "April 1st," which is close enough.
19 So at that moment at least he was aware of the date.

20 Q And he knew who you were, I take it?

21 A I think he knew that I was a psychiatrist at least
22 some of the time, I think he was aware of that, yes.

23 Q Other times he thought you were someone other than
24 a psychiatrist?

25 A At times he expressed a great deal of confusion
26 as to who he was, where he was, and what was going on. This
27 fluctuated.

28 Q How was his memory for recent events?

1 A I don't think I tested that specifically.

2 I asked him about it and his own description was
3 that his memory was pretty good for most things, although it
4 took a lot of effort to recall things. I did not perform a
5 specific test for memory.

6 Q Would that be true also with respect to memory
7 for past events?

8 A What would be true?

9 Q You say you did not conduct a test for memory as
10 to recent and past events?

11 A No. A test for memory as such would be a formal
12 test in which one would present the patient with a number of
13 items and then sometime later in the interview or the next day
14 or whatever would check to see how much of that he remembered.

15 Q And you didn't do that?

16 A I did not do such a formal test.

17 Q Did you conduct any type of test to determine
18 how his memory for past events was?

19 A Well, in the context of asking about the past and
20 asking him to describe things, one gets again a feel over time.

21 Q What is your feel on that?

22 A My feel was that his memory was only fair for
23 describing things particularly in terms of certain details.

24 Q He could remember his childhood and his relation-
25 ship with his father and mother and things like that?

26 A Oh, general descriptions about his background, he
27 could give me to some extent, yes.

28 Q And he told you about what happened on these two

1 nights of murder too?

2 A He described in fair detail the goings on.

3 Q And you, of course, will agree that in making a
4 psychiatric evaluation of someone your knowledge of that
5 person's prior history is important; is that correct?

6 A Yes, it is.

7 Q You did not speak to any of Mr. Watson's classmates
8 in high school or college, did you?

9 A No,

10 Q Or any of his friends at any time?

11 A That is correct.

12 Q Or any member of his family?

13 A That is correct. I suggested to the attorneys
14 that -- to the attorney, Mr. Bubrick, at the time, that it
15 would be of value to obtain information, particularly I think
16 I was interested in interviewing his family, his parents.

17 I was told that for the time at least that this
18 was not feasible because they were in Texas and they were not
19 planning to be in town.

20 Q You are aware that for a period of time before
21 these murders, and also afterwards, he was a member of Charles
22 Manson's family?

23 A I am so aware.

24 Q And there were several men and women in that
25 family?

26 A Yes.

27 Q Did you talk to any of them about Mr. Watson?

28 A No, I did not.

1 Q Will you agree then that your knowledge of Mr.
2 Watson, his history, is somewhat sketchy?

3 A No, sir, I would not.

4 Q You would not agree with that?

5 A That is correct.

6 Q Where did you get information about Mr. Watson
7 other than from Mr. Watson? What other individual did you
8 speak to that told you about Mr. Watson?

9 A As I said I had read the transcripts of the Grand
10 Jury.

11 Q That concerns the two nights of murder. I am
12 talking about his prior history.

13 A Oh, indirectly we obtained some information about
14 his school records.

15 This was done by Dr. Palmer and incorporated in
16 his report and I also had the advantage of the reports and
17 descriptions of other psychiatrists who had seen him prior to
18 my seeing him.

19 Q But they certainly were not people who were part
20 of his history. These psychiatrists examined him after the
21 fact, as it were.

22 A That is correct.

23 Q So the only person you spoke to about Mr. Watson's
24 prior history is Mr. Watson?

25 A I so said.

26 Q You did not find any evidence with respect to Mr.
27 Watson's history, that he had had any type of a mental problem
28 prior to coming out here to California?

1 A That is not correct.

2 Q That is not correct?

3 A That is correct.

4 Q Let me ask you: Did you find that prior to Mr.
5 Watson's coming out here to California he did have a mental
6 problem?

7 A Yes, I did.

8 Q What mental problem was that?

9 *He* ~~I already described that,~~ speaking of the period CV
10 prior to his coming to California, He was a very insecure,
11 a very passive dependent individual who had a great deal of
12 trouble asserting himself, who had a very disturbed relationship
13 with both of his parents and who had a very great need to
14 please to the point that he would become a part of whatever
15 group he was with very objectively and pretty much do what
16 the group expected and things that the leaders wanted of him
17 or he thought they wanted of him. ↑ ↑

18 I would say that he was far from the epitomy of
19 mental health even prior to coming to California.

20 Q Would you say then in the amalgam, referring to
21 all of these things you mentioned, Mr. Watson did have a
22 mental illness prior to his coming out here to California?

23 A This gets us into the question of how one defines
24 mental illness.

25 I think it would be safer to say that he had
26 significant problems with himself and his personality ever
27 since childhood.

28 Q How would you define mental illness?

1 A That is a very hard thing to do and I would rather
2 not.

3 Q You are a psychiatrist but you don't want to define
4 mental illness, Doctor?

5 A That is correct. It is a very hard concept to
6 define and it has certain parameters that are very difficult
7 to do.

8 Q Don't psychiatrists deal with mental illness?

9 A That is correct. They deal with it but they try
10 not to define it.

11 Q But you are dealing with something that you can't
12 define; is that correct?

13 A We are dealing with something that we would
14 rather not define.

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Q It is getting a little esoteric.

You will agree, of course, that it is very likely -- very, very likely -- that a person charged with seven counts of murder and facing, perhaps, the death penalty, is very apt to fabricate answers to questions, not only that you ask, but other psychiatrists and psychologists ask; isn't that correct, Doctor?

MR. BUBRICK: If your Honor please, I will object to the form of the question. I think he is able to answer his section; but what he would do with other people, I think would be beyond this witness' scope.

THE COURT: Are you capable of answering that, Doctor?

THE WITNESS: I'd like to hear it restated.

THE COURT: Read it, please.

Q BY MR. BUGLIOSI: Will you agree, Doctor, that a person charged with seven counts of murder and facing the death penalty is not the most unbiased person to speak to with respect to finding out the truth?

A That pretty much depends on the circumstances of the inquiry.

The conditions that you describe may alter a person's willingness to disclose things or talk about his condition, yes.

Q You would agree that Mr. Watson would have had something to gain by not telling you the truth; would you agree with that?

A I think we would have to break it down to the truth concerning what?

1 As a general statement, he may have had a great
2 deal to gain by being open and truthful, rather than being
3 deceitful.

4 Q Well, he --

5 A In other words, I cannot answer the question in
6 general; I would have to know what, specifically.

7 Q Well, he certainly was aware, I think you will
8 agree, that he was aware that when you spoke -- when he spoke
9 to you, the things he told you might very well be testified
10 to by you in a court of law?

11 A I think in general he may have been aware of that,
12 yes.

13 Q Right; so just assume that Tex Watson had wiped
14 fingerprints off at the Tate and La Bianca residences, don't
15 you think it would be to his advantage to tell you he did not
16 do that?

17 MR. SUBRICK: Assumes facts not in evidence.

18 MR. KEITH: True.

19 THE COURT: Sustained.

20 Q BY MR. BUGLIOSI: Do you think Mr. Watson would
21 lie to you, Doctor, from your evaluation of his character?
22 Do you think he would lie to you to serve his own
23 purpose?

24 A I think there is a possibility that he would
25 distort or exaggerate or omit certain things in his own interest;
26 this is certainly possible.

27 Q Well, rather than exaggerate and distort, Doctor,
28 the word "lie" -- that's not too complex a term.

1 Let me ask you, do you think he would lie to you,
2 1-1-a; do you think he would lie to you?

3 A By which you mean he would say something that he
4 knew not to be true?

5 Q Yes, to serve his own purpose.

6 A That is possible, yes.

7 Q You are aware, of course, that the primary thing
8 that we are, perhaps, concerned with during this trial is Mr.
9 Watson's mental condition at the time of these murders, August
10 8, 9 and 10th; you are aware of that?

