

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-

CHARLES WATSON,

Defendant.

6025

No. A-253,156

REPORTERS' DAILY TRANSCRIPT

Thursday, September 16, 1971

VOLUME 25

Pages 4028 - 4147

**APPEARANCES:**

See Volume 1.

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

COPY

Thursday, September 16, 1971

Volume 25

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I N D E X

DEFENDANT'S WITNESSES:

DIRECT

CROSS

REDIRECT

RECROSS

Ditman, Keith S.

4039-MK 4082-B

4135-MK

No exhibits.

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#1  
1 LOS ANGELES, CALIFORNIA, THURSDAY, SEPTEMBER 16, 1971; 9:30 A.M.

2 - - -  
3

4 (The following proceedings were had in chambers.)

5 THE COURT: I understand that when we recessed yesterday  
6 something happened in the courtroom that was a direct attack  
7 upon my integrity.

8 I am going to put nobody under oath at this time,  
9 but, Mr. Bubrick, what did you hear?

10 MR. BUBRICK: Mr. Kay turned to me and said something  
11 about, "Whatever you got going between the judge, I don't  
12 like," or, "You got something going with this judge and I  
13 don't like it," and which I resented as a slur on my integrity  
14 and honesty, also.

15 MR. KAY: May I explain, your Honor?

16 THE COURT: Just a moment.

17 Did you hear this, Mr. Keith?

18 MR. KEITH: Yes, I did.

19 THE COURT: What did you hear?

20 MR. KEITH: Mr. Kay said, "I don't know what you have  
21 got going with the judge, but whatever it is, it stinks."

22 This was directed at Mr. Bubrick.

23 MR. KAY: May I respond?

24 THE COURT: If you care to. I'm not going to compel you  
25 to.

26 MR. KAY: I appreciate that, your Honor. I lost my  
27 temper and I was out of place. I will tell you what I was  
28 thinking about at the time.

1 I say that there was nothing improper on your  
2 Honor's part, and I lost my temper; however, what led me to  
3 say that is that I couldn't understand your Honor's remarks  
4 to the jury about Bohr being an impartial court appointed  
5 psychiatrist, when in front of your Honor we had a hearing  
6 that lasted for about an hour; and after that hearing, after  
7 Mr. Bugliosi argued and I argued, your Honor ordered Mr.  
8 Bubrick to give us those reports.

9 Now, Mr. Bohr is not an impartial psychiatrist --

10 THE COURT: I said that he was a psychiatrist appointed  
11 by the court.

12 MR. KAY: That could be examined by both sides.

13 THE COURT: Cross-examined by both sides, yes.

14 MR. KAY: The clear implication to the jury was that  
15 here is an impartial psychiatrist -- he is not an impartial  
16 psychiatrist.

17 I told the court earlier --

18 THE COURT: Did I use the word "impartial" or did I  
19 say "appointed by the court"?

20 MR. KAY: You said "appointed by the court," but the  
21 implication was clear. Then, when I wanted to approach the  
22 bench, your Honor said, "You sit there."

23 THE COURT: Mr. Bugliosi proved in no uncertain terms  
24 that the court had appointed Dr. Bohr, and you weren't going  
25 to convince me the court didn't appoint him.

26 MR. BUGLIOSI: The only thing we tried to get Dr. Bohr's  
27 report, your Honor, we had to -- we couldn't get it from Mr.  
28 Bubrick --

1 THE COURT: After the plea of not guilty by reason of  
2 insanity, I thought you were entitled to it.

3 MR. BUGLIOSI: The implication is there that he is a  
4 defense psychiatrist.

5 I mean, he's aligned with the defense. We  
6 couldn't even get his report.

7 MR. KAY: And I told your Honor in April or earlier  
8 the reason he got appointed was that Mr. Bubrick went up to  
9 Judge Lucas and said -- he said, "Would you appoint Dr. Bohr?"

10 MR. BUGLIOSI: All of the these psychiatrists, Judge,  
11 so far have been defense psychiatrists.

12 I called Dr. Suarez out at UCLA and I wanted to  
13 talk to him. This was a couple of months ago and he said,  
14 "I can't talk to you unless you get permission from Mr.  
15 Bubrick."

16 He wouldn't even talk to me.

17 THE COURT: Because Bubrick hired him, you see; Bubrick  
18 hired him; he doesn't have to talk to you if he doesn't want  
19 to -- but this doctor was appointed by Judge Lucas.

20 MR. KAY: At the request of Mr. Bubrick. He said,  
21 "Would you appoint Tweed and Davis," and then --

22 MR. BUBRICK: And then you objected to --

23 MR. KAY: An objection to Davis because I remembered the  
24 fact that when I was over at Department 95 in the Public  
25 Defender's office, that Davis didn't realize I was a District  
26 Attorney and walked in to a private attorney and said, "What  
27 do you want me to testify to? I will testify to anything you  
28 want me to; you just tell me."

1 And I told Mr. Bubrick that --

2 MR. BUBRICK: I don't want that on the record.

3 THE COURT: I don't know who Davis is.

4 MR. BUBRICK: He's a court appointed doctor.

5 MR. KAY: So he had Bohr on the list, so these two were  
6 chosen by Mr. Bubrick. They were appointed at his request.  
7 These weren't somebody that Judge Lucas looks on the list and  
8 said, "We'll appoint so and so and so and so."

2

2-R-1  
1 THE COURT: Well, I don't know this guy from San Fran-  
2 cisco from a hole in the wall. It was at your request I  
3 appointed him.

4 MR. KAY: We agreed.

5 THE COURT: That is an attack on my integrity.

6 MR. KAY: No. I think the jury has been misled because  
7 this Dr. Bohr and Tweed are not independent court appointed.

8 THE COURT: And if I misled the jury, that is because I  
9 am crooked?

10 MR. KAY: No, your Honor. As I told your Honor, I have  
11 nothing against you. I was just upset. I was more upset with  
12 Mr. Bubrick than you.

13 THE COURT: I am more upset now with you than with Bubrick  
14 or anybody else.

15 MR. BUGLIOSI: He thinks the world of you. He is always  
16 saying what a great judge you are and everything like that and  
17 when we were in chambers a couple of days ago he just pointed  
18 out that if you were showing partiality, it was toward the  
19 defense and I said the same thing. It was completely uncon-  
20 scious on our part. He has spoken nothing but the highest of  
21 you.

22 THE COURT: Why would he say a thing like that.

23 MR. KAY: Because I lost my temper.

24 MR. BUGLIOSI: A person will lose their temper and will  
25 say anything, even to their mother or their child. It wasn't  
26 said in open court. It is a private thing.

27 THE COURT: It was heard by others, though.

28 MR. BUGLIOSI: Apparently just by the two.



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1 MR. KAY: I said it to Mr. Bubrick.

2 MR. KEITH: I couldn't represent if anybody else heard  
3 the remark.

4 MR. KAY: It was addressed to Mr. Bubrick and I apologize  
5 to the Court. I was out of line.

6 THE COURT: At the convention, I got a call from Millard  
7 Levy. I don't know whether I should continue with this trial.

8 MR. KAY: I apologize to the Court. I was out of line  
9 and I admit it. I am telling the Court that I am sorry. I  
10 would ask the Court to forgive me. I think the Court and I  
11 have had a good relationship and I would like to see it con-  
12 tinue and I do apologize to the Court.

13 THE COURT: It is the first time this has happened to me  
14 in I don't know how many years -- since 1927, in fact.

15 MR. BUGLIOSI: Steve speaks extremely highly of you. I  
16 do too. Everyone does, but in the heat of battle -- and a  
17 trial is a battle, a trial is an adversary proceeding --

18 THE COURT: This was after the battle was all over.

19 MR. KAY: The battle is not over.

20 MR. BUGLIOSI: When we are walking out, we say things we  
21 don't mean. I am telling you that Mr. Kay has nothing but the  
22 highest regard for you. This was a thing on the spur of the  
23 moment, that he didn't mean. He felt you had been unfair at  
24 the time with the prosecution and so he blurted this out, but  
25 he didn't mean it. It was private. It was not reflective of  
26 how he feels about you. No harm was done.

27 THE COURT: That man was appointed by the Court and he  
28 is going to be paid by the Court.



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1 MR. BUGLIOSI: So we made a mistake.

2 MR. BUBRICK: Another thing the record ought to show that  
3 I didn't know Dr. Bohr from a hole in the wall.

4 I happened to get Dr. Bohr's name from a district  
5 attorney, when we were talking about doctors and Steve said,  
6 "I don't think you ought to use Dr. Davis. I heard this and  
7 this about him."

8 I said, "Okay."

9 I happened to hear somebody talking about a guy  
10 by the name of Dr. Bohr, so I asked for him because I didn't  
11 know anybody else. He was sitting right there when Judge Lucas  
12 appointed him.

13 THE COURT: Well, I am sure Lucas appointed who he thought  
14 would be a fair doctor in the case.

15 MR. KAY: He said he didn't know who Bohr was either.

16 MR. BUGLIOSI: I would appreciate it very, very much if  
17 you wouldn't contact Busch or Howard.

18 THE COURT: I already have.

19 MR. BUGLIOSI: You have spoken to them?

20 THE COURT: At the convention. They are on their way  
21 back.

22 MR. BUGLIOSI: You can talk to them about anything,  
23 Judge, but I certainly would appreciate it because really I  
24 can assure you both of us think the very highest of you.

25 I don't see any need to bring in Busch or Howard.  
26 It is just one of those things. If this were in open court in  
27 front of the jury, it would be something else.

28 THE COURT: If it were in open court in front of the

2-4  
1 jury, it would be something else. I would take care of it  
2 right there and then.

3 MR. BUGLIOSI: Here is a private thing. I am sure that  
4 lawyers say everything about other lawyers.

5 THE COURT: If somebody called you a crook privately,  
6 would you endure that?

7 MR. KAY: I didn't call your Honor a crook. I never have.  
8 I was just upset, your Honor, and what I was really upset was  
9 with Bubrick.

10 I was upset with the Court's ruling but as I said,  
11 I was out of line and I apologize, but I do think the highest  
12 of the Court.

13 THE COURT: Thank you.

14 MR. BUGLIOSI: You have heard lawyers say extremely  
15 condemnatory things about a judge when he walks out of court  
16 and he says, "He's a miserable low-down s.o.b." This is  
17 private stuff.

18 THE COURT: No question about that. I have said the  
19 same thing.

20 MR. BUGLIOSI: He did not say it in open court. No harm  
21 has been done.

22 MR. KAY: It was directed toward Mr. Bubrick and Mr.  
23 Keith was standing there.

24 THE COURT: The implication was that there was something  
25 going between Bubrick and me.

26 MR. KAY: I would say that is untrue and I didn't mean  
27 that. I was thinking that the Court gave Mr. Bubrick a  
28 favorable ruling and I was upset with it.

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1 THE COURT: And I still say I am right.

2 MR. KAY: I am sure you do, or you wouldn't have given  
3 the ruling, if you didn't think you were right, but I was just  
4 upset with it. I lost my temper.

5 MR. BUGLIOSI: No one can begin to question your integrity.  
6 They would be a fool to do that and Steve has never questioned  
7 your integrity.

8 We talk about the proceedings after every day and  
9 he thinks the world of you. This was just an off-the-cuff  
10 remark in the heat of battle. He didn't mean it. We are sorry  
11 about it.

12 We beseech the Court not to bring in Joe Busch or  
13 John Howard. I don't think it warrants it. I don't think it  
14 does. Talk to them about something else. I would really  
15 appreciate it.

16 THE COURT: I will think about it.

17 MR. KAY: Let me say this to the Court, I think that the  
18 Court realizes that if I was in the Court's position, and you  
19 made a slip, that I would forgive you. I am entitled to a  
20 second chance. I do apologize and I think that you and I have  
21 had a good relationship. I do think the world of you.

22 THE COURT: You shouldn't ever attack the credibility  
23 of a judge like that.

24 MR. KAY: I was upset with Mr. Bubrick, you know, like  
25 his questions to Dr. Bohr, "Did the prosecution call you up  
26 and ask you to examine Linda Kasabian?"

27 MR. BUBRICK: What is wrong with that?

28 MR. KAY: That is ridiculous.

1 MR. BUBRICK: It is the same as attempting to show that  
2 I've gone out to get these doctors to write a report the way I  
3 wanted it, slanted, or if we have had Linda Kasabian available  
4 to us every minute of the day and we wouldn't avail ourselves  
5 of the right to cross-examine her. To your knowledge, that is  
6 not true.

7 MR. KAY: You have transcripts.

8 MR. BUBRICK: So?

9 MR. KAY: Do you think Linda Kasabian is an unbiased  
10 witness?

11 MR. BUBRICK: Certainly we are not hiding Linda  
12 Kasabian's testimony from these psychiatrists.

13 THE COURT: This has nothing to do with the things I  
14 have in mind.

15 All right, Gentlemen. We will finish that right  
16 now. I will think about it.

17 (The following proceedings were had in open  
18 court, within the presence of the jury:)

#3

1 (The following proceedings were held in open court.)

2 THE COURT: Good morning.

3 THE JURORS: Good morning.

4 THE COURT: Gentlemen.

5 People against Watson.

6 Let the record show all jurors are present, all  
7 counsel and the defendant present.

8 I'm glad to see we have smiles this morning,  
9 anyway. Mr. Bubrick or Mr. Keith, you may proceed.

10 MR. BUBRICK: Mr. Keith.

11 MR. KEITH: Dr. Ditman, will you take the witness stand,  
12 please?

13 THE CLERK: Raise your right hand, please.

14 You do solemnly swear that the testimony you may  
15 give in the cause now pending before this court shall be the  
16 truth, the whole truth, and nothing but the truth, so help you  
17 God?

18 THE WITNESS: I do.

19

20

KEITH S. DITMAN,

21

22 called as a witness on behalf of the defendant, testified as  
23 follows:

24

25 THE CLERK: Will you be seated, please. State your  
26 name.

27

28 THE WITNESS: Keith S. Ditman, D-i-t-m-a-n.

THE CLERK: Thank you.

3-2

## DIRECT EXAMINATION

BY MR. KEITH:

Q What is your profession?

A I am a physician licensed in California and I practice psychiatry.

Q Psychiatry is your specialty; is that correct?

A Yes.

Q Do you presently have offices in Beverly Hills?

A Yes.

Q And you are in private practice in Beverly Hills at the present time?

A Yes.

Q Now, you were born on April 18, 1921?

A Yes.

Q And did you receive a BA degree from Santa Barbara State College in 1942?

A Yes.

Q And in 1944 did you receive a Master's Degree at the California Institute of Technology?

A Yes.

Q In Pasadena?

And that was a Master's in what --

A In science.

Q -- field?

And you received your M.D. degree in 1947?

A Yes.

Q And where was that, Doctor?

A It was USC Medical School.

Q And, of course, you interned some place?

1 A Yes.

2 Q Where was that?

3 A That was at the Long Beach Naval Hospital in  
4 Long Beach, California.

5 Q And when did you finish your internship at the  
6 Naval Hospital?

7 A In 1948.

8 Q Now, from 1949 to -- from 1949 to 1952 did you --  
9 were you a resident somewhere?

10 A Yes, I was specializing in psychiatry in the  
11 Veterans Administration Center in Los Angeles.

12 Q Was this at the Neuro-psychiatric Hospital at  
13 the Veterans Administration?

14 A Yes.

15 Q Now, after you completed your residency were you  
16 a staff psychiatrist at the neuro-psychiatric hospital of  
17 the Veterans Administration?

18 A Yes.

19 Q And that was 1954 and '55?

20 A Yes.

21 Q Now, from 1956 to 1963 were you a professor at  
22 UCLA?

23 A Well, I was -- full title was research psychiatrist  
24 and lecturer.

25 Q That was at the Department of Psychiatry, UCLA?

26 A Right.

27 THE COURT: And occasionally a dabbler in stocks?

28 THE WITNESS: Yes.



1                   Personal joke.

2           THE COURT: That is just between us.

3           MR. KEITH: I was wondering if there was something he  
4 said that --

5           Q       Did you also teach at the department of psychiatry,  
6 UCLA?

7           A       Yes.

8           Q       And over what period of time -- or do you still  
9 teach?

10          A       I still teach, but it was from 1954 through 1967.

11          Q       And what was your title or did it vary as the  
12 years went by?

13          A       Well, the title was Research Psychiatrist and  
14 Lecturer; then in addition I was a member of the Brain  
15 Research Institute and also director of Alcoholism Research  
16 Group.

17          Q       This research group, was that NPI, the Neuro-  
18 Psychiatric Institute?

19          A       Right.

20          Q       You were connected with NPI before you went into  
21 private practice for many, many years, were you not?

22          A       Yea.

23          Q       And for how many years, overall, were you at UCLA  
24 Neuro-Psychiatric Institute -- UCLA, excuse me?

25          A       From 1954 till 1968.

26          Q       Do you still do work at UCLA Neuro-Psychiatric  
27 Institute?

28          A       On occasions.

3AR-1

1 Q This research program, were you the director of  
2 it, I take it?

3 A That's correct.

4 Q Did the research program also have to do with the  
5 effect of drugs on the human mind and body?

6 A Yes.

7 Q And during the research program did you research  
8 drugs such as LSD, the amphetamines and marijuana, other mind-  
9 altering drugs?

10 A Yes.

11 Q Are you a member of any professional organizations,  
12 Doctor?

13 A Yes.

14 Q What are those?

15 A Southern California Psychiatric Association;  
16 American Psychiatric Association; American College of Neuro-  
17 psychopharmacology; Western Pharmaceutical Association.

18 Q Do you also hold, or have held consultantships and  
19 appointments in the past and the present?

20 A Yes.

21 Q And what are some of those, Doctor?

22 A To various state hospitals, Camarillo and Patton  
23 and Norwalk; to the Veterans Hospital on Sepulveda; American  
24 Medical Association council on drugs. Those are the principal  
25 ones.

26 Q These are consultantships, would you say?

27 A Yes.

28 Q And are you also on the staff of various hospitals?

1 A Yes.

2 Q And what are those hospitals?

3 A The Westwood Hospital, in West Los Angeles.

4 Q Is that primarily a hospital for the care and treat-

5 ment of mentally ill?

6 A Yes; then I am medical director of the Vista Hills

7 Psychiatric Foundation, which owns three hospital, two in San

8 Diego and one at Compton, California.

9 Q Are you the vice-president and medical director

10 at the Vista Hills Psychiatric Foundation in San Diego, Cali-

11 fornia?

12 A Yes.

13 Q Are you a consultant to the Golden State Community

14 Health Center in Pacoima, California -- or were you, I should

15 say?

16 A I was.

17 Q And have you been an independent medical examiner

18 in psychiatry for the California Division of Industrial

19 Accidents?

20 A Yes.

21 Q And do you do some editorial work in connection

22 with certain medical publications?

23 A Yes, I did the annual review for the American

24 Journal of Psychiatry and Alcoholism; and currently with some

25 other doctors, Dr. Cohen and Hammen, putting out a drug abuse

26 and alcoholism newsletter.

27 Q Is that Dr. Sidney Cohen?

28 A Yes.

3a3

1 Q And have you worked with Dro Cohen in the past,  
2 in the field of drug abuse?

3 A Yes, we have written several articles together on  
4 drugs and drug abuse.

5 Q How about Dr. Ungerleider, do you know him?

6 A Yes.

7 Q Is he at UCLA, or was?

8 A I believe he is still there.

9 Q Have you worked with him?

10 A Yes.

11 Q And is he an expert in the field of drug abuse,  
12 in your opinion?

13 A Yes.

14 Q Have you also authored a number of publications,  
15 Doctor, that have appeared in medical journals as articles,  
16 chapters and books?

17 A Yes.

18 Q How many in all, would you say?

19 A Approximately 80 articles or chapters or books.

20 Q Did you contribute a chapter in a book entitled  
21 "The Problems and Prospects of LSD"?

22 A Yes.

23 Q And were some of the other contributors Dr. Joel  
24 Fort and Dr. Ungerleider?

25 A Yes.

26 Q And Dr. Duke Fisher, perhaps?

27 A Yes.

28 Q Is Dr. Fisher also an expert in the field of drug

3a-4

1 abuse?

2 A Yes.

3 Q You have written papers with him, have you not, in  
4 addition to collaborating on this book?

5 A No; we have contributed to that book together, but  
6 we have not done an article together.

7 Q But you know him and have consulted with him, I  
8 take it, over the years?

9 A Yes, I know him; in fact, we had shared an office  
10 together a while back.

11 Q Have some of the articles you have written, Doctor,  
12 been directed toward the results of your research in drug  
13 abuse?

14 A Yes.

15 Q And have they also been directed toward the results  
16 of any clinical observations and treatments you may have made?

17 A Yes.

18 Q When I use the term clinical as opposed to pure  
19 research, could you tell us what the difference is, assuming  
20 there is a difference?

21 A Well, the clinical aspects of drugs, you were  
22 interested in the effect of the drug on the person's perception,  
23 mood, processes and behavior, as opposed to more basic pharma-  
24 cological associations, such as the biochemical and physiologic-  
25 al effects of the drug on the body or the organism or system.

26 Q Does your present practice, Doctor, in any way  
27 emphasize the treatment or care and treatment and diagnosis  
28 of persons who are suffering from the misuse of drugs?

3a-5  
1 A Yes.

2 Q And have you seen many, many patients over the  
3 years who have been suffering from the effects of drugs?

4 A Yes, we made some special studies of particularly  
5 the effects and abuse of the hallucinogenics as well as the  
6 stimulants, as well as the sedative drugs.

7 Q When you say "we," to whom do you refer?

8 A Our research group we had at UCLA and the various  
9 people you mentioned that I have co-authored with.

10 Q Like Dr. Ungerleider and Sidney Cohen?

11 A Correct.

12 Q Do you still do any research in the field of drugs  
13 and alcohol?

14 A Yes.

15 Q Do you do that on your own or with a group, or  
16 is it sporadic, or what?

17 A Well, I am currently finishing up a paper on LSD,  
18 effects of LSD, and then working on this newsletter with Dr.  
19 Cohen and Dr. Hammen, as I mentioned.

20 Q And have you been speaker or lecturer at symposiums  
21 on psychiatric problems connected with drug abuse?

22 A Yes.

23 Q And has this been on a number of occasions in the  
24 past?

25 A Yes.

26 Q And have you testified in the Superior Court of  
27 this county and other counties, and perhaps other states, in  
28 connection with psychiatric matters dealing with drug abuse

3a6  
1 or --

2 A Yes.

3 Q As a matter of fact, did you testify in the so-  
4 called Manson trial on the effect of drug abuse?

5 A Yes.

6 Q But this was, vis-a-vis, Leslie Van Houton and not  
7 any of the other defendants; is that correct?

8 A That's correct.

9 Q Doctor, you had occasion, did you not, to examine  
10 Charles Watson, the defendant in this case, psychiatrically?

11 A Yes.

12 Q Incidentally, Doctor, do you limit your practice  
13 solely to persons suffering from the misuse of drugs, or do  
14 you have a general practice of psychiatry?

15 A I have a fairly general practice in psychiatry.  
16 I suppose I see a lot of people for whom drugs need to be  
17 prescribed; psychopharmacology is one of my, I suppose, strong  
18 points.

19 Q What is psychopharmacology?

20 A Medicines for the mind.  
21  
22  
23  
24  
25  
26  
27  
28



1 Q When did you examine Charles Watson, Doctor?  
2 A I believe it was the 30th of August and about the  
3 2nd or 3rd of September.  
4 Q And that was at my request, was it not?  
5 A Yes.  
6 Q We have known each other for many years, have we  
7 not?  
8 A Yes.  
9 Q Both professionally and social?  
10 A Yes.  
11 Q You haven't examined me though, have you?  
12 THE COURT: He have done so and you didn't know it.  
13 Q BY MR. KEITH: At any rate you did examine Mr.  
14 Watson on two occasions; is that correct?  
15 A Yes.  
16 Q And was this at the Los Angeles County jail  
17 infirmary?  
18 A Yes.  
19 Q And in addition to your examination of Mr. Watson,  
20 did you also read and consider a number of reports from other  
21 doctors?  
22 A Yes.  
23 Q Those reports, one of which was by a Dr. Palmer,  
24 a Ph.D, a psychologist?  
25 A Yes.  
26 Q He is at UCLA, is he not?  
27 A Yes.  
28 Q And you know him personally, do you?

4-2

1 A Yes. I have known him a number of years.

2 Q And did you also examine a psychiatric evaluation  
3 of Dr. I. M. Frank, M.D.?

4 A Yes.

5 Q Did you also read a neurological and EEG evaluation  
6 by Dr. Walter at UCLA?

7 A Yes.

8 Q Did you also read and consider a psychiatric  
9 evaluation by Dr. John Suarez of UCLA?

10 A Yes.

11 Q You know all of these people, don't you?

12 A Yes.

13 Q Did you also examine and consider a psychiatric  
14 evaluation prepared by Dr. A. R. Tweed?

15 A Yes.

16 Q And a psychiatric examination undertaken by Dr.  
17 Vernon Bohr, B-o-h-r, M.D.?

18 A Yes.

19 Q And Dr. Joel Fort, M.D.?

20 A Yes.

21 Q You know him too, don't you?

22 A Yes.

23 Q And did you also examine a very lengthy psychiatric  
24 report of Dr. K. Grovner Bailey, M.D.?

25 A Yes.

26 Q And in addition to the examination of these various  
27 reports that I have mentioned, did you also have occasion  
28 very recently to read the testimony in this case, of this

4-3

1 particular case here, of a young lady by the name of Linda  
2 Kasabian who testified for the prosecution?

3 A Yes.

4 Q And have you also had the opportunity on various  
5 occasions to discuss various aspects of this case with me?

6 A Yes.

7 Q And did you also become acquainted with certain  
8 alleged facts in the case by reason of your testimony in the  
9 other trial, the so-called Manson trial?

10 A Yes.

11 Q In connection with that trial, did you discuss  
12 various aspects of that case with me?

13 A Yes.

14 Q All at some length; is that correct?

15 A Yes.

16 Q And did you learn from various sources something  
17 about Charles Manson and the role he played in this case and  
18 in his own case?

19 A Yes.

20 Q And did you obtain information about Mr. Manson,  
21 No. 1, from Mr. Watson himself?

22 A Yes.

23 Q And did you obtain information about Mr. Manson  
24 from other sources?

25 A Yes.

26 Q What were some of those other sources?

27 A Well, the Manson trial, the testimony that I heard  
28 there. I talked, of course, with you.

4-4  
1 Q At the Manson trial you were given a rather  
2 lengthy hypothetical question to answer, were you not?

3 A Yes.

4 Q Containing certain assumptions, assumptions about  
5 Mr. Manson's role in connection with the so-called family and  
6 the female defendants in that case?