11 A I am.

12 Q And, of course, in psychiatry, Doctor, you attempt
13 to probe a man's mind; is that correct?

14 A No, that's not correct.

15 Q You don't attempt to probe a man's mind in
16 psychiatry?

17 What do you attempt to probe?

18 A I don't attempt to probe anything. I attempt to
19 gain some understanding of what makes people tick, how they
20 function, what got them to be that way and what can be done
21 about it.

22 Q You quarrel, then, with my statement that in
23 psychiatry you attempt to probe a man's mind?

24 You quarrel with that; you feel that is an inaccurate
25 statement?

26 A Yes, because it implies -- to me, at least, it
27 implies -- the reading of a person's mind, rather than an
28 attempt to understand what is going on.

1 Q Well, to understand what is going on, don't you
2 first have to understand what is there and then try to
3 interpret what is there?

4 A That's correct.

5 Q But to find out what is there, isn't that probing
6 a person's mind?

7 A Oh, yes --

8 Q Trying to find out what is on his mind?

9 A Used in that case, I would say, yes -- used in
10 that context, I would agree with the word "probe."

11 Q When I said "probe," Doctor, I wasn't referring
12 to any surgical instrument that you would probe with; I'm
13 sorry if I used a confusing word there. I will strike that.

14 Now, in looking into a man's mind, trying to find
15 out what is on his mind, of course, you cannot take a picture
16 of the man's mind like you can X ray a bone and detect a
17 fracture.

18 You can't do that, can you?

19 A That's correct.

20 Q Would you agree with me that to know what is going
21 on in a man's mind, it is imperative, among other things, to
22 examine his statements and his conduct^{at}/the time he engaged
23 in the subject act and from his statements and from his con-
24 duct infer what was on his mind at the time he engaged in the
25 subject act?

26 Would you agree with that?

27 A I lost that. Could you repeat it, please?

28 Q All right. Will you agree with me that to learn

1 or to know what is going on in a person's mind at the time he
2 engaged in a particular act, it is imperative that you look at
3 his statements and his conduct at the time he engaged in the
4 act and from his statement and from his conduct draw inferences
5 as to what was on his mind at the time of the act?

6 A His statements and his conduct are two sources of
7 information that would help one to reconstruct what was going
8 on, indeed.

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1 Q Not only are they two sources of information, but
2 they are two extremely important sources of information; would
3 you agree with that?

4 A Both are important, yes.

5 Q Since we are concerned in this trial with Mr.
6 Watson's state of mind at the time he committed these murders,
7 would you agree that it would be almost impossible for you to
8 render a valid opinion about Mr. Watson's state of mind without
9 becoming thoroughly familiar with his statements and his con-
10 duct at the time of the crime?

11 A No, I would not agree.

12 Q So you are saying, then, Doctor, you are telling
13 this jury that you can render an opinion as to what was on
14 Mr. Watson's mind at the time of these murders without being
15 familiar with what he did or said.

16 Is that what you are telling the jury?

17 MR. KEITH: Object to the question as argumentative.

18 THE COURT: Did you understand the question, Doctor?

19 THE WITNESS: I'd like to have it restated, please.

20 THE COURT: Read the question, please.

21 (Record read.)

22 THE WITNESS: Again, I think the problem lies in the
23 word or the concept of knowing what was in his mind.

24 As a psychiatrist, I concern myself, and I am
25 much more able to assess and understand and describe his
26 condition, rather than knowing what was in his mind.

27 Q BY MR. BUGLIOSI: When you say his condition,
28 you are talking about his mental condition; right?

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A That's correct.

Q You gave a conclusion of psychosis; that is a mental condition, isn't it?

A It is.

Q Now, I'm saying that to determine a mental condition, as it were, of Mr. Watson at the time of these murders, wouldn't it be absolutely imperative that you thoroughly familiarize yourself with what he did and what he said at the time of these murders?

A Those would be only part of assessing his condition. I would also like to know what was going on previously and I would like to know things about the individual, generally.

Q But you certainly would want to know, above all, what he did and said at the time of the act in question?

A No, I don't think that would be the most important thing; the most important thing would be knowing him over time, in order to understand his condition.

I think it would be very sketchy to speculate about his condition solely based on the acts and things he said at the time.

Q Now, I didn't use the word "solely," did I, Doctor?

A No, but the emphasis is being placed on those two nights and I'm saying his condition is a condition over time? and it is much more important to look at the whole picture and not solely and not simply what went on those two nights.

One can have, in other words, a pretty good idea of his condition, even in the absence of all the details and

1 all the observations of those two particular nights.

2 Q So, then, you are telling the jury, then, that
3 even if you had no information as to what Mr. Watson did on
4 the night of the Tate-La Bianca murders, you had no informa-
5 tion whatsoever, you would be able to state a psychiatric
6 opinion as to what was on his mind during that time?

7 MR. BUBRICK: Object to that, your Honor; he didn't say
8 that at all.

9 MR. BUGLIOSI: It is a proper question, your Honor.

10 THE COURT: I didn't hear you.

11 MR. BUGLIOSI: I think it is a proper question.

12 THE COURT: Then, let me rule on it.

13 Did you understand the question, Doctor?

14 THE WITNESS: I understood the question, although I'd
15 like to hear it again.

16 THE COURT: Read the question, please.

17 (Record read.)

18 THE COURT: The objection is overruled.

19 Read the question, please.

20 (Record read.)

21 THE WITNESS: Again, we are back to what is on his mind
22 as opposed to his condition, which is a differentiation I
23 tried to make before.

24 I would say this, that my opinions as to this
25 patient's condition at that time would be the same even if
26 we considered his condition up until the time of the killings.

27 In other words, if we took it up to the day
28 before, my impressions of his condition would be the same, as

1 I have stated here. In other words, the killings, themselves,
2 do not add a great deal to my total picture of his condition.

3 Q BY MR. BUGLIOSI: Killings are somewhat incidental,
4 aren't they, Doctor, the fact that seven persons are dead?

5 A Incidental to what?

6 Q Incidental to your opinion on his mental condition?

7 A Oh, that's correct. The killings are only a small
8 part of my total impression of his condition, that's correct.

9 My condition -- or, my impression of his condition
10 are based on the total picture as I best could reconstruct it.

11 Q Let me use ^{the} the word, Doctor; in stating your
12 opinion as to Mr. Watson's mental condition at the time of
13 these murders, do you think it would be advisable or preferable
14 for you to be totally familiar with what he did and said at
15 the time of the murders?

16 A It would be advisable and preferable, yes.

17 Q Okay. Did you read Linda Kasabian's testimony
18 at either the last trial or this trial?

19 A I did not.

#20

1 Q Are you aware that Linda Kasabian testified to the
2 facts and circumstances surrounding the murders and to Mr.
3 Watson's statements and conduct on these two nights of murder?

4 Are you aware of that?

5 A I am not aware of her having been a witness, no.

6 Q You are not aware of Linda Kasabian's being with
7 Tex Watson on these two nights of murder?

8 You are not aware of that?

9 A No. I said that I was not aware to her having
10 been a witness in this trial.

11 Q Were you --

12 A I was aware that she was present at the time of the
13 killings.

14 Q Did you make any effort to ascertain what Linda
15 Kasabian had to say about Tex Watson's participation in these
16 murders? Make any effort at all?

17 A No, I did not, not directly.

18 Q Why not?

19 A Because when one does an evaluation there is a
20 limit to what one can do and in generally I put the burden on
21 the attorney, who has asked me to do the evaluation, to provide
22 me with those data that are pertinent and relevant and helpful
23 to me in constructing an evaluation.

24 Q And did the defense attorneys furnish you with
25 Linda Kasabian's testimony?

26 A Not that I recall.

27 Q Don't you think it would have been helpful and
28 advisable for you to have read that testimony?

20-2

1 A Again, an inexhaustible search would have been
2 helpful, I am sure. It would have been helpful to have talked
3 to the parents, to talk to the people who knew Watson in many
4 stages over time.

5 There is a practical limit to how much one can do.
6 Even if they had supplied me with the testimony, I don't know
7 if I would have had time to read it.

8 Q Isn't it true, Doctor, that your only source of
9 information as to what Tex Watson did and said on these two
10 nights of murder came from Tex Watson himself?

11 A That is not correct.

12 Q What other information do you have? From what
13 other source?

14 A I already referred to the fact that I had read the
15 Grand Jury transcript many months ago, the testimony by, I
16 think it was Susan Atkins.

17 Q All right.

18 A And those included descriptions of what took place.

19 Q Okay.

20 Let me ask you this: Did you consider Susan
21 Atkins' testimony in reaching your psychiatric opinion?

22 A I considered it and I used it at the time. It
23 was one of the very first thing I read as a source of informa-
24 tion to acquaint me generally with what had happened.

25 Q Do you recall, since you read that testimony, do
26 you recall what Susan Atkins testified happened on the night
27 of the Tate murders at Spahn Ranch before Manson sent the
28 group out?

20-3

1 Do you recall what she testified to about it?

2 A No, I do not.

3 Q Do you recall her testifying, Doctor, since you
4 considered her testimony, do you recall her testifying --

5 MR. KEITH: I object to the question. May we approach
6 the bench?

7 THE COURT: Yes.

8 (The following proceedings were had at the bench.)

9 MR. KEITH: Object to the introduction of the testimony
10 of Susan Atkins before the Grand Jury on the ground it is
11 cumulative, prejudicial, outweighs any probative value pursuant
12 to section 352 of the Evidence Code.

13 MR. BUGLIOSI: The point is, your Honor, it is already
14 in front of the jury, so the amount of prejudice is diminished
15 immeasurably since it has already come out.

16 And I am not going to offer -- I am not going to
17 read the testimony again. I just want to go over a couple of
18 points.

19 THE COURT: Well, the thing is, though, you are getting
20 in by the back door what you couldn't get in through the front
21 door and under 352 I am going to exclude any testimony of
22 Susan Atkins.

23 MR. BUGLIOSI: Okay.

24 THE COURT: How about a recess now? Is it going to be
25 much longer?

26 MR. BUGLIOSI: Another 20 minutes.

27 THE COURT: Very well, we will recess now.

28 (The following proceedings were had in open court.)

20-4

1 THE COURT: Ladies and gentlemen of the jury, we will
2 take our afternoon recess at this time and once again please
3 heed the admonition heretofore given.

4 (Recess.)

21

#21

1 THE COURT: People against Watson.

2 Let the record show all jurors, and all counsel
3 and defendant present.

4 Mr. Bugliosi, you may proceed.

5 Q BY MR. BUGLIOSI: Doctor, I believe you testified
6 that Mr. Watson believed everything that Charles Manson told
7 him, he lost the ability to criticize or discriminate?

8 A I think I testified to the latter. I think that,
9 whether it was "all," I don't know; I was talking in a
10 matter of degree, that this was a very advanced process, yes.

11 Q Let me ask you this, Doctor: When Charles Tex
12 Watson spoke to you and told you about what happened on these
13 two nights of murder, did you believe everything that he told
14 you?

15 A Not necessarily.

16 You know, I held out the possibility that there
17 may have been distortions or even lies.

18 Q What did you believe and what didn't you believe?

19 A I said -- I didn't say that there were specific
20 items that I believed or disbelieved. I said that in the
21 total picture I considered the possibility that there may have
22 been lies, distortions and omissions.

23 Q In what areas did you think there may have been
24 lies and distortions and omissions?

25 A I didn't say that I thought that there were; I said
26 I considered the possibility and there wasn't any one area
27 any more than another.

28 I was talking about a general attitude of mine

1 toward listening to a story and feeling that in any individual's
2 account there may be conscious and unconscious distortions and
3 emotions.

4 Q Well, after you considered the possibility, then,
5 that he may have lied to you, after you considered that
6 possibility what conclusion did you come to?

7 A I don't understand the question.

8 Q You say you considered the possibility that he
9 may have lied to you. Did you just leave it at that?

10 A No, I take that into account in formulating my
11 total picture.

#22

Q And did you form the final opinion that Mr. Watson told you the truth?

A It was my impression that the story that he had presented to me, basically, was correct.

There may have been some details that were distorted or certain things omitted, but I did accept as true the basic picture that he painted for me.

Q Why did you accept as true the basic picture he painted for you?

A No. 1, because it seemed plausible and acceptable; and No. 2, because I did not find him a particular incredible or doubtful historian.

Q You found it plausible, Doctor, that Mr. Watson was sleeping in the back seat of the car and then some girl woke him up and he killed five people. That sounds plausible to you?

A In the context of the total story this was conceivable and plausible to me, yes.

Q Conceivable? Anything is possible. You say plausible. You mean believable?

A In the total context this was plausible and believable.

Q Is there anything that Tex Watson told you that you did not believe? Anything at all?

A You mean a specific item in which I said to myself, "This sounds untrue"?

Q Anything at all, Doctor?

A No, not a specific item. I took into account that

1 there may have been distortions and omissions in his presenta-
2 tion.

3 Q But in the last analysis there was nothing he
4 told you that you did not believe?

5 A There was nothing specific that caught my eye or
6 my ear to which I said, "Ah ha, I don't believe this. I'll
7 have it checked out."

8 Q What would you have done to check it out, Doctor?
9 Take a look at Linda Kasabian's testimony?

10 A I would have asked for other sources of information.
11 That particular testimony, I don't know whether that would have
12 been particularly helpful or not.

13 Q But with Tex Watson you didn't feel it was
14 necessary. You felt that you were able to tell that he was
15 telling you the truth?

16 A No. What I felt I had was a good enough picture
17 of what had occurred to this individual over time to be able
18 to formulate my impressions.

19 Q With respect to Mr. Watson's brain damage, an
20 electroencephalogram out at UCLA showed that he had brain
21 damage; is that correct?

22 A Yes, that is correct.

23 Q And you are aware that on November the 10th, 1970
24 at Atascadero State Hospital there was an EEG up there which
25 showed that he had no brain damage. Are you aware of that?

26 A I don't know --

27 MR. KEITH: If your Honor please, I am going to object
28 to the question on the ground it assumes facts not in evidence.

1 MR. KAY: It is in evidence with Dr. Walters.

2 MR. BUBRICK: That is not evidence at all.

3 MR. KEITH: Merely because it was within normal limits
4 at that time does not necessarily mean that there wasn't
5 brain damage.

6 THE COURT: It is possible you are not talking about
7 the same thing. Suppose you reframe your question, Mr.
8 Bugliosi.

9 Q BY MR. BUGLIOSI: Are you aware of the EEG up at
10 Atascadero?

11 A I am aware that there was one done there. I do
12 not know -- I don't remember the date.

13 Q Do you know what the findings of that EEG were?

14 A Yes.

15 Q What were the findings?

16 A It was read as a normal record.

17 Q Do you have any explanation for the normal EEG up
18 at Atascadero vis a vis the abnormal one at UCLA?

19 A I don't know if it is an explanation. I can
20 speculate as to possible ways of accounting for that.

21 Q All right. Go ahead.

22 A One would be that the equipment used in the
23 two tests are different. Another would be that the interpreta-
24 tion, that the interpreter has different standards, and the
25 third would be that an electroencephalogram is not foolproof
26 or a perfect test in that it can often obtain what is called
27 false positives, that is a normal tracing even in the presence
28 of abnormality, and which at another time can appear abnormal.

1 This is illustrated, for example, in certain
2 types of epilepsy, which is not the case here, but just for
3 the sake of illustration -- to make a diagnosis or to rule out
4 a diagnosis of certain forms of epilepsy, sometimes it is
5 important and essential to take several tracings, do several
6 electroencephalograms at different times because at times,
7 many times, it can be normal, and takes several efforts to
8 obtain an abnormal one, but once you obtain an abnormal one,
9 that is significant.

23R-1

1 These are speculations that might account for the
2 fact that the tracing there was read as normal and that a
3 subsequent tracing at UCLA was read as abnormal.

4 Q The principal purpose of an EEG is to determine
5 epilepsy, is it not?

6 A No, that is not correct.

7 Q What is the principal purpose of --

8 A An electroencephalogram measures electrical brain
9 activity and it is a useful tool in epilepsy; but, also in
10 other conditions unrelated to epilepsy.