7 A Yes. And then I talked with Mr. Kanarek and  
8 briefly with Mr. Manson and, of course, with Leslie Van Houton.

9 Q Mr. Kanarek for the record represented Mr. Manson  
10 at the previous trial?

11 A Yes.

12 Q To your knowledge --

13 THE COURT: You had a conversation with him?

14 THE WITNESS: Yes -- well, yes.

15 THE COURT: All right, Doctor.

16 Q BY MR. KEITH: I don't think I should ask how  
17 revealing it was.

18 Did Mr. Watson during your examination of him or  
19 your interviews with him give you an account of his childhood  
20 and education and background and his history and his relation-  
21 ship with his parents?

22 A Yes.

23 Q And you wrote a report for my benefit in this case,  
24 did you not?

25 A Yes.

26 Q In your report did you include in it in detail the  
27 information Mr. Watson gave you about his family history and his  
28 own background and education?

4-5  
1 A No. I summarized my opinions and conclusions  
2 because that material had been repeatedly covered in the --

3 Q Other reports?

4 A Yes.

5 Q That you considered.

6 Was Mr. Watson's account of his background and  
7 history generally consistent with the accounts of his background  
8 and history that you read in the other documents that were  
9 submitted to you?

10 A Yes, except for, of course, the documents had  
11 interpretations made by the --

12 Q I am not talking about interpretations.

13 A Yes, essentially.

14 Q I am talking about narrative accounts, factual  
15 accounts.

16 A Yes.

17 Q And did Mr. Watson also describe to you his drug  
18 use?

19 A Yes.

20 Q And did Mr. Watson also describe to you his  
21 relationship with Charles Manson and Manson's so-called family?

22 A Yes.

23 Q And did Mr. Watson also describe to you the events  
24 leading up to the Tate-La Bianca homicides and his participation  
25 in those homicides?

26 A Yes.

27 Q Did he also describe to you what happened to him  
28 after the homicides?

4-6

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A Yes.

2

Q In other words, where he went and what he did?

3

A Yes.

4

Q And what he felt?

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A Yes.

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Q Do you feel you were able to establish what might  
be called a good rapport with Mr. Watson?

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A Yes.

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4A  
1 Q And did he appear to talk to you freely and  
2 voluntarily?

3 A Yes.

4 Q Doctor, as a result of your psychiatric examination  
5 of Mr. Watson personally and as a result of all your information  
6 about this case, including the testimony you read of Linda  
7 Kasabian, did you form an opinion of Mr. Watson's mental  
8 condition at or about the times of the Tate-La Bianca homicides  
9 which occurred on or about August 9th and 10th, 1969?

10 A Yes.

11 Q And what were your opinions or what was your  
12 opinion, if it was just one opinion, regarding Mr. Watson's  
13 mental condition at the time of the homicides? And you may  
14 refer to the report if you would like to refresh your  
15 recollection,

16 A That he had, basically, a passive, dependent,  
17 inadequate personality structure, with poor masculine identifi-  
18 cation onto which was superimposed what is known as a  
19 psychosis of folie-a-deux. This is a type of psychosis that  
20 occurs where --

21 Q I will go into that when I go into the bases for  
22 your opinion later.

23 A Plus both an acute and chronic brain syndrome,  
24 drug induced; in addition to that the psychological toxicity,  
25 which may be part of, yet also separate from the brain  
26 syndrome -- psychological toxicity from the use of the  
27 hallucinogenic and stimulant drugs such as LSD and marijuana  
28 and cocaine and amphetamines.



4A-2

1 Q Doctor, what was the basis or bases of your opinion  
2 that at the time of the homicides Mr. Watson was a severe,  
3 passive, dependent, inadequate personality, susceptible to  
4 stress and suggestion?

5 A Well, one's basic personality structure pretty  
6 much is constant so far as the type and that, of course, was  
7 evident to me in his behavior and what he said during the  
8 interviews I had with him, as well as it was noted and reported  
9 in the psychiatric examinations by the other psychiatrists.

10 Of course, his own, Mr. Watson's own verbal account  
11 of his life, supported that impression and then the reports of  
12 his behavior in the various reports that I obtained to read as  
13 well as reports from you and Mr. Bubrick.

14 Q When you say his behavior, are you referring to his  
15 behavior subsequent to the homicides or at the time of or  
16 before or all during his life?

17 A Well, really all of that -- reports of his behavior  
18 during his life, reports, his reports and other reports of  
19 his behavior at the time as well as his behavior when I saw  
20 him, as well as when the other psychiatrists saw him.

21 Q And what was there about the totality of his  
22 behavior that led you to believe that he was a very passive,  
23 dependent person with a weak personality?

24 A Just the way he acted, he was that kind of a  
25 follower, very much of a sheep or passive, dependent person.

26 Q Did you consider also, in arriving at your opinion  
27 of Mr. Watson's underlying personality structure, anything  
28 about Manson's ability to dominate him and about the effect of

1 LSD on Mr. Watson?

2 A Yes.

3 Q In other words, Doctor, in your experience do you  
4 have an opinion as to whether LSD has a more devastating  
5 effect on a young immature passive dependent person than  
6 someone who is more mature and stable and set in their ways?

7 A Yes.

8 We did some studies of people who had taken LSD  
9 on one or more occasions and then followed them and those  
10 people who were more immature, underachievers in work, in  
11 school, and who had not made what would be considered a mature  
12 and adequate heterosexual adjustment, were more apt to have  
13 difficulties as a consequence of LSD than those who had  
14 functioned better -- in other words, to show more signs of what  
15 I call psychological toxicity.

16 Q When you use the term "we" to whom do you refer?

17 A Well, our group at UCLA, principally, including  
18 Dr. Cohen, Dr. Moss and a number of other physicians, some of  
19 them in San Diego, who work at various times with me on these  
20 studies.

21 Q In your experience, both clinically and in research  
22 groups, is a young person with an inadequate personality  
23 structure more likely to become a chronic LSD user than a more  
24 mature person?

25 A Yes. That is, I would say, the prevalent opinion  
26 in the field.

27 Q Do you share that opinion?

28 A Yes.

1 Q I have used the term "chronic drug user, chronic  
2 LSD user of LSD." Perhaps I shouldn't. Perhaps I should ask  
3 you what you mean by chronic drug user particularly in the  
4 hallucinogenic field.

5 A Well, we use the term drug abuse. I look at it,  
6 there is drug use, which is legitimate drugs, such as a person  
7 taking prescribed medication and a bona fide doctor-patient  
8 relationship.

9 Drug misuse is where a person might take that drug  
10 a little more than was prescribed, or give it to their neighbor  
11 or something like that to try.

12 Whereas drug abuse is using the drugs outside of  
13 the confines of a doctor-patient or medical setting and using  
14 drugs that are dangerous and/or illegal such as stimulant  
15 drugs, sedative drugs.

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R-1

1 Q Stimulant drugs, meaning amphetamines?

2 A Amphetamines, yes; and then, of course, the  
3 hallucinogenic drugs, which are essentially illegal.

4 Q Do you have any rule of thumb as to what con-  
5 stitutes a chronic LSD drug user, as opposed to an occasional,  
6 drug  
nonchronic/user?

7 A Yes, a person who might experiment to see what it  
8 is like once or twice wouldn't be a chronic drug abuser.

9 There is degrees of drug abuse, but there are a  
10 number of individuals who frequently, over a period of months  
11 or years, are multiple drug abusers; that is, they are abusing  
12 combinations of drugs, dangerous drugs.

13 Q Did you form an opinion as to whether or not Mr.  
14 Watson was a chronic user of drugs at or about the time of the  
15 homicide?

16 A Yes, that he was.

17 Q And was this based on what he told you he used?

18 A That and, of course, the reports of Dr. Walter and  
19 others about evidences of chronic brain disease.

20 Q And did you also receive information from other  
21 sources that drugs were used extensively at the Spahn Ranch  
22 by Manson and members of his family?

23 A Yes.

24 Q Now, Doctor, you have told us you formed an opinion  
25 that Mr. Watson suffered a psychological toxicity due to this  
26 chronic drug abuse and also acute drug abuse.

27 Could you explain the bases or basis of that  
28 opinion to the judge and jury, please?

5-2

1 A Yes. The acute brain syndrome would be that of  
2 drug intoxication, which would be the immediate effects of the  
3 drug while the drug was in the body, as well as any sequela  
4 or aftereffects such as withdrawal or a period where there is  
5 repair of the organism getting back to what would be its  
6 normal or usual state. That would be the acute.

7 Chronic brain syndrome due to drugs is just what  
8 it says, it is more chronic, it tends to be less reversible  
9 and may persist indefinitely over weeks, months, or even years.

10 Q We were talking about psychological toxicity?

11 A Yes.

12 Q Is that something separate and apart from any  
13 actual organicity, or whatever it is called, or brain syndrome?

14 A It may be; I believe you can get psychological  
15 toxicity from these drugs without evidence or organic brain  
16 disease or toxicity.

17 Q Well, you found, did you not, or at least you  
18 formed the opinion that Mr. Watson was suffering from a  
19 psychological toxicity --

20 A Yes.

21 Q -- at the time of the homicides --

22 A Yes.

23 Q -- is that correct?

24 A Yes.

25 Q And what do you mean by psychological toxicity?  
26 Perhaps we can discuss that?

27 A Well, the hallucinogenic drugs, in particular,  
28 will cause dramatic marked value changes, deterioration in

5-3

1 values, which has been witnessed in a number of people and it  
2 is fairly popular, prevalent knowledge now; Marked alterations  
3 in values is one.

4 Two, there is often the development of an indolence,  
5 apathy, loss of interest, drive.

6 There is sort of a drug dependency that develops,  
7 that the drugs are going to be the solution for a person's  
8 lack of achievement or means of, as it were, greater insights  
9 or some superior talent or understanding which they haven't had  
10 previously.

11 The very word "psychidelic" was coined on that  
12 concept, meaning mind manifesting or mind expanding.

13 In addition, there is -- let me think what I put  
14 down here -- there is impaired impulse control; there is often  
15 deterioration in the thinking process to autistic-like thinking,  
16 which is a primitive type of thinking; and then the psychotic  
17 or pre-psychotic-like thinking that --

18 Q What is psychotic-like thinking, Doctor?

19 A Well, it can be like delusional or believing in  
20 things that are very unreal; or the people often get an  
21 inability to differentiate between what is going on in their  
22 head, in their thinking, and what is really going on in  
23 actuality, sort of a blurring of what we call the inner and  
24 outer reality.

25 Q What do you mean by the blurring of inner and outer  
26 reality?

27 A Well, the boundary line between it, for example,  
28 some people, because they think a thing, it is so and lose the

5-4  
1 ability to discriminate between their wishes or what they  
2 believe or what they've heard and what is actual fact.

3 Q Do the hallucinogenic drugs become addicting, in  
4 your experience as a researcher, and in your private practice?

5 A Well, the term "addiction," is generally -- implies  
6 that there is a need that develops for them; and when that  
7 need isn't met, there is withdrawal symptoms, physiological  
8 withdrawal symptoms as well as psychological ones.

9 In one sense, anything can become addicting. One  
10 can become dependant on their morning coffee or their morning  
11 newspaper or on the television.

12 We speak of psychological addicting, but the better  
13 term is dependency, because people can become dependent on it,  
14 which is psychological and may be physiological, too; and though  
15 there are not marked or noticeable withdrawal effects when  
16 these drugs are not taken, after they have been taken chronic-  
17 ally, there is marked evidence of drug dependency, a need or  
18 wanting of them, a belief in them; and, therefore, in that  
19 sense, they are close to being addicting, if we use a broader  
20 concept of "addiction."

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#5A

1 Q Doctor, do you include the amphetamines among  
2 the hallucinogenic drugs such as LSD and marijuana and hash?

3 A Well, strictly speaking, the amphetamines are  
4 central nervous system stimulants; but in higher doses they  
5 have hallucinogenic effects and not unlike LSD would have;  
6 and they also produce, when used chronically, mental aberrations,  
7 including a well known entity known as the amphetamine  
8 psychosis.

9 Q What is that, Doctor?

10 A Well, a person becomes psychotic from the use of  
11 the drug and it may be from continued use or use of large  
12 amounts, but I have seen people become psychotic with actually  
13 very little; that is, an amount that would be used medically.

14 Q You heard of the expression "speed," have you not?

15 A Yes.

16 Q And speed a form of amphetamine?

17 A Yes, it is usually methedrine, which is methyl  
18 amphetamine, one of the little more potent amphetamines.

19 Q Are you also familiar, Doctor, with whether or not  
20 there is a difference between the hallucinogenics and the  
21 amphetamines that people buy in the street as opposed to, let's  
22 say, drugs that are produced by a recognized pharmaceutical  
23 house --

24 A Yes.

25 Q -- or used in the laboratory?

26 A Yes.

27 Q And what is that difference?

28 A Well, it is not one of cost, because sometimes

1 that street drugs are not necessarily more expensive than  
2 those obtained from your pharmacy; but are often impure and  
3 often sometimes fortified or diluted with other things.

4 The LSD may be diluted or fortified with  
5 amphetamines, and they are the various LSD products that have  
6 been street made and street sold that I have seen reports on  
7 by people at NIMA are often impure. There may be LSD in it,  
8 but there may be other LSD-like compounds, so you don't know,  
9 really, what you are getting when you get street drugs.

10 Q In other words, street drugs, as you put it, may  
11 be contaminated with other poisonous or toxic substances?

12 A Right; and substances that are hard to determine  
13 what they are, because some of them are in, you know, varying  
14 amounts or haven't been isolated out and the structures of  
15 them established.

16 Q Assuming Mr. Watson ingested chronically street  
17 speed and street LSD, you would have no way of knowing the  
18 purity of those drugs that he may have ingested; is that  
19 correct?