11 Q But it is used mostly in the field of epilepsy
12 than in any other field; isn't that correct?

13 A No. The electroencephalogram is a test that is
14 ordered in many different conditions other than epilepsy.

15 Q That is not what I said, Doctor; I said it is used
16 mostly in the field of epilepsy.

17 A And I said, no, it is not used mostly.

18 Q It is used mostly in other fields; is that what
19 you are saying?

20 A That's correct. Most of the electroencephalograms
21 I order, for example, are geared to try to determine the
22 presence of brain damage; and only rarely, in my practice, as
23 an example, do I order them to assess epilepsy.

24 Now, this may vary from one doctor to the next.

25 Q Epilepsy has a tendency to cause blackouts in an
26 individual, where he is unaware of what he is doing?

27 A Well, there are different --

28 MR. BUBRICK: Your Honor, I am going to object. I think

1 it is immaterial. We are not involved here with epilepsy.

2 THE COURT: I think we are going a little far afield.
3 Sustained.

4 There is no question of epilepsy in this case,
5 is there, Doctor?

6 THE WITNESS: That's correct. In my mind, there is not.

7 Q BY MR. BUGLIOSI: Now, you said one of the reasons
8 that could have caused the difference between the interpreta-
9 tion at Atascadero as opposed to UCLA, was the interpreter
10 may have been different; is that correct?

11 A That is one possibility.

12 Q Who was the interpreter at UCLA?

13 A The original tracing was interpreted by Dr. Walsh;
14 I think it was also looked at by Dr. Walter.

15 Q Are you aware that Dr. Watler also examined the
16 EEG up in Atascadero and came to the same conclusion that they
17 did up there?

18 MR. KEITH: Object to the question as immaterial.

19 THE COURT: I will allow it. Are you aware of that,
20 Doctor?

21 THE WITNESS: Yes, he mentioned that to me recently.

22 Q BY MR. BUGLIOSI: So that eliminates that possi-
23 bility, is that correct, that the reason for the distinction
24 between Atascadero and UCLA was the interpreter?

25 A No, it eliminates that interpreter as the explana-
26 tion. It is still conceivable that another interpreter could
27 read the Atascadero record as abnormal.

28 Q Is there any evidence at all, Doctor, that there

1 was a causal connection between the alleged brain damage --
2 I say "alleged" because there seems to be a difference between
3 Atascadero and UCLA --

4 MR. KEITH: May the Court please, that is a gratuitous
5 remark and I don't think it is warranted.

6 THE COURT: I think we should avoid that, Mr. Bugliosi --
7 the brain damage that you found in the electroencephalogram.

8 Q BY MR. BUGLIOSI: Any evidence of any connection
9 at all between this brain damage -- I am not stipulating for
10 one moment that there is brain damage -- any evidence at all of
11 any causal connection between the brain damage and these mur-
12 ders?

13 Do you have any evidence?

14 A I guess I would have to know what causal connection
15 means.

16 As I stated, I think that the ingestion of the
17 drugs and what I considered to be subsequent damage from that
18 chronic and excessive ingestion of drugs over time, I think
19 those drugs affected the brain of this patient and, therefore,
20 rendered him that much more vulnerable to become psychotic and
21 to experience the difficulties that I have described. In
22 that way, I think there is a connection.

23 Q Well, many people have brain damage and are
24 perfectly normal; isn't that true?

25 A No, that is --

26 Q In other words, they have no mental problems
27 whatsoever; isn't that true, Doctor?

28 A No, that is not true. I think that if you have

1 brain damage, by definition, you are likely to have some
2 abnormality, some deviation from the normal.

3 Q You are saying, then, that every time a person
4 commits a crime and it is determined thereafter that that
5 person had brain damage, that there has to be a connection --

6 MR. BUBRICK: That is not what he said.

7 Q BY MR. BUGLIOSI: -- between the brain damage and
8 the crime?

9 MR. BUBRICK: That is not what he said, your Honor.

10 THE COURT: He can answer the question.

11 THE WITNESS: I'm not saying that at all.

12 Q BY MR. BUGLIOSI: In other words, a person could
13 commit a crime with brain damage and there wouldn't have to be
14 any connection whatsoever?

15 A That is possible, yes.

16 Q And that could be the situation here, too; is that
17 right, Doctor?

18 MR. BUBRICK: Calls for conjecture, your Honor.

19 THE COURT: Overruled.

20 THE WITNESS: Anything is possible. I believe that the
21 brain damage, which I believe resulted from the drugs, plays
22 a part in this man's total condition, including his behavior
23 on those nights.

24 Q BY MR. BUGLIOSI: But you will agree that he could
25 have killed these people with or without the brain damage;
26 that is a possibility, right?

27 A That is a possibility.
28

3AR-1

1 Q Did Mr. Watson tell you that even before he met
2 Mr. Manson he had always been a follower, who was always
3 living -- I am underlining the word "willing" -- he was always
4 willing to go along with what the leader wanted?

5 Did he tell you that?

6 A Yes, I think that he is aware that he is a follower
7 and that he has a great deal of trouble asserting himself; and
8 he reported that this tendency dated back to long before his
9 meeting Manson.

10 Q In fact, the ingestion of LSD and other drugs pre-
11 dated his meeting Manson, too; isn't that true, Doctor, accord-
12 ing to what he told you?

13 A He had sampled marijuana and had drunk alcohol
14 while still in Texas; and he became involved mostly with
15 marijuana, but other drugs, including LSD, shortly after
16 arriving in California and just prior to meeting Manson; that's
17 correct.

18 Q With respect to drugs, you have no way of knowing
19 for sure whether Mr. Watson had ingested drugs on the days
20 and nights of these murders, do you?

21 You have no way of knowing that?

22 A My only reference to that specific question would
23 be, or my only source of information would be what Watson
24 told me; and I can look again to see, if you so wish, to see
25 what, if anything, he told me concerning the period just prior
26 to the killings.

27 Q Well, he did tell you that he ingested drugs
28 around the time of these murders?

1 A Oh, yes; he reported that he had been ingesting
2 drugs regularly, several types of drugs, during that period,
3 yes.

4 Q So he told you he did, and that's the beginning
5 and the end of your source of knowledge; is that correct?

6 A With regard to drugs, yes.

7 Q Did Mr. Watson at any time tell you, Doctor, that
8 before he left Spahn Ranch on the night of the Tate murders,
9 that Manson told him to cut the telephone wires and then
10 after the murders wash the blood off and throw the clothing
11 away?

12 Did he tell you that?

13 A You are speaking of the --

14 Q The night of the Tate murders, before they left
15 Spahn Ranch.

16 A Okay. And the question has to do with whether he
17 received instructions as to cutting the phone wires -- and
18 what is the other?

19 Q Three things: Did Mr. Watson tell you that before
20 he left Spahn Ranch on the night of the Tate murders, that Mr.
21 Manson told him to, No. 1, cut the telephone wires at the
22 residence; No. 2, after the murders, wash the blood off his
23 and their bodies -- referring to the others, the girls that
24 went along with him -- and, No. 3, throw the bloody clothing
25 over the side of a hill?

26 Did he tell you any of those things?

27 A I don't seem to find specific reference to those
28 things.

1 He had received instructions, according to Watson,
2 as to what he had to do; and specifically to carry out the
3 killings and to make them look very gory, and to make them
4 look like they had been committed by blacks and to certainly
5 make them very, very dramatic.

6 The specific questions you are asking me, I do
7 not have in my notes and I do not remember Watson reporting
8 to me that he had received those instructions from Manson.

9 Q Did Mr. Watson ever tell you that he believed
10 Manson was Jesus Christ; did those words ever come out of his
11 mouth?

12 A I'd have to look through all of my notes, which
13 are rather lengthy --

14 Q Well --

15 A If I can rely on my memory, it is very possible
16 that he made a reference to Manson either being Jesus Christ
17 or being like Jesus Christ.