20 A No way of knowing the purity, right.

21 Q Did Mr. Watson also tell you that he used or chewed  
22 the root of a plant known as felachi or belladonna?

23 A Yes.

24 Q Are you familiar with belladonna, Doctor?

25 A Yes.

26 Q And what is that?

27 A Well, it is atropine; it is a drug used to dilate  
28 pupils.

1 Q That is when it is used medically?

2 A Yes, it has a marked anticholinergic effect;  
3 that is, tends to dry the mouth; and impair secretions of the  
4 body and mentally it causes confusion when taken in large amounts.

5 Twilight sleep is an atropine-like compound that  
6 was used -- has been used in medicine and gives a person some  
7 euphoria, mental impairment, impairment of memory, confusion,  
8 disorientation.

9 Q Have you ever heard of or treated anybody before  
10 you talked to Mr. Watson that has chewed the root of the  
11 belladonna plant on a few occasions, as Mr. Watson told you  
12 he did?

13 A No, I personally haven't treated anyone who has  
14 chewed that plant.

15 Q Are you familiar with the fact that the belladonna  
16 plant has a root and the root contains this drug?

17 A Yes.

18 Q And has your experience with the effect of  
19 belladonna been generally limited to the effect of atropine,  
20 that is apparently a derivative of belladonna, that has been  
21 used medically?

22 A Well, we --

23 Q Did you understand my question?

24 A Yes: Was it limited to the medical use of atropine?

25 Q Yes.

26 A No, I had some interest in atropine and scopolamine  
27 and in various phases of psychiatry, since it was used in  
28 treatment, such as during insulin coma therapy and also used

1 to quiet acutely disturbed psychotic patients; but there was  
2 a group of atropine-like drugs that never got on the market  
3 that we looked at and studied because of the possibility that  
4 they were of value in treating certain psychiatric conditions,  
5 such as depression, and there are reports on the use of  
6 atropine and these other drugs in the literature.

7 Q To your knowledge is belladonna a very toxic  
8 substance, or otherwise?

9 A Well, it depends on the amount you take. Most  
10 drugs work by their toxicity; that's the way drugs work.

11 Q All right, so I used -- I formulated a bad question.  
12 Can belladonna if used indiscriminantly, be --

13 A Certainly.

14 Q -- a dangerous drug to use?

15 A Yes.

16 Q Why do you say that, Doctor?

17 A Well, in enough kind of dose, it could be lethal;  
18 and, of course, it interferes with the bodily function, as I  
19 mentioned, and has marked mental functions. That is, it  
20 impairs such things as memory and perception, vision and  
21 produces confusion, mental confusion.

22 Q Doctor, assuming that Mr. Watson was actually  
23 under the influence of LSD and speed and perhaps belladonna  
24 on the evenings of the Tate and La Bianca homicides, do you  
25 have an opinion as to -- regardless of his being acutely  
26 under the influence -- as to whether or not he could still  
27 perform motor functions?

28 A Yes.

1 Q And what is that opinion?

2 A Well, these drugs don't knock out the motor  
3 activity of the body, particularly.

4 Q In your opinion, could he have, assuming, no, that  
5 he was acutely under the influence of one or more of the  
6 hallucinogenic drugs we have been discussing, in your opinion,  
7 could he have driven a car or walked or climbed a telephone  
8 pole or used a knife or shot a gun?

9 A Yes.

10 Q Walk in a door, open a door?

11 A Right.

12 Q Could he do these things?

13 In other words, when a person has ingested LSD  
14 and speed is it a necessary result or corrolary that you just  
15 become prostrate and lay flat on your back unable to move,  
16 or can one, in your experience and as a result of your studies,  
17 move around and do things and say things?

18 A There may be no detectable signs -- that is, to the  
19 average observer -- that a person is drugged, as far as their  
20 motor functioning.

21 Q And assuming Mr. Watson was under the acute  
22 influence of LSD or speed or both, would you expect that a  
23 person like Mr. Watson, who has used drugs to the degree he  
24 told you he had, would you expect him to be able to say  
25 anything, to talk?

26 A Yes.

27

28

6R-1

1 Q And would you expect him to be able to talk  
2 coherently to some limited degree?

3 A Yes. He may pass as normal too, let's say, the  
4 average or casual observer.

5 Q Doctor, incidentally, still on the subject of  
6 psychological toxicity, do you have an opinion as to whether  
7 the personality structure of Mr. Watson, as you found it,  
8 would aggravate or would it ameliorate or mitigate this  
9 psychological toxicity that you found him operating under at  
10 the time of these homicides?

11 A Well, his personality structure was, as it were,  
12 ripe for the psychological toxic effect of the hallucinogenic  
13 drugs.

14 These drugs often allow the inner problem or  
15 weakness of the personality to come out.

16 The deterioration in values, for example, can be  
17 more pronounced with an immature person using these drugs  
18 than with a more mature individual.

19 Q So do you find sort of an interaction or inter-  
20 relationship between the underlying personality structure and  
21 the effect of hallucinogenic drugs on the mind?

22 A Yes.

23 Q Have you ever seen, or ever, people that ostensibly  
24 have strong personalities succumb to the use of hallucinogenic  
25 drugs or be seriously affected?

26 A Well, you see people who are fairly mature  
27 functioning certainly become shattered. There is no --

28 Q In other words, there is no guarantee that if you

6-2  
1 or I undertook the chronic use of drugs, we would not suffer  
2 severe adverse effects?

3 A That's correct.

4 Q Doctor, did you also form an opinion that Mr.  
5 Watson suffered from an acute and chronic organic brain syn-  
6 drome drug-induced?

7 A Yes.

8 Q And what was the basis of that opinion?

9 A The basis of that opinion was the report of Dr.  
10 Walter, his EEG findings, his neurological findings, and then  
11 the performance of Mr. Watson when I interviewed him, the  
12 slowness, the hesitancy, the grouping for certain recollections.

13 Q Did you accept the report of Dr. Richard Walter  
14 as true?

15 A Yes. I believe him to be a very competent  
16 electroencephalographer and neurologist.

17 Q Do you know him to be internationally known in  
18 the field of neurology?

19 A And encephalography, yes.

20 Q So you placed considerable weight, I gather, in  
21 finding chronic organic brain syndrome in Dr. Walter's report?

22 A It certainly fitted in with what I observed and  
23 of many of the other reports. It wasn't incompatible at all.  
24 It was quite compatible.

25 Q I note in your report you used the term "drug-  
26 induced" in relation to organic brain syndrome.

27 Do you mean by that that in your opinion in all  
28 probability the brain damage was caused by ingestion of drugs?



6-3

1           A       Yes. The nature of the changes, the history of  
2 drug abuse left really no other reasonable explanation for  
3 these findings of organic brain damage.

4           Q       It has been noted in this trial, Doctor, that  
5 there has been no demonstrable evidence as yet that LSD actually  
6 causes brain damage.

7                   Do you subscribe to that statement?

8           A       Well, brain damage is not an easy thing to show  
9 with the kind of measurement we can make.

10                   For example, you can do a lobotomy on a person,  
11 that is cutting away of the third front of the brain, which  
12 is extensive brain damage, and with the instruments we have,  
13 such as psychological tests, you wouldn't necessarily pick  
14 those individuals out from some others, but clinically it would  
15 be quite evident, an expert could certainly detect problems in  
16 those people who have had lobotomies.

17                   There are changes found in, for example, cats with  
18 implanted electrodes that have been given LSD, such as electro-  
19 encephalographic changes some six weeks after the drug was  
20 given.

21                   You cannot put electrodes down into the brain of  
22 humans very easily. It is too drastic a procedure, but there  
23 are psychological indications of brain damage on psychological  
24 tests, on neurological tests.

25                   He shows these signs of organic brain damage,  
26 chronic organic brain damage.



BAR-1

1 Q Are you familiar with anything in the literature  
2 concerning the effect on rats of high doses of marijuana?  
3 Marijuana is a mind-altering drug, too?

4 A Yes.

5 Q Although much milder than LSD or speed?

6 THE COURT: That is an unfair question. I think that  
7 was revealed yesterday.

8 MR. KEITH: I thought he might have -- I will withdraw  
9 the question, your Honor.

10 THE WITNESS: I was trying to think back on what Dr.  
11 Frank was telling me they were finding out with their studies  
12 of marijuana and see if that was one of them.

13 Q BY MR. KEITH: I will withdraw the question.

14 Incidentally, while we are on the subject, have  
15 you ever heard of hashish?

16 A Yes.

17 Q Is that a concentrated form of marijuana?

18 A Yes.

19 Q Did Mr. Watson tell you he used that, too, from  
20 time to time?

21 A Yes.

22 Q And he also told you, did he not, that he used  
23 marijuana regularly for a long period of time?

24 A Yes.

25 Q And did he tell you that he used peyote or  
26 mescaline or psilocybin or THC or cannabinol?

27 A Yes.

28 Q And are they also called mind-altering drugs?

6a-2

1 A Yes.

2 Q And when we use the term hallucinogenic, when  
3 applied to the LSD and these other mind-altering drugs, is  
4 that a medical term or sort of a popular term?

5 A Well, it is one that has been long accepted. I  
6 think hallucinogens was one of the first general terms for  
7 these drugs, although there have been a number of others that  
8 have come along since, such as psychotomimetics and psycho-  
9 togens and psychodelics.

10 Q Does it mean that you necessarily hallucinate or  
11 see things that aren't there when you are under the influence  
12 of any type of hallucinogenic drugs?

13 A No. Actually, we studied fairly extensively the  
14 kind of effects that people would get from these drugs, and  
15 classify them into 18 categories and ranked them on how  
16 prevalent they were. The last on the list was hallucinations.

17 So to call them hallucinogenics, hallucinogenic  
18 drugs, is standing the truth on the head, there are so many  
19 other things that occur so frequently.

20 Q You mean there were 17 things that as a result of  
21 your research occur more frequently than hallucinations under  
22 the influence of the so-called hallucinogenic drugs?

23 A Right.

24 Q And again you used the term "we." The record  
25 should show to whom you are referring besides yourself.

26 A Well, that work was done by a Dr. John Whittlesey  
27 and Dr. Thelma Moss.

28 Q Have we already gone over most of the other 17

6a-3  
1 effects?

2 A No.

3 Q Well, we will leave it for the moment. Let me ask  
4 you this:

5 You talked about 18 different effects from  
6 hallucinogenic drugs. Is there any that we haven't talked  
7 about in this case that you feel is significant?

8 A Yes. Very typical of the hallucinogenic effect  
9 is a sort of a coming and going effect.

10 That is, for some reason the drug has a strong  
11 hold on the person and a little while later kind of comes out  
12 of it and then slips back into it, an ebb and flow, as it  
13 were.

14 Q I am not sure that I understand you.

15 A Well, it is sort of as if they are in the drug  
16 state and then out of the drug state, back and forth.

17 Q You mean without taking additional drugs?

18 A Right.

19 Q When we talk about drugs, are you referring to  
20 LSD primarily?

21 A Hallucinogenic drugs, but LSD, too. The most  
22 prevalent effect, the ebbing and flowing was probably the  
23 most, but second was euphoria and then getting into religious  
24 ecstasies or religious beliefs, mystical-like states, and then  
25 a lot of body discomfort or distortion, delusional thinking,  
26 paranoid thinking.

27 Q What do you mean when you say delusional thinking?

28 A Believing in something that just isn't so, like

1 somebody might get the idea that if they took LSD, say, they  
2 are taking LSD, get the idea if they pour gasoline on them-  
3 selves and burn themselves up, they will end the Vietnam War,  
4 which things have occurred.

6a-4  
7f.

7R-1

1 Q Doctor, it is also your opinion, I gather, that  
2 you formed the opinion that -- strike that; that's being  
3 redundant.

4 Did you also form the opinion that at the time of  
5 the homicides, Mr. Watson was suffering from a psychosis known  
6 as folie a deux?

7 A Yes.

8 THE COURT: Would you spell it for us, please, folie --

9 THE WITNESS: F-o-l-i-e, "A" with an accent, then  
10 D-e-u-x.

11 Q BY MR. KEITH: Would you advise us of the basis  
12 of that opinion, Doctor?

13 A His personality structure, being passive, dependent,  
14 inadequate, in contrast to Manson's, which is dominant, fanat-  
15 ical, filled with psychotic philosophy is the fertile ground  
16 for developing such conditions; and the intimate contact over  
17 a period of time with such delusional and bizarre beliefs to  
18 be reinforced, particularly by a group, is, as I say, the  
19 fertile ground for such a thing to develop.

20 Q Is there --

21 A He then expressed these beliefs in this individual  
22 and in these thoughts to the point of -- it comes under the  
23 heading of folie a deux -- as well as the other report that  
24 I have substantiated this sort of activity.

25 Q Is the --

26 A In addition, we know that the hallucinogenic  
27 drugs make people very suggestible and very impressionable,  
28 and viewpoints placed on a person during a drug state by

7-2

1 such drugs become even more readily incorporated by the  
2 individual.

3 Q When you use the expression folie a deux, is this  
4 a psychiatrically recognized and accepted phenomenon?

5 A Yes, it is well-known. It was coined by a French  
6 psychiatrist who noted similarities in the delusional belief  
7 systems of two people living closely together.

8 Q You tell us that it is a psychosis --

9 A Yes.

10 Q -- this relationship?

11 What do you mean by that; what is a psychosis,  
12 in other words?

13 A Well, these beliefs are so strong and so out of --  
14 unreal or out of keeping with reality, they are of delusional  
15 proportions, of psychotic proportions.