#24

1 Q Did you put that into your report at all? Your
2 report is not very long. I believe it is 8 pages.

3 Do you see that anywhere in your report?

4 A I don't believe it is in my report. I don't
5 remember that.

6 Q Don't you think that is rather significant, Doctor,
7 that the man whom you examined would think another human being
8 was Jesus Christ? Don't you think that is rather significant?

9 A It is.

10 Q When we are talking about his mental condition.

11 A It is very significant as illustrative of his
12 derangement.

13 Q But it is not in your report?

14 A My report does not contain every bit of fact that
15 was established in the course of 12 hours. That would make
16 the report so lengthy that it would be illegible.

17 Q You are saying that ^{if} he believed that this man was
18 Jesus Christ, ^{that} That is the type of detail that there was no
19 room for in this report?

20 A It is the type of thing that I decided not to
21 include. In fact, I don't even remember distinctly, but it
22 is the type of thing that I would include more generally by
23 saying, by talking about his difficulty with testing reality,
24 with his own identity, with the identity of the people around
25 him.

26 Q Instead of just using the word "Jesus Christ,"
27 which are only two words, you would use many other words in
28 your 8-page report.

24-2

1 MR. KEITH: Object to the question as argumentative.

2 THE COURT: Sustained.

3 Q BY MR. BUGLIOSI: Doctor, when you say acutely
4 decompensated in a catatonic-like state, I think we are getting
5 into an area of where I think the jury will need some help.

6 What do you mean by that "acutely decompensated
7 in a catatonic-like state"?

8 A I recall that reference of mine is to the period
9 at the time when he was examined by several doctors and
10 ultimately committed to Atascadero. Is that what you are
11 referring to?

12 Q Well, no. My point right now is I want to know
13 what those words mean. I know what "acutely" means. What
14 about the other words "acutely decompensated in a catatonic-like
15 state"?

16 Could you use more simple language that everyone
17 in this courtroom can understand?

18 A I will try.

19 Decompensated means, as I used it, as having really
20 come apart in terms of his thinking and emotional life, being
21 in very bad shape in terms of his ability to test reality,
22 to be with it, to take care of himself, to have appropriate
23 emotions and feelings.

24 In other words, decompensated is a term that is
25 shorthand for me that he has really flipped out, that he is
26 really in bad shape.

27 Q Does that mean physically as well as mentally and
28 emotionally?

24-3

1 A No. When I use it I am primarily in the emotional
2 and mental sphere, not physical.

3 Q Really in bad shape emotionally and mentally; is
4 that right?

5 A That is one of the things I said, yes.

6 Q What about the catatonic-like state. What does
7 that mean?

8 A Catatonia is a condition in psychiatry in which
9 the individual can become mute and immobile and very withdrawn
10 to himself, unresponsive, and during which is totally out
11 of contact with his environment in one sense but not in
12 another.

13 That is he is not responding and participating,
14 but he can at times be aware and listening to what is happening
15 and states like that, a period of catatonia and withdrawal and
16 immobility are seen in certain types of psychotic disorders,
17 transiently, and they are very serious because they represent
18 a serious phase of the condition.

19 Q Does this catatonia have physical manifestations?

20 A As I said the term describes the condition and
21 the position and the unresponsiveness of the patient.

22 Q But we are talking about physical immobility too.

23 A Yes. It is not triggered by any physical ailment
24 but rather by his emotional withdrawal.

25 Q So then breaking it down, "Acutely decompensated
26 in a catatonic-like state" means he was really in bad shape
27 mentally and emotionally and also he was mute, withdrawn,
28 unresponsive and suffering from immobility, physical immobility;

1 is that correct?

2 A Yes. That is what I meant.

3 Q Now, looking at page 8 of your report -- do you
4 have your report in front of you?

5 A I do.

6 Q Do you not say in the second paragraph, six lines
7 down -- you are aware that he was arrested after these
8 murders. You are aware of that?

9 A Yes, I'm aware of that.

10 Q Do you not say, "After his arrest, from the
11 available reports it appears that he became acutely decompensated
12 in a catatonic-like state"?

13 Do you see that?

14 A I see that.

15 Q Then it is your medical opinion that about 12
16 lines above your signature, it is your medical opinion that
17 Tex Watson, being in really bad shape mentally and emotionally
18 and being mute and withdrawn and unresponsive and immobile,
19 came about after he was arrested; is that your medical opinion?

20 A That is not my medical opinion.

21 Q Isn't that what you say there, Doctor?

22 A That is what I say there but your interpretation is
23 incorrect.

24 Q Let me see. Maybe I am leaving out a word.

25 "After his arrest, from the available reports, it
26 appears that he became acutely decompensated in a catatonic-
27 like state."

28 A Yes, you read it correctly but your interpretation

1 is incorrect in that I am referring to that period of time,
2 but that period of time does not negate previous periods that
3 I have also described.

4 A man's emotional and mental condition fluctuates
5 and I am saying that at that time, from the descriptions
6 available to me, he decompensated, that is he became more
7 disturbed to the point that he required immediate hospitaliza-
8 tion.

9 That in no way negates my descriptions or comments
10 or opinions about his condition at other times.

24A

1 Q Even assuming, Doctor, even assuming that prior
2 to his arrest -- and I am underlining the word assuming --
3 even assuming that prior to his arrest he was acutely
4 decompensated in a catatonic-like state, you will agree then
5 that this condition became intensified and aggravated after
6 his arrest; is that your opinion?

7 MR. KEITH: I will object to the question because there
8 is no evidence that he was in a catatonic-like state prior to
9 his arrest.

10 MR. BUGLIOSI: He is saying that this preceded the arrest.

11 THE COURT: No. He did not say that the catatonic state
12 preceded the arrest at all. Did you say that, Doctor?

13 THE WITNESS: No. The catatonic-like state so far as
14 I know from the available data occurred for a period back --
15 I don't recall the exact date -- but this is after he was
16 arrested and while in the jail that this condition burst forth
17 and was so described by a number of examiners at that time.

18 Q BY MR. BUGLIOSI: All right.

19 Then your position is defining catatonic as being
20 mute, withdrawn, unresponsive, immobile, that this came about
21 after his arrest and did not precede his arrest?

22 A That is correct. That stage of his illness, that
23 manifestation, that symptom of his illness has been described
24 only for the period after his arrest and just prior to his
25 being sent to Atascadero. That is correct.

26 Q I believe you have given your psychiatric opinion
27 of Mr. Watson's mental condition at the time of these killings;
28 is that correct?

1 A As best I could, yes.

2 Q Your examination of Mr. Watson was conducted about
3 a year and a half after the killings; is that correct,
4 approximately?

5 A I would have to calculate it. I saw him beginning
6 in March of '71 and the killings occurred in August of '69.

7 That makes it a year plus whatever you say. Yes,
8 it sounds right.

9 Q You will agree that the more time that elapses
10 between the killings and the examination, the more difficult
11 it is for a psychiatrist to evaluate a person's mental condition
12 at the time of the killing.

13 Would you agree with me on that?

14 A Yes. I think that, not just with regard to
15 killings, but in general.

16 Q Right.

17 A The more time that elapses, the harder it is to
18 reconstruct what a patient was like at a certain time in the
19 past.

20 Q In fact, Doctor, not only is it difficult, but
21 isn't it even psychiatrically impossible for a psychiatrist
22 to examine a person a year or so after the killing, isn't it
23 impossible for him to do this and give specific information
24 of
25 about the mental state of the person at the time the crime?

26 A Again the information that is given is more about
27 his condition at the time, and that isn't hardly impossible
28 because that is what I have been doing here since 1:30 and it
is possible to reconstruct even though time has elapsed.

25R-1

1 Q You have had an article published in the "Journal
2 of Forensic Sciences," called "A Critique of the Psychiatrist's
3 Role as an Expert Witness," Doctor?

4 A That's correct.

5 Q Directing your attention to Page 174 --

6 MR. KEITH: May we have the opportunity --

7 MR. BUGLIOSI: I'm sorry, I thought you had seen this
8 already.

9 Q Don't you say in that article, Doctor, quote,
10 "It is not possible, nor is it likely in the near future for
11 a psychiatrist who first sees the patient sometimes often
12 months after an offense, to give specific information about
13 the mental state of the defendant at the time of the offense"?