16 Q What is your definition of "psychotic," Doctor?

17 A Well, where there is a major break with reality  
18 in the thinking process of an individual.

19 Q Is a psychosis, in your opinion, a severe or  
20 serious mental disorder?

21 A It is essentially the most severe we have, other  
22 than senile dementia.

23 Q Incidentally, getting back a moment to the brain  
24 syndrome, organic brain syndrome, I neglected to ask you whether  
25 or not you could tell when the brain damage occurred, when was  
26 its onset; or are you unable to enlighten us on that subject?

27 A Well, from the history obtained and the reports I  
28 looked at, it would have to have developed during the time of

7Q3  
1 his intense drug ingestion, since the records show that he  
2 was functioning fairly normally prior to coming to California.

3 Q So you are referring to a time period, assuming  
4 he came to California in 1967, from that date to --

5 A Sometime --

6 Q -- the time he was arrested in December of 1969?

7 A Right.

8 Q In this folie a deux relationship, does the litera-  
9 ture say, and do you agree, that the dominant party has to be  
10 psychotic, himself, or herself?

11 A Yes.

12 Q And did you form an opinion as to the mental condi-  
13 tion of Mr. Manson as a result of all the information you  
14 received about him and your interview, itself, with him?

15 A It all pointed to that he was a paranoid schizo-  
16 phrenic.

17 Q And what do you mean by paranoid schizophrenic?

18 A Well, that is -- schizophrenia is one of the  
19 psychoses, and there are a variety of schizophrenias; but  
20 when a person is grandiose and suspicious and at odds with  
21 the world, the classification "paranoid" is most fitting.

22 Q Do you find sort of a comparison, although on a  
23 miniature scale, between Manson and a dictator like Adolph  
24 Hitler?

25 A Yes; I don't think Hitler was quite as crazy, but  
26 he certainly -- is is a good analogy.

Q Doctor, in addition to forming the opinions about Mr. Watson's mental condition, that we have been discussing, did you also form an opinion as to whether or not at the time of these homicides Mr. Watson was able to premeditate or deliberate his deeds?

A Well, yes.

Q And before asking your opinion, may I ask you if the concept of premeditation and deliberation is not a legal term as opposed to a psychiatric term?

A It is a legal term as I understand it.

Q And do you understand what premeditation means in the law?

A I understand that it means to maturely reflect and meaningfully reflect on an act.

Q On the gravity of one's contemplated act?

A Yes.

Q And the consequences thereof?

A Yes.

Q In other words, to your knowledge is premeditation, the legal concept of premeditation and merely one's having or entertaining an intent to kill the equivalent or interchangeable?

A No.

Q Is there a difference?

A They are different.

Q Did you form an opinion as to whether or not Mr. Watson on the night of these homicides had the capacity to meaningfully and maturely reflect upon the gravity of his contemplated act, that is killing people and the consequences



8-2

1 therefrom, both to those people and to himself and perhaps  
2 society at large?

3 A Yes.

4 Q And what was that opinion, Doctor, or what is that  
5 opinion?

6 A That he was not able to.

7 Q What is the basis of your opinion that Mr. Watson  
8 was not able to meaningfully and maturely reflect upon the  
9 gravity of his acts, et cetera?

10 A To maturely reflect to me means that his faculties  
11 were functioning, mental faculties were functioning. Meaning-  
12 ful means to me, that is the opposite, of, say, of senseless --  
13 that it had meaning. It made sense and his condition of folie  
14 a deux and his acute and chronic drug intoxication, the  
15 deteriorated value systems, drug induces, would prevent his  
16 maturely reflecting or meaningfully -- appropriately under-  
17 standing his actions and the consequences.

18 Q In forming this opinion did you take into account,  
19 Doctor, the immediate circumstances of the offenses themselves?

20 Do you understand my question?

21 In other words, did you take into account how the  
22 people were killed and why, where, and whether or not Mr.  
23 Watson had any axe to grind against these people or knew them?  
24 Circumstances such as that.

25 A Yes.

26 Q Do the facts as you know them surrounding these  
27 homicides tend to reinforce your opinion on the subject of  
28 Mr. Watson did not have the capacity to premeditate or do they

8-3

1 detract from your opinion?

2 A No; they support some considerable pathology that  
3 existed in Mr. Watson.

4 Q When you use the term "pathology," what do you mean?

5 A Mental derangement or illness.

6 Q Did you also in considering or in arriving at  
7 your diagnosis that you just have given us consider the  
8 testimony of one Linda Kasabian?

9 A Yes.

10 Q Incidentally, you read her testimony after you  
11 wrote your report, did you not?

12 A Yes.

13 Q And are you aware of, basically, the testimony  
14 of Linda Kasabian now?

15 A Yes.

16 Q And are you aware that it differs in certain  
17 respects from what Mr. Watson told you?

18 A Yes.

19 MR. KEITH: Would this be a convenient time?

20 THE COURT: Yes, it would.

21 Ladies and gentlemen of the jury, we will have our  
22 morning recess at this time.

23 Again please heed the admonition heretofore given  
24 to you.

25 (Recess taken.)

26

27

28

#9

1 THE COURT: People against Watson.

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

4 You may proceed, Mr. Keith.

5 MR. KEITH: Thank you, your Honor.

6 Q Doctor, at the recess we were discussing your having  
7 read the testimony of Linda Kasabian at this proceeding, and  
8 I believe I asked you if you were aware that there were  
9 differences between Mr. Watson's account of the Tate-La Bianca  
10 homicides and Mrs. Kasabian's.

11 A Yes.

12 Q And bearing in mind that there are certain  
13 differences between the two accounts, does this change your  
14 opinion at all on whether or not Mr. Watson had the capacity  
15 to meaningfully and maturely reflect upon the gravity of his  
16 contemplated act and upon the consequences thereof?

17 A I don't think so.

18 Q And would your opinion be the same even, assuming --  
19 even assuming -- that Linda Kasabian was telling the truth, as  
20 she remembered it?

21 A Yes.

22 Q Your opinion would not change?

23 A No.

24 Q Now, have you ever had the opportunity to examine,  
25 psychiatrically, Linda Kasabian?

26 A No.

27

28

#10

1 Q Would it have been of assistance to you to have  
2 been able to examine her face to face rather than read the  
3 cold record of her testimony in assessing her credibility?

4 A In assessing her credibility, yes.

5 Q At the present time is it difficult for you to  
6 evaluate Mrs. Kasabian's credibility with any precision?

7 A Well, really it would be impossible.

8 Q Were you aware, Doctor, when you read Mrs.  
9 Kasabian's testimony that she also, along with Mr. Watson and  
10 others, had been indicted for the Tate-La Bianca homicides?

11 A Yes.

12 Q And were you also aware that at the present time  
13 as a result of the grant of immunity she is now living with  
14 her husband in New Hampshire?

15 A Yes.

16 Q Cleared of these charges?

17 A Yes.

18 Q Doctor, in the course of your interview with Mr.  
19 Watson, did he tell you in substance or effect that he thought  
20 he was Manson at the time of the homicide and Manson was him --  
21 sort of a dual identity?

22 A Well, at times that he was, yes, or that he was  
23 hearing Manson's voice in his head or seeing him and getting  
24 instructions.

25 Q Actually at the time he was doing these things?

26 A Yes, at times.

27 Q Are you telling us that he heard voices without --  
28 heard Manson's voice without Manson actually being there?

10-2

1 A That he heard Manson, in his head and that he saw  
2 him at times.

3 Q Is this, Doctor, a recognized psychiatric  
4 phenomenon?

5 A Well, it is not uncommon to feel you are someone  
6 else or to see things, have illusions or visual hallucinations  
7 under the influence of the hallucinogenic drugs.

8 Q Is this known by any name in psychiatry?

9 A Well, when you think you are somebody else the  
10 term is to be doppelgangered -- it means to meet your double.

11 Q Is this a recognized term in psychiatry?

12 A Well, it is a lay term that we use in psychiatry  
13 and it is particularly of value in explaining certain -- or  
14 describing certain experiences people have under the  
15 hallucinogens such as LSD, that you become someone else or  
16 you think you are somebody else.

17 Q In other words, it isn't unknown in the field  
18 of psychiatry particularly when somebody has ingested  
19 hallucinogenic drugs for this phenomenon to happen?

20 A No.

21 Q Think you are somebody else or to hear voices?

22 A No.

23 MR. KEITH: I have nothing further at this time. You may  
24 inquire.

25  
26 CROSS-EXAMINATION

27 BY MR. BUGLIOSI:

28 Q Doctor, when did you examine Mr. Watson?

1           A       It was, I believe, the 30th of August and September  
2 the 3rd, the evenings of those dates.

3           Q       So you examined him then a few weeks ago; is that  
4 correct?

5           A       Yes.

6           Q       And you just turned in your report this morning?

7           A       Well, last night.

8           Q       You turned in your report last night?

9           A       To Mr. Keith?

10          Q       Yes. Is that correct?

11          A       Yes.

11K-1

1 Q I believe you said that you read Linda Kasabian's  
2 testimony. Did Mr. Keith give you Linda Kasabian's testimony?

3 A Yes.

4 Q When did he give you Linda Kasabian's testimony?

5 A Last night.

6 Q After you had already prepared your report, he  
7 gave you Linda Kasabian's testimony?

8 A Yes.

9 Q And you read all of her testimony last night?

10 A Well, I skimmed it.

11 Q You didn't watch any television last night?

12 A Well, we did.

13 Q You did, and you also read a thousand pages --

14 A No.

15 Q -- there are a couple hundred pages; is that  
16 correct?

17 A Yes, I looked it over last night and some this  
18 morning, but we had discussed it on two or three meetings  
19 prior to my writing my report.

20 Q Did you ever read Susan Atkins' testimony at the  
21 Grand Jury?

22 A I think I may have read some of that in the Manson  
23 trial, as I recall.

24 Q You say the Manson trial; you mean the previous  
25 trial --

26 A Right.

27 Q -- the one where Manson, Krenwinkel, Atkins and  
28 Van Houton were prosecuted?

11-2

1 A Right.

2 Q At the time you interviewed Mr. Watson, did you  
3 find him to be well oriented as to time, place and person?

4 A Yes.

5 Q Did you have any opportunity to speak to any  
6 relatives of Mr. Watson?

7 A I just spoke, just said hello and met Mrs. Watson  
8 a couple of minutes ago.

9 Q But you didn't speak to her about his past history  
10 or anything?

11 A No.

12 Q Or any brothers he might have?

13 A No.

14 Q Or friends, classmates?

15 A No.

16 Q So your knowledge of his history is somewhat  
17 limited; is that correct?

18 A Well, I believed I had the information I needed to  
19 form a conclusion.

20 Q Now, I believe you said that you read Linda  
21 Kasabian's testimony and, of course, you are also familiar  
22 with Mr. Watson's testimony?

23 A Yes.

24 Q And you are aware that his testimony differs from  
25 Linda Kasabian's testimony in several respects; you are aware  
26 of that?

27 A Yes. I haven't read his testimony; I know what  
28 he told me and told --



11-3

1 Q All right.

2 A -- what is in the reports of the other psychiatrists.

3 Q All right. Based on what you read in Linda  
4 Kasabian's testimony and based on what Tex Watson told you,  
5 whose version of the events on these two nights do you tend  
6 to believe?

7 A Well, I have -- I know Mr. Watson and I have a  
8 fairly clear idea of his account of it, at least as he gave  
9 it to me.

10 I know how I could evaluate that; I don't know  
11 Linda Kasabian, I haven't examined her; I don't know what kind  
12 of biases or motivations or personality limitations or drug  
13 imbalance, or what have you, she might have or had suffered  
14 to, you know, to impair her testimony, or the accurateness  
15 of the testimony.

16 Q You don't have any opinion as to whose version  
17 you tend to believe?

18 A Well, I know what interpretation I would put on  
19 Watson's. I don't know what interpretation to put on hers,  
20 so that to compare them, I would say that my knowledge of  
21 hers would be incomplete for that purpose.

22 Q Doctor, I'm not here to argue with you, but didn't  
23 you just tell Mr. Kay and myself about a half hour ago -- or,  
24 about 10 minutes ago, that you tended to believe Linda  
25 Kasabian's version over Tex Watson's; didn't you tell us that?

26 A Yes. What I meant of it -- it was more detailed  
27 and because of the details of it, it could be more accurate  
28 in that sense.

1 Q You didn't say it could be more accurate; didn't  
2 you tell myself and Mr. Kay that you believed it was more  
3 accurate?

4 MR. KEITH: I am going to object to the question, your  
5 Honor.

6 THE COURT: I will allow it.

7 THE WITNESS: I would tend to believe it just on that  
8 content, on the basis that it is my impression, though I'm  
9 not sure that it is so, that he, Watson, was more drugged,  
10 more mentally impaired; therefore, he could have confabricated,  
11 could have memory impairment and altered perceptions, more so  
12 than someone who was, perhaps, more undrugged, less mentally  
13 ill.

14 Q By confabricate, this is a psychiatric term meaning  
15 to make up; right?

16 A Right.

17 Q So you feel Mr. Watson could have made up a lot  
18 of the things he told you?

19 A If he was suffering periodic amnesia from the drugs  
20 that he took, he could, and even without knowing it, fill in  
21 those blanks.

22 In other words, people do have drug-induced  
23 amnesic episodes, and oftentimes they fill those in and not  
24 realizing they have filled them in.

#12

1 Q It is your experience that they fill them in with  
2 events or interpretations that are more favorable to themselves,  
3 in other words, self-serving?

4 A Not always, no. For example, an alcoholic  
5 blackout, a person may not know they were blacked out until  
6 somebody says, "What did you do from 11:00 o'clock to 2:00?"

7 "Oh, I thought I was there all the time --" and  
8 they weren't.

9 Q And did you find or did you conclude that at the  
10 time of these murders Mr. Watson experienced any blackout?

11 A Well, there were things that indicated that he had  
12 an impaired sense of awareness and memory.

13 For example, I couldn't get from him really a  
14 time elapse from the time he left the ranch to the time they  
15 got to the Tate house. Ordinarily people remember how long  
16 they ride in a car going from one place to another. That he  
17 couldn't recall.

18 For example, the rope, how it ever got into the  
19 house, he didn't recall seeing it, carrying it, or seeing  
20 anybody else carry it.

21 Q You will agree that he may have recalled very, very  
22 vividly and just didn't want to tell you. You certainly  
23 agree with that?

24 A Well, there was no reason I could find why he  
25 should have been unclear as to the time elapse from the ranch  
26 to the house because he felt sure of what he did.

27 Q He told you that he killed these people?

28 A Yes.

12-2

1 Q With respect to many other things where his  
2 testimony differs from Linda Kasabian's, will you agree,  
3 Doctor, that inasmuch as Mr. Watson is on trial for his life,  
4 as it were, charged with seven counts of murder, that he is  
5 very apt to fabricate his story?

6 A There would be that tendency, yes.

7 Q There also might be a tendency for him to act in  
8 such a fashion during your interview of him to lead you to  
9 believe that there is something wrong with him mentally, in  
10 other words, to act crazy?

11 A That is a possibility but I didn't get the impression  
12 that he was attempting to act crazy.

13 Q Did Mr. Watson tell you, Doctor, that on the night  
14 of the Tate murders, that is the first night, when the group  
15 left Spahn Ranch, did Mr. Watson tell you that Charles Manson  
16 told him that when he arrived at the residence to cut the  
17 telephone wires leading to the residence and after the murders  
18 to wash the blood off their bodies and then throw the clothing  
19 away.

20 Did he tell you that?

21 A I don't recall his telling me that before he left  
22 the ranch.

23 Q You examined the defendant Leslie Van Houten during  
24 the last trial. Is that correct, Doctor?

25 A Well, right after the -- well, it was during the  
26 trial but it was after my testimony. It was during a lunch  
27 period, an hour and some time I talked with her, yes.

28 Q But you testified at the last trial with respect

12-3

1 to Miss Van Houton?

2 A Yes.

3 Q You were called to the stand by Mr. Keith?

4 A Yes.

5 Q This folie a deux syndrome -- it is very obvious  
6 you are very aware of this syndrome -- but did you first get  
7 the idea that perhaps this was a folie a deux situation --  
8 did you first get that idea from Dr. Bailey?

9 A I read his report prior to seeing Mr. Watson, yes.

10 Q And is he the first one who, let's say, gave you  
11 the idea that perhaps this was a folie a deux syndrome?

12 A No. I think the first time that came up was in  
13 a meeting with Mr. Keith and Mr. Bubrick and Dr. Palmer and  
14 Dr. Frank in discussing that diagnosis.

15 Q When did you and Mr. Keith and Mr. Bubrick and the  
16 other psychiatrists meet?

17 A It was right around the end of August.

18 Q I believe that you concluded that Mr. Watson's  
19 ability to deliberate and -- I will strike that.

20 You testified that he could not deliberate and  
21 premeditate; is that correct?

22 A That is right.

23 Q In your report you don't state it quite as strongly,  
24 do you? Don't you say that his ability to premeditate and  
25 deliberate were seriously impaired?

26 A Yes.

27 Q That is not quite as strong as saying that he  
28 could not do it; is that correct?

12-4

1 A Well, roughly to me it is the same thing -- either  
2 a person could do something or they can't. If it is impaired,  
3 it is impaired.

4 Q You feel then that Mr. Watson could not deliberate  
5 and premeditate these murders?

6 A Well, that is -- that his ability to premeditate  
7 was impaired.

8 Q Let me ask you this, Doctor: What facts or  
9 evidence do you have, what facts or evidence do you have that  
10 he did not deliberate and premeditate these murders?

11 MR. KEITH: I am going to object to that question. That  
12 isn't the doctor's testimony. It was couched in terms of  
13 capacity, not did or didn't.

14 Q BY MR. BUGLIOSI: Let me lay a foundation  
15 then.

16 Do you feel that Mr. Watson deliberated and  
17 premeditated these murders?

18 A No.

19 Q What facts or evidence do you have that he did  
20 not deliberate and premeditate these murders?

21 A The reasons he could not were that he was suffering  
22 from an acute and chronic brain syndrome, that he was suffering  
23 from a folie a deux psychosis, that his value system had  
24 deteriorated from chronic use of drugs and association with  
25 Manson and the family, that he was having visual and delusional  
26 ideation and perceptual and memory impairments on the night in  
27 question.

28 Q Well, what conduct on his part, on the night of the

1 Tate or La Bianca murders, what conduct, what did he do or  
2 what did he say that led you to believe, if this is the case,  
3 that he did not deliberate and premeditate these murders?

4 A Well, his description of his condition, his drug  
5 state, his mental state, that would preclude to me that he  
6 would be capable of naturely reflecting and meaningfully  
7 reflecting on the consequences.

13



13R-1

1 Q So your position, then, is that no matter what he  
2 did or what he said, he was incapable of deliberating and  
3 premeditating the murders?

4 A No, not anything; but what I have been told by  
5 him and read --

6 Q All right.

7 A -- read what happened --

8 Q What are these things that lead you to believe  
9 that he could not deliberate and premeditate these murders;  
10 what are these things they said and he did?

11 A Well, I thought I told you that on account of his  
12 condition at the time --

13 Q I am not talking about mental condition now; I'm  
14 talking about what he did and what he said on the nights of  
15 these murders?

16 Do you feel that what he did and said is relevant,  
17 in other words?

18 A Yes.

19 Q If it is relevant, then, what did Mr. Watson do  
20 or say on these two nights of murder that lead you to believe  
21 he could not deliberate and premeditate these murders?

22 A Well, that he was functioning in an intoxicated  
23 state; that he was, as I say, having delusional hallucinations  
24 of seeing Manson.

25 Q But you don't know whether he was having these  
26 hallucinations; he told you that, is that right?

27 A That's right.

28 Q And that's the beginning and the end of your



13-2

1 knowledge; right?

2 A No, on that, the only way I would know he is having  
3 hallucinations would be by his self-reports, since they are  
4 something from his imagination.

5 Q So, in other words, your conclusion that he did  
6 not deliberate and premeditate primarily is predicated on the  
7 assumption that he told you the truth?

8 A Well, that was happening; that was one thing, yes.

9 Q And you have already testified, and believe, that  
10 you tend to believe Linda Kasabian's version of what happened  
11 more than what he told you?

12 A No, that I would feel that it could be more accurate  
13 since I assume that she was -- though, I don't know, -- in a  
14 less of a drugged state than his; that he had been under the  
15 influence, as best that I could determine, drugs that would  
16 impair his perception, impair his memory.

17 I mean, if one person is intoxicated and the other  
18 presumably isn't, I would tend to believe the nonintoxicated  
19 person.

20 Q But you don't know whether Watson was intoxicated,  
21 do you?

22 A I believe that he was.

23 Q Why do you believe that he was?

24 A The accounts of the fact that he was in a sub-  
25 culture where there was heavy drug use, that there were several  
26 reports of practically constant drug use and that that the  
27 effect of these drugs is not just acute but chronic; that he  
28 had evidence of chronic brain syndrome some year, roughly,

13-3

1 after discontinuing of drugs.

2 Q But other than what he told you, you have no  
3 evidence that he ingested any type of drugs just prior to  
4 these murders?

5 A No, I don't think so.

6 Q You don't think what?

7 A I don't think I have any evidence other than what  
8 he said about his drug ingestion.

9 Q I believe you testified that Mr. Watson did not  
10 know the consequences of his actions; did you say something  
11 to that effect, this is why you felt he could not maturely  
12 and meaningfully reflect upon the gravity of his acts?

13 A That he could meaningfully --

14 Q Right.

15 A Right.

16 Q Is one of the things that you said, that he did  
17 not know the consequences of his actions?

18 A Meaningfully, right.

19 Q He did not meaningfully realize the consequences  
20 of his actions?

21 A That's correct.

22 Q He certainly knew, Doctor, when he stabbed these  
23 people and when he shot them that this would end up in their  
24 deaths; he knew that?

25 A I would think so, yes.

26 Q Doesn't this show that he was aware of the con-  
27 sequences of his actions?

28 A Well, of that consequence.

↑

13-4

1 Q All right. Let's talk about some other con-  
2 sequences. Assuming that he told Linda Kasabian -- this is  
3 a hypothetical -- assuming that he told Linda Kasabian to  
4 wipe the fingerprints off of those knives before she threw  
5 them out the window, wouldn't this also show an awareness of  
6 the consequences of his actions?

7 A Of that part, yes.

8 Q What part is missing, Doctor?

9 He knows that someone is going to end up dead as  
10 a result of his stabbing them and he knows that if he gets  
11 caught there is going to be trouble, so he takes measures to  
12 avoid detection.

13 What other consequences are missing?

14 A Who he was, his identity, his own identity; the  
15 rightness and wrongness of it, morally and legally.

16 Q You are saying that he didn't think it was wrong  
17 to kill these people?

18 MR. KEITH: I will object to the question, your Honor;  
19 that isn't -- that issue isn't before the Court --

20 MR. BUGLIOSI: I am asking him --

21 MR. KEITH: -- at this time.

22 THE COURT: Doctor, can you answer that question?

23 THE WITNESS: Would you answer it again?

24 Q BY MR. BUGLIOSI: You indicated that he didn't  
25 realize that what he did was wrong.

26 A I believe that there was -- he had a disturbance  
27 of an affect that he didn't appropriately appreciate, having  
28 the feeling that should go with such acts to make him feel

13-5

1 that it was wrong, or the belief -- he had a philosophical  
2 belief system, a delusional belief system as a result of his  
3 foile a deux, that distorted his sense of values, his  
4 appropriateness of his affect.

5 Q Well, assuming --

6 MR. KEITH: The doctor may not have finished his  
7 answer.

8 MR. BUGLIOSI: I am sorry, Doctor; go ahead.

9 THE WITNESS: And, as it were, the rightness or wrong-  
10 ness of such conduct.

11 Q BY MR. BUGLIOSI: Well, assuming that he told  
12 Linda Kasabian to wipe the fingerprints off the knives, if  
13 he didn't think that what he did was wrong, do you have an  
14 explanation why he would tell her this?

15 A Well, he may have thought his own identity or that  
16 of the group to be, as it were, the ones to be the instigators  
17 of this -- they wanted to imply that it was an act of, per-  
18 haps, a Negro group.

3A1.

13A

1 Q Are you saying that he personally didn't care  
2 whether he got caught, his main objective was to --

3 A Create a certain --

4 Q -- blame the black people for these murders?

5 A Create a certain image, yes.

6 Q But he, personally, you don't feel, cared whether  
7 he got caught or not?

8 A Well, I don't know if that was a factor in his  
9 thinking at the time. I didn't get any indication from him  
10 that he, Watson, being caught was a matter of concern or part  
11 of his thinking at the time.

12 Q Did you read Diane Lake's testimony at this trial  
13 to the effect that Mr. Watson --

14 MR. KEITH: May the -- well, go ahead, let him finish  
15 his question.

16 Q BY MR. BUGLIOSI: -- to the effect that Mr. Watson  
17 made her promise not to tell anyone that he told her he had  
18 killed Sharon Tate?

19 Did you read that testimony?

20 A No.

21 Q Assuming that to be a fact, assuming he did tell  
22 Diane Lake or make Diane Lake promise not to tell anyone,  
23 wouldn't that indicate an awareness of the consequences of  
24 what he had done?

25 A Now, she's the one in Texas?

26 Q No; Diane Lake was a former member of Mr. Manson's  
27 family, 16 or 17-year old girl.

28 A And when was this done?

13A-2

1 Q Supposedly, according to her testimony, about a  
2 week and a half after these murders in Olancha, California;  
3 according to her testimony Mr. Watson told her that he had  
4 stabbed Sharon Tate to death, then he made her promise not to  
5 tell anyone about it.

6 Now, assuming this to be true, what would this  
7 indicate to you?

8 A Well, my understanding of his condition was that  
9 he was ~~becoming~~ coming out of his acute drug use during that period.

10 Q A week and a half after the murders? (Which was around Aug. 20th)

11 A Right, because he left roughly at the end of the  
12 month of October --

13 Q I believe his testimony was he left on the 1st of  
14 October, he left the Manson family.

15 A ~~Yes,~~ and in that interim there he had begun to,  
16 at least his accounts to me, stopped the drug use.

17 I guess they didn't have drugs to use; and at the  
18 time he left he became acutely aware of his -- what he was  
19 doing or had done and was doing.

20 Q Is that, in your opinion, why he left?

21 MR. BUBRICK: It is immaterial, your Honor; he is not  
22 here to tell us why Mr. Watson left. He left.

23 He's here to say what his medical condition was on  
24 August 9th and 10th.

25 THE COURT: Sustained.

26 Q BY MR. BUGLIOSI: It is your opinion, then, that  
27 when he told Diane Lake this, assuming he did tell her that,  
28 he was thinking more clearly at that point because he had

13A-3

stopped ingesting drugs; is that correct?

A Well, my opinion is that in that month that followed he was using less drugs and that he became, as it were, more rational in his thinking and his values began to improve; and that he, then, as a consequence of that made a prompt exodus to Texas.

14



1 Q Assuming again that this event took place about a  
2 week and a half after these murders, in Olancha, just a week and  
3 a half, are you saying then that within that week and half  
4 period Mr. Watson now recognized what he had done and he  
5 realized the consequences of his act?