14 Don't you say that in that article?

15 A Yes, I do, and this is precisely what I am saying
16 here; that these specifics at that particular time are very
17 difficult and that one must limit oneself, as I have done, to
18 describing the patient's condition around that time as best as
19 can be reconstructed from the history.

20 Q Don't you say that it is not possible to do so?

21 A Yes, but you are not reading -- you are not under-
22 standing what I say is not possible.

23 I said that it is not possible to be specific about
24 the mental issues at the time of the offense; but it is possible
25 to express an opinion and to reconstruct the individual's
26 condition, generally, at the time that this occurred.

27 Q Well, when you gave your psychiatric opinion that
28 Mr. Watson was psychotic at the time of these offenses, wasn't

1 that a specific opinion?

2 A Yes, but it is an opinion that referred to a per-
3 iod of time, not to a particular night.

4 Q Well, Doctor, you know --

5 A That night is included in a much larger period of
6 time.

7 Q -- you know that we are concerned here, of course,
8 with these seven killings; you know that?

9 A I understand that.

10 Q You know that they took place in the early morning
11 hours of August 9th and 10th?

12 A Right, I know that.

13 Q And you construe this language to mean that it is
14 possible to give specific information about a mental state at
15 the time of the offense; is that the way you construe this
16 language?

17 A Yes, I am saying that it is possible to offer an
18 opinion as to a patient's condition at a time in the past.

19 Q Even though you say here it is not possible?

20 A What I say is not possible, is to talk about the
21 individual's state of mind at the time of a particular killing.

22 Q And this is what you have been doing, Doctor, you
23 have been giving opinions as to Mr. Watson's state of mind at
24 the time of the killings?

25 A I have been giving opinions as to his state of mind
26 over a period of time, which includes the killings, which
27 includes the killings; and I think that's the difference.
28 You are talking about a condition over a period of time and I

1 am not boiling it down to a specific occasion or a specific
2 hour.

3 Q Well, the greater includes the smaller, Doctor,
4 so in effect you --

5 A Only in that way does the greater include the
6 smaller; that's my point.

7 Q You have no way of knowing what your evaluation
8 of Mr. Watson's mental condition would have been if you
9 examined him at the time of these killings, do you, Doctor?

10 A I don't understand the question.

11 Q You have no way of knowing what your psychiatric
12 ~~evaluation~~ examination of Mr. Watson would have been if you had evaluated
13 him at or around the time of these killings; you have no way
14 of knowing that?

15 A I have some speculation, some opinion; I have no
16 way of knowing for sure, that's correct.

17 Q Would you agree, Doctor, that psychiatry is not
18 a precise science?

19 A That depends what you mean by precision.

20 Q Have you ever used the word "precise" before,
21 Doctor?

22 A In many different contexts.

23 Q Well, let's use it in the context in which you
24 used it; we'll use your definition of "precise."

25 Would you agree that psychiatry is not a precise
26 science?

27 A Well, as I said, I use "precise" in many different
28 context, meaning all the way from infallible or 100 percent

1 accurate or all the way to having some degree of probability
2 of being correct.

3 I would agree that psychiatry is not precise in
4 certain of the things that it attempts to do, and that, you
5 know, there can be errors and that there can be mistakes made
6 in terms of the diagnosis and prognosis.

7 Q Now, can you answer that question: Do you or do
8 you not agree that psychiatry is a precise science?

9 A And I said it depends on how you define "precise."
10 If precision involves infallibility, I would say
11 no, psychiatry is not a precise science.

12 Q You, in fact, have written as much in an article
13 called, "Psychiatry in Criminal Law Education"; is that
14 correct, Doctor?

15 A It would have -- we would have to look at the con-
16 text in which that was written.

17 Yes, I am sure I said there that precision to
18 100 percent infallibility is not achieved.

19 Q Is that what you say?

20 A No, I don't recall what I say. You'll have to
21 show me.

22 Q Do you not say, it so happens that psychiatry is
23 not a precise science, it may be that by its very nature it
24 can never be?

25 Do you say that?

26 A Yes.

27 Q Do you see anything in here about 100 percent
28 infallibility?

1 A Not in that context; I didn't use those terms in
2 that context.

3 Q Would you also say, Doctor, that psychiatric
4 knowledge is very limited?

5 A Certainly a lot more limited than I would like it
6 to be.

7 Q You realize, Doctor, that perhaps the ultimate
8 question in this trial is whether or not Mr. Watson had the
9 mental capacity to be guilty of murder in the first degree;
10 that may be one of the crucial issues?

11 A As a layman, I'm acquainted that that may be an
12 issue, yes.

13 Q Now, after we separate the wheat from the chaff, *and the*
14 diamonds from the rhinestones, wouldn't you agree, Doctor,
15 that the answer to that ultimate question does not lie with
16 the psychiatrists but it lies with the jury?

17 A As to what the verdict should be in this case?

18 Q No, not as to what the verdict should be; as to
19 the issue of whether Mr. Watson had the mental capacity to,
20 let's say, premeditate, deliberate, and harbor malice afore-
21 thought.

22 A Yes, I would consider that to be the legal ques-
23 tion to be decided by the jury.

24 Q And won't you go a step further, Doctor, and agree
25 with me that when a psychiatrist testifies to his opinion
26 concerning this ultimate question, he's likely to thereby
27 only confuse the issues and apply *irrelevant* ~~the relevant~~ criteria --

28 MR. BUBRICK: Well, your Honor, please. I think that

1 assumes lots of facts not in evidence.

2 THE COURT: Sustained.

3 Q BY MR. BUGLIOSI: Won't you go a step further,
4 Doctor, and agree when you have testified to Mr. Watson's
5 state of mind at the time of these killings, you have only
6 added confusion --

7 MR. KEITH: Objection --

8 MR. BUBRICK: Same objection, your Honor.

9 THE COURT: Sustained.

10 Q BY MR. BUGLIOSI: Again, referring to this Journal
11 of Forensic Sciences, Page 177, Doctor, do you not say that
12 the testifying psychiatrists, if asked or permitted to answer
13 the ultimate question, may confuse the issues and apply a
14 relative criterion?

15 Didn't you say that?

16 MR. BUBRICK: Objection to that, your Honor, because he
17 hasn't been asked those questions and it is immaterial, so far
18 as his testimony is concerned.

19 THE COURT: Sustained.

20 Q BY MR. BUGLIOSI: Would you say, Doctor, that your
21 opinion as to Mr. Watson's mental condition at the time of
22 these killings was just a personal guess?

23 A No, I would not say that.

24 Q It is more than a personal guess?

25 A That's correct.

26 Q Is it a moral conviction?

27 A No, it is not.

28 Q What is it?

1 A It is a professional opinion based on my experiences
2 as a psychiatrist and based on the evaluation I conducted.

3 Q Directing your attention, Doctor, to Page 174 of
4 this article, "A Critique of the Psychiatrist's Role as an
5 Expert Witness," do you not say: "However, the moment that a
6 psychiatrist is pressed to give his opinion, which is no more
7 than his personal guess or his moral conviction, there suddenly
8 appears something interpreted as tangible and scientific"?

9 Do you say that?

10 MR. KEITH: Object to the question; is is way out of
11 context.

12 THE COURT: Overruled. He said that in that article.

13 Did you say that?

14 THE WITNESS: Yes, it is taken out of context, what I
15 mean by "opinion" there is different than what is meant by
16 opinion in terms of what I have given; because if that question
17 is to be posed, I would like to place it in context.

18 THE COURT: You may do so.

19 THE WITNESS: May I see my article, please, since I
20 don't usually carry them around?

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1 Q The last four lines from the bottom?

2 A Yes.

3 In that context I am talking about the moral-legal
4 opinion of the verdict itself, for instance, the issue of
5 insanity or the issue of diminished capacity.

6 It is my opinion as I have stated in that article,
7 and as I practice whenever I testify, not to offer an opinion
8 as to what I consider the moral-legal question, namely, the
9 diminished capacity or insanity and instead I limit my
10 testimony, as I have done here, to giving an opinion
11 psychiatrically as to how I reconstruct the patient to have
12 been.

13 Q So you have no opinion whatsoever then, Doctor,
14 whether or not Charles Tex Watson deliberated and premeditated
15 these murders. You have no opinion; is that correct?

16 A That is correct.

17 Q You also have no opinion whether he harbored
18 malice aforethought on these two nights of murder; is that
19 correct?

20 A That is correct.

21 Q You also have no opinion whether he meaningfully
22 and maturely reflected upon the gravity of the contemplated
23 act of killing; is that correct?

24 A That is correct.

25 Q And the reason why you have no such opinion, Doctor,
26 is you feel that psychiatrists have no business giving that
27 opinion?

28 A Well, that is poorly put. I have put it in the

26-2

1 article a little better than that, I hope, in saying that.

2 Q You are more articulate than I am. I apologize.

3 A Well, it is more than being articulate, it also
4 has to do with completeness.

5 In that article I talk about the fact that that
6 is a moral-legal decision to be made and the answer to all of
7 those questions are moral-legal and that I feel that the
8 psychiatrist should limit himself to presenting scientifically
9 psychiatric data and at the moment he were to try to answer
10 questions that are moral-legal, he would leave the area of
11 scientism and become a moralist or a legalist and I feel that
12 is wrong because it would render him less able to contribute
13 properly.

14 Q Since we are talking about the use of words to
15 describe a situation, Doctor, referring to page 178, I think
16 I used the word "no business," don't you say:

17 "It is the plea here to restore the
18 psychiatrist to the role of the typical expert
19 and thus keep him within the bounds of the first
20 step and not ask or coerce him to cross the line
21 and become involved in the legal issues or the
22 judicial task because he has no business there."

23 Aren't those your words?

24 A Indeed they are -- well said.

25 Q They acquired a certain gloss and validity when
26 they came from your mouth.

27 A Also when I reread them, it confirms their
28 usefulness.

26-3

1 Q Do you still subscribe to what you said in both
2 of these articles?

3 A I certainly do.

4 Q Both articles?

5 A Both -- the other article is which?

6 Q Well, one is "A Critique of the Psychiatrist's
7 Role as an Expert Witness in the Journal of Forensic Science."

8 The other one is an article "Psychiatry in
9 Criminal Law Education."

10 A In general I would say that my thinking and
11 philosophy has not changed significantly since I wrote those.

12 Q Or else you would have submitted a new article,
13 I take it?

14 A Oh, I am always working, but I haven't improved
15 on those ideas as yet.

16 Q Consistent with what we have just been talking
17 about, you would agree then that in your opinion the question
18 of criminal responsibility is a legal, not a medical issue?

19 A That is correct. In fact, I usually say moral-
20 legal, but certainly not psychiatric.

21 Q From your experience, Doctor, would you agree
22 with me then that because of this what you have just said,
23 that the vast majority of psychiatrists studiously avoid
24 testifying in the courtroom?

25 MR. KEITH: I will object to that question as being
26 beyond his knowledge.

27 THE COURT: Sustained.

28 Q BY MR. BUGLIOSI: You were aware, were you not,

26-4

1 Doctor, at the time you examined Mr. Watson, that he had been
2 charged with murder and there was a possibility of death?

3 A I was.

4 Q And you are opposed to the death penalty?

5 A I am.

6 Q Let me ask you just a couple more questions.

7 Freud is the so-called father of psychiatry or
8 psychoanalysis; is that correct?

9 A Most people attribute to Freud the birth of current
10 modern psychiatry, yes.

11 Q How do you feel about it?

12 A Oh, I think his contributions were major in getting
13 us to where we are today.

14 Q And perhaps the essence of Freud's teachings are
15 that the unconscious controls one's human behavior; is that
16 correct?

17 A No. His teachings are that the unconscious plays
18 a part in human behavior. I wouldn't go so far as to say
19 control -- certainly not in all instances.

20 Q Wouldn't you say that Freud strongly believes, in
21 his teachings, that the unconscious plays a predominant role
22 in the determination of human behavior?

23 A That determines how healthy one is. The healthier
24 one is, the less a role the unconscious plays. It is a matter
25 of degree.

26 Q By unconscious this means not being ^{conscious} unconscious,
27 not being aware of it?

28 A Yes. Unconscious refers to that part of the mind

1 which is under ordinary circumstances not available to the
2 individual at that moment.

3 Q Psychiatrists certainly are very, very concerned
4 about the unconscious; is that correct?

5 A Some psychiatrists are.

6 Q Are you, Doctor?

7 A Yes. I think the unconscious plays a part in
8 mental illness.

9 Q And do you believe that the unconscious contributes
10 to one's human behavior?

11 A Oh, without a doubt.

12 Q In view of the fact, Doctor, that the unconscious
13 plays a significant role in determining human behavior, and
14 in view of the fact that by definition one is not even aware
15 of the unconscious, because it is unconscious, and in view of
16 the fact that you are against the death penalty, do you, as
17 a psychiatrist, is there any possibility at all that your
18 unconsciousness may have contributed somewhat or played some
19 type of a role in the psychiatric evaluation you made of Mr.
20 Watson?

21 A Certainly a possibility.

22 MR. BUGLIOSI: No further questions.
23

24
25 REDIRECT EXAMINATION

26 BY MR. KEITH:

27 Q Doctor, so far as you know you did not distort
28 or alter or modify your conclusions and opinions and impressions
because you are adverse to the death penalty?

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1 A No. In fact, with regard to that issue, I feel
2 that because I am so concerned with my role here, or defining
3 or delineating my role here, I try to remove, to the extent
4 that I can, the consequences and the outcome and the disposition
5 and the moral-legal issues from the task that I am asked to
6 perform, namely, to evaluate a patient at a point in time and
7 to do the best I can with what I have got.

8 I feel that, therefore, the influence of my
9 philosophical ideas about the death penalty -- though one can
10 never say they have not influenced one at all, that would be
11 ludicrous to say it is not possible -- I am not concerned that
12 they played any significant part in affecting or interfering
13 with my professional job of evaluating this patient.

26A

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1 Q Doctor, I take it you won't give us the benefit
2 of any opinion on whether Mr. Watson premeditated or deliberated
3 or meaningfully and maturely reflected upon the gravity of
4 his act in connection with the Tate-La Bianca homicides because
5 you believe this is something for a jury to determine and not
6 for you to tell the jury what they should do on this subject?

7 A That is correct.

8 Q Does it mean that you could not have an opinion
9 if you wanted to have one?

10 A If I wanted to put myself in the role of the moral-
11 legal interpreter and judge, I am sure I could come up with
12 one.

13 Q But you would prefer not to because of your
14 training and philosophy; is that correct?

15 A Because I feel that doing so would then begin
16 to interfere and bias the objectivity of what I am trying to
17 do.

18 Q Be that as it may, is it your opinion that a person
19 who is psychotic has severely impaired thought processes?

20 A Typically the notion of psychosis involves severe
21 impairment of such, yes.

22 Q Now, in your opinion, Doctor, has the time lapse,
23 that is the difference, the lapse of time, between the homicides
24 themselves and the time you interviewed Mr. Watson caused you
25 to be uncertain about your opinion as to his being psychotic?

26 A Well, I would say that I would have preferred
27 to have examined the patient at the time rather than a year
28 and a half later -- no question about that.

1 Q Naturally.

2 A But the time lapse, at least in this case, and
3 based on the available data, does not render me uncertain or
4 in doubt about my findings.

5 Q Doctor, in answer to one of Mr. Bugliosi's questions,
6 you advised him that you were very reluctant to discuss mental
7 illness generally.

8 Could you explain what you meant by that?

9 A Yes. The concept of mental illness is a very
10 difficult one for our profession as well as for society in
11 general.

12 The mere fact that the word "illness" is used makes
13 some people at least think that defining it or talking about
14 it or dealing with it would be just as easy as it is to deal
15 with physical illness.