6 A I would say that he was -- I don't know exactly  
7 the period, *(the Dr. should be a comedian)* for his drug state, but I would say that would give  
8 him time to improve from his drug induced state, particularly,  
9 the acute effect of the drugs he was using.

10 If he took no more, he should be out -- in that  
11 period of time at least have all the drugs cleared from his  
12 system, so that he wasn't acutely intoxicated with drugs which  
13 should improve his performance.

14 Q This is all based on the assumption then that he  
15 was under the influence of LSD and other drugs at the time of  
16 these murders?

17 A Yes. I believe they had a lot to do with his  
18 behavior that night.

19 Q Haven't you indicated, Doctor, that when you use  
20 drugs, you are a heavy user of drugs over an extended period  
21 of time, that you are a so-called user of drugs and there is  
22 a chronic brain syndrome?

23 A Yes.

24 Q How could this change within a week and a half  
25 period even if he stopped taking drugs completely? How could  
26 this change?

27 A Well, when the -- the chronic brain syndrome doesn't  
28 clear that quickly, but there is acute and chronic. When the



14-2

1 drugs clear in the system, which they can in a few days or a  
2 few hours depending on the drug, a degree of improvement  
3 occurs. Depending on the drug and the amount of drug used,  
4 that determines the time it takes. A person begins to improve.

5 Q Are you aware, Doctor, that the La Bianca residence  
6 at 3301 Waverly Drive is in the Griffith Park area of Los  
7 Angeles?

8 A Well, I didn't know exactly where it was.

9 Q Are you aware that it is in that general area,  
10 the Los Felix-Griffith Park area of Los Angeles?

11 A Yes.

12 Q You said that there may have been a change in  
13 Mr. Watson's mental condition about a week and a half after  
14 these murders.

15 Let's bring it a little closer to the time of the  
16 murder. Assuming that he told a girl by the name of Barbara  
17 Hoyt, another former family member, assuming that he told her  
18 a day after these murders not to talk to anyone about Griffith  
19 Park and that they, including himself, had been at a love in  
20 at Griffith Park. What would this indicate to you -- or a day  
21 after the murders?

22 A That they had been --

23 Q Let me give you a little more background. Assuming  
24 that Barbara Hoyt testified that a day after the murders she  
25 told Charles Tex Watson that Leslie Van Houton had hid in the  
26 back house at the ranch from some man who had given her a  
27 ride back from the Griffith Park area; and assuming then that  
28 Charles Tex Watson told Barbara Hoyt, "Don't talk to anyone

14-3

about Griffith Park. We were at a love in."

Assuming that situation, only one day after these murders, what would that indicate to you?

A I guess he didn't want to tell her about what really happened.

Q Do you have any opinion why he wouldn't want to tell her?

~~MR. KEITH: I will object to the question as improper cross-examination.~~

~~MR. BUGLIOSI: These are his opinions.~~

~~THE COURT: I will allow it.~~

THE WITNESS: Well, I would have to speculate but I gather he didn't want to tell her the truth or he wanted to give her some other impression.

Q BY MR. BUGLIOSI: We know that, Doctor, I am assuming that this took place. We know that.

I am asking you now what his state of mind was to cause him to tell her that. You are the psychiatrist.

A Well, I haven't examined him on that point. I really don't know why he would do it. All I can say that the conditions that he had have a certain duration. They don't clear in a day and they sort of feed on one another, namely, the acute intoxication is going to aggravate the folie a deux, aggravate the chronic brain state.

Q In other words, he was still in this folie a deux situation, this brain syndrome situation, not being aware of the consequences of his act? He was still in that situation, let's say, one day after the murders, but a week and a half

14-4

1 after the murders he had changed?

2 A Well, he could be partially aware, but I would say  
3 that -- I mean he is not able to maturely and meaningfully  
4 reflect. P P

5 Q Doctor, in all deference to you and your  
6 profession, isn't it true that your testimony about these  
7 things is pure unadulterated guesswork; isn't that true,  
8 Doctor?

9 A No, I don't think so.

10 It has to make some sense, fit together. There  
11 has to be some explanation for his, for example, behavior  
12 when I saw him, how his personality would fit into that setting.

13 Maybe he wasn't there at all, if you want to make  
14 it completely speculative. I only know what I have read in  
15 the reports and what I have obtained from Dr. Walter's reports,  
16 the other reports, and in talking to him.

17 MR. BUGLIOSI: Your Honor, would this be convenient?

18 THE COURT: Yes.

19 Ladies and gentlemen of the jury, we will recess  
20 at this time until 1:30 and again heed the admonition  
21 heretofore given.

22 (The noon recess was taken until 1:30 p.m. of the  
23 same day.)  
24  
25  
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14A

1 LOS ANGELES, CALIFORNIA, THURSDAY, SEPTEMBER 16, 1971; 1:30 P.M.

2  
3  
4 THE COURT: People against Watson.

5 Let the record show that the jurors are not  
6 present. Mr. Keith, I understand, that you subpoenaed Paul  
7 Watkins and Brooks Posten both of whom testified.

8 MR. KEITH: They are here in court.

9 THE COURT: Paul Crockett testified.

10 MR. KEITH: Yes.

11 THE COURT: So did Juan Leo Flynn.

12 MR. KEITH: Yes, your Honor.

13 THE COURT: They testified.

14 THE CLERK: These were resubpoenas on Paul Crockett and  
15 Watkins, your Honor.

16 MR. KEITH: That is Brooks Posten and Watkins were  
17 resubpoenaed by me to testify on behalf of the defense.

18 They appeared in response to the subpoena. They  
19 are here now.

20 However, both Mr. Eubrick and myself felt that,  
21 after due consideration, further testimony by them would  
22 in all probability be cumulative and we advised them that they  
23 need not testify. However they are here and in response to  
24 the subpoena.

25 THE COURT: I see them here. I think it is a legitimate  
26 county charge and I order it paid. Thank you. Bring the  
27 jurors in, John, please.

28 (The following proceedings were had in the presence

14A-2

1 of the jury.)

2 THE COURT: All right, People against Watson.

3 Let the record show that all jurors are now  
4 present. All counsel and the defendant are present,  
5 Dr. Ditman.

6  
7 KEITH S. DITMAN,

8 resumed the stand and testified further as follows:

9 THE COURT: Mr. Bugliosi, you may proceed.

10  
11 CROSS-EXAMINATION (CONTINUED)

12 BY MR. BUGLIOSI:

13 Q Thank you, your Honor.

14 Doctor, would you consider yourself a friend of  
15 Mr. Keith?

16 A Yes.

17 Q And what was your monetary compensation, if any,  
18 for your examining Mr. Watson and testifying?

19 MR. BURRICK: That is immaterial, your Honor.

20 THE COURT: Overruled.

21 THE WITNESS: I planned to submit a bill on the basis  
22 of my time involved.

23 Q BY MR. BUGLIOSI: That includes your reading of  
24 the reports of the other doctors and examining Mr. Watson and  
25 also your testimony in court?

26 A Yes.

27 Q Also the time you spent speaking to the defense  
28 attorneys? Things like that?



1 A Yes.

2 Q You were not appointed by Judge Alexander to  
3 examine Mr. Watson, were you?

4 A Well, I have a court order that directs me to do  
5 so. Whether it is an appointment or not, I don't know.

6 MR. BUGLIOSI: For the record, your Honor, could it be  
7 stated that he was not appointed by you?

8 MR. KEITH: I will stipulate that he wasn't appointed  
9 by the court. He does have an order from the court to permit  
10 him to enter the county jail facilities and examine him.

11 MR. BUGLIOSI: Right, but he was not appointed by Judge  
12 Alexander to examine Mr. Watson. So stipulated?

13 MR. KEITH: So stipulated.

14 Q BY MR. BUGLIOSI: With respect to Linda Kasabian's  
15 version that Tex Watson told her to wipe the fingerprints off  
16 the knives before she threw them out of the car, you indicated  
17 that the reason why Mr. Watson may have told Linda Kasabian  
18 that was he wanted to blame the black people for these murders?

19 A Did he say that to me?

20 Q No. Is that your belief, that the reason he may  
21 have told Linda that was he wanted to blame the black people  
22 for these murders?

23 A Well, I didn't go into that specific point with him.  
24 It would be my speculation that it would be in keeping with  
25 the general direction that I gather Manson had in mind was to  
26 blame the black people.

27 Q And it was your opinion from your examination of  
28 Mr. Watson that Mr. Watson accepted this belief and objective

1 of Mr. Manson?

2 A That it would happen, yes.

3 Q No, not <sup>just</sup> that it would happen, but did he endorse it,  
4 did he back it, was he in favor of it?

5 A Well, he never said or led me to believe he was  
6 in favor of it. The impression I got was that it wasn't wrong.

15R-1

1 Q Pardon?

2 A That it wasn't wrong, he didn't see it as wrong.

3 Q He didn't see it -- Mr. Watson did not see it as  
4 wrong to blame the black people for these murders?

5 A Well, to do the murders, to do all the things that  
6 he was doing.

7 Q And to blame black people?

8 A Well, we didn't actually discuss was he attempting  
9 to put the blame on black people; I didn't go into that par-  
10 ticular point.

11 Q Your examination of Mr. Watson was over two years  
12 after these murders; is that correct?

13 A Yes.

14 Q And you will certainly agree that the more time  
15 that elapses between the times of the murders and the time of  
16 the examination, the more difficult it is for you to reach a  
17 conclusion as to Mr. Watson's state of mind?

18 A At the time of the murders -- yes.

19 Q At the time of the murders.

20 The farther we go away from the time of the mur-  
21 ders, the more difficult it becomes; right?

22 A Right. There is no particular advantage in the  
23 lapse of time.

24 Q Just makes things worse; right?

25 A Well, up to a point. I mean, if you were there  
26 at the time, it would be most helpful to evaluate a person  
27 mentally.

28 Q If you were there at the time of the commission



1 of these murders, you have no way of knowing what your  
2 evaluation would be at this time?

3 A No.

4 Q I believe you testified that you accepted Dr.  
5 Walter's EEG report as true; is that correct?

6 A Yes, I have confidence in his work.

7 Q Did you accept the Atascadero findings that there  
8 was no evidence of brain damage?

9 MR. KEITH: I will object to that question on the grounds  
10 that assumes facts not in evidence.

11 Again, we get into the problem of the EEG --

12 THE COURT: Yes, the interpretation of the Atascadero  
13 records, you did ask one of the doctors --

14 MR. BUGLIOSI: Dr. Walter, I think, examined it and said  
15 there was no evidence of brain damage and it was a normal EEG,  
16 if I recall correctly.

17 THE COURT: And if I recall correctly, that depends on  
18 the interpreter and the machine, too.

19 MR. BUGLIOSI: Right.

20 MR. KEITH: The objection is that it assumes facts not  
21 in evidence, that the normal EEG at Atascadero of necessity  
22 discloses lack of brain damage.

23 It is a factor to be considered, but it is not the  
24 whole picture.

25 MR. BUGLIOSI: I think Mr. Keith is testifying now,  
26 your Honor.

27 MR. KEITH: I'm stating my objection, which one is  
28 supposed to do.

15-3

1 THE COURT: Suppose you reframe the question.

2 You didn't have time to read the Atascadero EEG,  
3 did you?

4 THE WITNESS: No.

5 Q BY MR. BUGLIOSI: Did you read the Atascadero  
6 reports on Mr. Watson?

7 A No.

8 Q You did not read any of the Atascadero reports?

9 A From the hospital?

10 Q Well, the Atascadero State Hospital, right; Mr.  
11 Watson was there in October, I believe, of 1970, and he was  
12 examined by some doctors up there and they submitted some  
13 reports.

14 Did you read those reports?

15 A All I saw was reports of those reports, such as  
16 made by Dr. Walters and the psychologists and Dr. Bailey; but  
17 I didn't actually see the hospital reports, as I recall.

18 Q Well, the reports of the reports that you read,  
19 did they indicate that the EEG at Atascadero was normal?

20 A The account I think I read in Dr. Walter's report  
21 and Dr. Bailey's, said there was no abnormality found; right.

22 Q Did you accept that as opposed to Dr. Walter's  
23 finding?

24 A Well, I read other reports from Atascadero and I  
25 find that, frankly, that generally at places like a state  
26 hospital --

27 Q Had you read other EEG reports from Atascadero?

28 A I read other hospital reports on other patients --

15-4

1 that they do miss things that they wouldn't miss, say, for  
2 example, at a teaching institution like UCLA.

3 Q In other words, you find errors in the way they  
4 interpret an EEG report up there?

5 A Well, I didn't say I found errors-- in what I  
6 believe to be errors in other cases and in this case, as far  
7 as I could determine.

8 Q You have heard of Dr. Joel Fort?

9 A Yes.

10 Q Is he considered to be an expert in the field of  
11 LSD?

12 A Yes.

13 Q I believe you testified that the drugs that Tex  
14 took -- Tex Watson took -- don't knock out motor activity of  
15 the body; is that correct?

16 Was that your testimony?

17 A Right; their primary effect is not on the motor  
18 system but on the consciousness, awareness.

19 Q When you say "motor," what do you mean by that?

20 A Well, I mean --

21 Q Movements?

22 A Right, coordination, movement, strength.

23 Q Are you familiar with the drug, belladonna?

24 A Yes.

25 Q And you don't feel that belladonna affects the  
26 motor activity of the body?

27 A Not primarily, no.

28 Q Did you ever examine someone who told you they had

1 taken belladonna?