16 Unfortunately or fortunately, whichever, that is
17 not the case. I was reluctant to define mental illness because
18 as we use the term, or as we use the concept, it does not have
19 a single definition or something that one can put together
20 with a number of words.

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1 Mental illness or mental derangement or mental
2 deviation has different meanings in different contexts.

3 For example, if we were to talk about mental
4 illness in terms of whether one should be hospitalized or not,
5 that would have one meaning, one would approach it in one way;
6 if we talk about mental illness in terms of being able to hold
7 certain jobs, that would have a different meaning; if we do
8 a survey of a community like Los Angeles, in which we want to
9 find out the amount or degree or the types of mental illness
10 in the community, that would have a different meaning.

11 Because of this, we, in psychiatry, do not have a
12 pat definition of mental illness that we can use when asked
13 the question, "What is mental illness?"

14 We don't really spend our time putting people into
15 two baskets, One, the mentally healthy and the other the
16 mentally ill. That concept doesn't make much sense. Instead,
17 we view all people in some sort of a continuum in which there
18 are degrees and types; and all of us have hangups and I guess
19 we begin to talk about mental illness when those hangups
20 become serious enough to interfere with out being happy and
21 our being able to function, so that mental illness as a con-
22 cept does not have a clear concept definition, but it is,
23 rather, a very flexible thing that we use in different ways
24 and, hence, my reluctance to define it when asked.

25 Q All right, Doctor. You also advised Mr. Bugliosi
26 that as far as your diagnosis of Mr. Watson was concerned, the
27 murders or homicides were somewhat incidental thereto.

28 You didn't mean to imply, did you, that the

1 homicides weren't tragic and horrifying?

2 A Of course, I didn't mean to imply that at all.
3 What I meant was that my assessment of this patient's condition
4 is based on a whole bunch of things that I have taken into
5 account. The killings are just one of them, and without every-
6 thing else, the killings would not make me conclude that he is
7 sick as he is or was; and even in the absence of the killings,
8 I would still be of the same opinion.

9 In other words, my opinions have to do with this
10 patient over time, in terms of his overall functioning, and
11 not related solely to that, the incidents of those two nights.

12 Q Doctor, didn't Mr. Bubrick and myself at a meeting
13 with you and the other doctors at the MPI, discuss with you
14 that there were differences between Linda Kasabian's testimony
15 or her version of the affair and Mr. Watson's version of the
16 homicides?

17 A Yes, you did.

18 Q And did you take our discussion with you about this
19 divergence between the two versions of the homicides enter
20 into account in reaching your diagnosis of the psychosis in
21 Mr. Watson?

22 A Well, as you recall, we talked a little bit about
23 the nature of those discrepancies and it was my impression from
24 some of the things you cited that there were discrepancies
25 about relatively minor details which did not alter, to my
26 way of thinking, my total picture of this patient at the time.

27 Q Well, they were discrepancies in the area of who
28 told who to do what and who drove the car and who told someone

1 to wipe fingerprints off or who didn't, and who went in the
2 screen or who went about the back, and so forth; do you recall?

3 A Yes, I recall that that was the type of things
4 that were discrepant, and to my mind at the time they did not
5 make a difference in terms of the total picture of what had
6 happened or this patient's condition.

7 Q Taking into consideration Linda Kasabian's -- or,
8 what you were told of Linda Kasabian's testimony as it diverged
9 from the statements you obtained from Mr. Watson, I gather this
10 would not change your opinion about Mr. Watson's psychosis at
11 the time of the homicides?

12 A That's right. My opinion, my feelings about his
13 condition would not be affected, significantly affected, by
14 those findings.

15 Q Now, assuming, Doctor, that a friend of Mr. Watson's,
16 a David Neale, his closest friend at one time, described Mr.
17 Watson as an outgoing, friendly, likable, very nice person
18 before he joined the Manson group, and afterwards this David
19 Neale noticed a marked change in Mr. Watson, that he was at
20 one time frightened of Manson that he was frightened of Watson
21 losing his own identity, and that later on he had a conversa-
22 tion with Mr. Watson where all Mr. Watson talked about was
23 helter-skelter and bottomless pit and oneness and Manson is
24 perfect; and the very things he told you about Manson; assuming
25 this to be so, would the friend of Watson's observations about
26 Watson be consistent with your diagnosis?

27 A Yes, the information you have provided me now
28 would be very compatible and consistent with the changes over

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1 time that I reconstruct happened to this patient.

2 Q Also assume another acquaintance of Mr. Watson
3 by the name of Greg Jacobson described Watson in the middle
4 of 1968 as kind of a very likeable puppy dog, whilst when he
5 next saw Mr. Watson at the Spahn Ranch, a couple of months
6 before the homicides, described him as a zombie-like person
7 with kind of a blank stare about him.

8 Would such observations be consistent with your
9 finding of gradual deterioration into psychosis?

10 A Those observations as you have given them to me
11 also would be very consistent and compatible with the changes
12 over time as I understand them.

13 Q And assuming that various witnesses who were
14 actually members of the family, of the Manson family, testified
15 to his power and domination and control over the thoughts and
16 activities of all the members of the family, would that be
17 consistent with your diagnosis of psychosis on the part of
18 Watson, assuming further that he was a member of this family
19 and under Manson's domination?

20 A Well, it would -- that observation would confirm
21 Watson's description of the situation as it existed over time.

22 Q In other words, it wasn't just one person that was
23 involved, that was controlled by Manson, but a number of them.

24 Let's assume that all these hard-core family
25 members -- and this was testified to by a number of witnesses
26 who were former members of the family -- would this be
27 consistent with what Mr. Watson told you about Manson and his
28 activities?

1 A It would be consistent with the set of events with
2 regard to Watson, as I understand it. It would also be
3 consistent with regard to the overall picture as he painted
4 it for me at that time.

5 Q Incidentally, would you expect Mr. Watson's mental
6 condition to improve over a year and a half period, assuming
7 that during that year and a half period he ingested no drugs --
8 and I am talking about the period of time, oh, say, between
9 October 1969 and when you examined him a year and a half later?

10 A Yes. I would say that the absence of drugs, that
11 is not taking any further drugs, and being institutionalized,
12 both of those factors would contribute to a gradual improvement
13 in his condition over time.

14 MR. KEITH: I have nothing further.

15
16 RECROSS-EXAMINATION

17 BY MR. BUGLIOSI:

18 Q Just a couple more questions.

19 When did you have this meeting with the defense
20 psychiatrists out at UCLA?

21 MR. KEITH: The defense attorneys.

22 Q BY MR. BUGLIOSI: I am sorry. The defense
23 attorneys -- the one that Mr. Keith just mentioned?

24 A Do you want the exact date?

25 Q Well, how about the month?

26 A I will try to give you both.

27 Q The one at which they told you some parts of
28 Linda Kasabian's testimony.

1 A Do you have any date on it? Then I will check
2 my calendar.

3 MR. KEITH: I know it was August. I know it was last
4 month.

5 Q BY MR. BUGLIOSI: Was it last month, Doctor?

6 A It was within the last several weeks, yes.

7 Q By that time you had already prepared this report
8 that you have submitted to the court; is that correct?

9 A That is correct.

10 Q You submitted your report or you examined Watson
11 in March and April of 1971; is that correct?

12 A Yes.

13 Q And then you spoke to them about Linda Kasabian
14 several months later?

15 A That is correct.

16 MR. BUGLIOSI: Nothing further.

17 THE COURT: Thank you, Doctor. You may be excused.

18 Ladies and gentlemen of the jury, at this time we
19 will recess until Wednesday, September 15, at 9:30.

20 I have explained to you the reason for that.

21 During this recess do not form or express any
22 opinion in this case.

23 Do not discuss it among yourselves or with anybody
24 else.

25 Please keep your minds open. Please once more do
26 not read or listen to anything concerning this case.

27 It is my opinion that we are pretty close to the
28 end of this case, but just an opinion. So please let's do

1 nothing that might lead to a mistrial in this case. If you
2 heed my admonition, I am sure nothing can happen. Thank you.

3 (An adjournment was taken till Wednesday,
4 September 15, 1971 at 9:30 a.m.)

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