2 A Yes, I have given belladonna and scopolamine.

3 Q What dosage of belladonna? I understand that  
4 sometimes children take belladonna, you can get a prescription  
5 for it.

6 Is that the type you are talking about?

7 A Well, I am talking about generally would be  
8 medical doses, atropine and scopolamine, and some of the  
9 other related drugs.

10 Q What was the purpose of your giving belladonna to  
11 these particular people?

12 A Belladonna and atropine can be used and is used  
13 to counteract the hyperactivity that occurs during insulin  
14 coma therapy, for one thing; the patients become very hyper-  
15 active and you calm that down; also these drugs, particularly  
16 scopolamine, can be used to quiet an excited psychotic patient.

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1 Q So you gave belladonna actually as a form of  
2 medication then?

3 A Yes.

4 Q And you never found that, as a form of medication,  
5 it knocks a person out; right?

6 A Well, it certainly quieted the excited psychotics.

7 Q In fact, if it had knocked them out, you wouldn't  
8 have prescribed it for the patients; right?

9 A Well, knocked out is --

10 Q I think it is a term that you used, Doctor.

11 A Yes -- what it does, it takes away mental  
12 excitement. It has a quieting effect, but also it has a  
13 euphoric effect and can cause also mental confusion and, as  
14 I mentioned, the dryness of the mouth, but per se it is not  
15 a muscle paralyzing drug such as curare.

16 Q Have you ever spoken to someone who has <sup>ingested</sup> suggested,  
17 let's say, belladonna roots?

18 A Yes.

19 Q Did they tell you what effect they had on them?

20 A Mr. Watson gave me the account of how it affected  
21 him.

22 Q What effect did Mr. Watson say belladonna had on  
23 him?

24 A That it caused a great deal of dryness of the  
25 mouth, confusion, and also some stumbling around, when he was  
26 trying to ride his motorcycle, and that his skin appeared  
27 extremely red as if he could also see into his flesh and that  
28 it had a prolonged action on him.

1 Q Isn't the stumbling around a motor effect?

2 A Well, it is but it depends on where -- why the  
3 stumbling, where it is caused.

4 Q Where it is caused?

5 A Why it is caused. For example LSD doesn't  
6 primarily work on the motor system, but people who take it  
7 generally have a sense of lethargy or inability to move, but  
8 in fact they can move quite well. They just think they can't.

9 Q I was talking about belladonna for the moment.  
10 Apparently belladonna according to Mr. Watson himself caused  
11 him to stumble around; is that correct?

12 A Well, he said he was stumbling around, right, but  
13 I am not --

14 Q You disbelieve Mr. Watson?

15 A No. The thing is that isn't necessarily a motor  
16 effect.

17 Q What do you mean then by motor effect, Doctor?  
18 I think I am confused here.

19 A Belladonna can cause blurring of the vision,  
20 dilate the pupils and causes blurring of the vision.

21 A person might stumble around because their  
22 perception is that poor. It could cause a mental confusion and  
23 perceptual distortion so that a person may be thinking they  
24 are doing the right thing and find that they are not.

25 Q You are not too familiar, are you, Doctor, with  
26 the effect of the ingestion of nonclinical belladonna? You  
27 really aren't too familiar with that?

28 A Let me say this: That particular thing ingested

1 I am sure has other things in it besides belladonna. In  
2 other words, it was a whole plant, the root of a plant. It  
3 wasn't just a purified drug.

4 Q But I mean you don't consider yourself an expert  
5 in the field of ingestion of nonclinical belladonna? You  
6 don't consider yourself an expert there, do you?

7 A What do you mean by nonclinical belladonna?

8 Q Well, other than some doctor prescribed belladonna  
9 as a medication -- I am not talking about that type of  
10 belladonna -- I am talking about eating a belladonna root,  
11 the root of a plant that contained belladonna. You are not  
12 familiar with the effect that has on a human being.

13 A No, I haven't studied it but you can't talk about  
14 plants like that, you can't talk about them as being like  
15 pure belladonna. There is a lot of stuff in there and whether  
16 it has all been studied or not I don't know.

17 Q Would you consider speed to be a powerful drug? ✓

18 A Yes.

19 Q Would you consider it to be a dangerous drug?

20 A Yes.

21 Q Is LSD a dangerous drug and a powerful drug?

22 A Yes.

23 Q Is belladonna taken in root form a dangerous and  
24 a powerful drug?

25 A Yes.

26 Q Is cocaine a dangerous and powerful drug?

27 A Yes.

28 Q I believe you testified that the drugs that Mr. 77



1 Watson took, I believe you testified wouldn't create such  
2 a condition, I mean that other people would be able to notice  
3 it; is that correct?

4 A The hallucinogenic drugs and even stimulating drugs,  
5 the effect can be central or psychic, so that unless a person  
6 gets, as it were, an appreciation of what is going <sup>on</sup> in the  
7 person's mind, they may not be aware that the person is under  
8 the influence of any drug. I mean there is no odor as there  
9 is with alcohol.

10 Q So what you are saying then is that if someone took  
11 these four powerful dangerous drugs, all four of them, all are  
12 powerful and dangerous drugs according to your testimony --  
13 speed, cocaine, LSD and belladonna -- they had it in their  
14 system, they could talk to someone and there would be no  
15 manifestation at all. They would just appear completely  
16 normal.

17 Is that your testimony?

18 A No, I didn't say no manifestation -- to the casual  
19 or the uninitiated observer there may not be, may not appear  
20 anything particular abnormal.

21 Q To the casual observer, what would he notice?

22 A He should notice dilation of the pupils. That is  
23 one thing with atropine, the one thing with LSD that you can  
24 rely on.

25 Q Anything else?

26 A That is the main thing. Now --

27 Q Are you through with your answer?

28 A I suppose that is enough for the moment, yes.



1 Q These four powerful dangerous drugs, the only outward  
2 manifestation that they cause when a person takes them --  
3 cocaine, belladonna, LSD and speed -- is a dilation of the  
4 pupils?

5 A No. I didn't say the only. I said the one thing  
6 you could count on.

7 Q How can you consider drugs like that powerful if  
8 that is the only thing, outward manifestation?

9 A Because they get at the psyche in such a way to  
10 produce a psychosis.

11 Q They have no effect on the person physically?

12 A Yes, they do.

13 Q But this is not shown to some outside observer?

14 A These are not the effects that are so dangerous or  
15 so, let's say, prominent.

16 Q If a person is hallucinating, let's say seeing  
17 distortions, isn't he going to be acting a little strange?

18 A Not necessarily.

19 Q But normally.

20 A He might. He may not. He may be responding to the  
21 hallucination and he may not. He may be panicked by them.  
22 He may not.

23 Q Did you ever examine Mr. Watson while he was under  
24 the influence of LSD or any other drug?

25 A No.

26 Q Do you know how he acts when he is under the  
27 influence of LSD or any other drug?

28 A No.

1 Q Did you read this man's testimony over here with  
2 the purple shirt, that just walked in, Paul Watkins, to the  
3 effect that when Mr. Watson takes drugs he sits down with  
4 his eyes wide open and he stares.

5 Did you read that testimony?

6 A No.

7 Q If you saw Mr. Watson sitting down somewhat  
8 immobile, with his eyes wide open and staring for a long  
9 period of time, would that give you the impression that maybe  
10 something is wrong, that he is under the influence of something?

11 A It would give me the impression that something  
12 was wrong.

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17-R-1

1 Q That's just LSD, Doctor.

2 MR. BUBRICK: Was that a question or a response, your  
3 Honor?

4 THE COURT: I don't know.

5 MR. BUGLIOSI: I will withdraw that.

6 THE COURT: I didn't hear that.

7 MR. BUGLIOSI: I said, "that's just LSD" that I was  
8 talking about.

9 Q Did you read Brooks Posten's testimony or David  
10 Neale's testimony at this trial on how Mr. Watson acts while  
11 he's under the influence of just LSD?

12 A No.

13 Q So far, all you know, then, Doctor, while he's under  
14 the influence of LSD, he might jump up and down or he might  
15 sit down and stare; you don't know?

16 A Well, I have an idea how people react. I have  
17 seen literally hundreds of them under drugs.

18 Q But you don't know how he acts, do you?

19 A I haven't seen him under drugs. I have some  
20 account from him how he did respond to drugs.

21 Q I believe you testified that LSD tends to markedly  
22 change a person's values; is that correct?

23 A Yes.

24 Q What type of values does it change?

25 A Well, very generally, the people who have used it,  
26 particularly chronically, have shifted from what might be  
27 called material values to spiritual values; and believe in,  
28 let's say, certain philosophical systems, maybe some of the

1 eastern religions, for example, or the hippie way of life;  
2 or, in abandoning their usual concepts of even morality and  
3 society, as most of us know it.

4 Q So you find, then, that the typical user of LSD  
5 tends to abandon typical mores and ethics and morality?

6 A Many users have a shift in their value systems,  
7 yes.

8 Q Now, what type of a shift is it? You say they  
9 abandon typical moralities and ethics; do they start believing  
10 that, perhaps, it is not wrong to hurt other people, or it is  
11 not wrong to steal, things like that?

12 A They can. The thing is they are particularly  
13 susceptible to suggestion and they are very impressionable when  
14 they are using those drugs, very.

15 Q Would the term antisocial be a good adjective to  
16 be used, that they tend to become more antisocial?

17 A Well, I think it would need a little more explana-  
18 tion than that.

19 Q If you have any more adjectives, swell.

20 A Generally, the users of the hallucinogenic drugs  
21 in contrast to, let's say, the users of alcohol, become more  
22 introspective, more indolent, more meditative, more religious  
23 in their orientation, preoccupation, whereas the user of  
24 alcohol becomes generally more aggressive, more, perhaps,  
25 confident in themselves, begin talking louder.

26 In other words, alcohol would be a extrovertive  
27 drug, the hallucinogen an introspective drugs, for the most  
28 part.

1 Q Would you say it is a very common phenomenon that  
2 people who ingest LSD and other hallucinogenic drugs tend to  
3 place less and less of an emphasis upon human life?

4 A Well, the use of the hallucinogenic drugs is  
5 tremendously dependent on two other factors; the personality  
6 of the individual and the setting in which they take the drugs.

7 See, the problems that developed in this country  
8 with LSD was that it wasn't its very potential medical value;  
9 it is that it got out of the laboratory and into the hands of  
10 the Mickey Mouses in the street and street use of the drug is  
11 vastly different than the medical use.

12 Well, the only thing, what I'm trying to tell you  
13 is that it is tremendously important to the setting in which  
14 the drug is used, particularly when a drug, as it were,  
15 destroys a person's orientation, mental orientation -- who  
16 they are, what time it is, where they are -- and if it makes  
17 them very suggestible and highly impressionable, then they are  
18 kind of like helpless individuals as far as what kind of  
19 changes are going to take place in them.

20 Q Well, you indicated that one of the changes in  
21 values is an increasing emphasis on the spiritual aspects of  
22 life as opposed to the material aspect?

23 A Right.

24 Q Any other changes?

25 A Well, they can go toward -- a lot of them become  
26 kind of indolent.

27 Q Indolent; you mean lazy?

28 A Nonproductive, yes.

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Q Okay; anything else?

A Become, sometimes, often interested in music and art, esthetic things; enhanced esthetic appreciation, gain, let's say, psychological -- what they believe are psychological understandings of things, new important insights into things, such as themselves, or philosophy or certain religions, or about how to live, so forth and so on.

Q Do they change, normally, with respect to their view about the law under which we live?

A I have seen cases, yes, who have done that; yes, very much so.

Q It is very common, isn't it?

A Yes.

17af.

17AR-1

1 Q They tend to view the law as something that really  
2 is not necessary, something that they do not have to live by?

3 A Yes, they feel it is something that<sup>is</sup> without  
4 understanding, as rigid, not getting the great truth that they  
5 have.

6 Q In essence, then, it tends to make them<sup>↑</sup> more  
7 antisocial?

8 A Well, antisocial, I don't like that terms, because  
9 it implies that they are going to set about and try to, as it  
10 were, do hostile acts.

11 Q Well, have you found a higher incidence of  
12 criminality among people who use LSD as opposed to nonusers?

13 A No. Well, not per se, criminal, in the sense of  
14 violence.

15 Q I am not talking about violence, I am talking  
16 about violating any type of a law.

17 A Yes, in the sense that they are apt to gravitate  
18 toward drug abuse, drug dependency, marijuana use and these  
19 things, in trafficking in drugs and taking a permissive atti-  
20 tude towards drugs, which in that sense, a greater degree of  
21 law violation?

22 Q And also in the areas of, certainly, of other  
23 persons' personal property; theft, things like that, burglary?

24 A Not necessarily. They may become very, as it  
25 were, religious in their orientation; and hyperethical. As  
26 I say, it depends on what sort of thing happens. It is sort  
27 of like a two-edged sword, it can go one way or the other.

28 That's why the setting and the set -- that is,



1 who uses it and where -- has a lot to do with the outcome.

2 Q Doctor, your report is four pages and then there  
3 is a small paragraph at the top of the fifth page; is that  
4 correct?

5 A I believe so.

6 Q Let's say in these five pages, actually it is four  
7 whole pages and a small paragraph on the fifth page -- of  
8 these, three of these pages you recite in summary fashion what  
9 the other psychiatrists reported about Mr. Watson; is that  
10 correct?

11 A Yes.

12 Q So when you separate your recitation of what the  
13 other psychiatrists said, your report is one page and one  
14 little paragraph; right?

15 A I believe so.

16 Q Did you get the impression from talking to Mr.  
17 Watson, Doctor, that he was attempting to avoid responsibility  
18 for these crimes and place the blame on someone else?

19 A Yes.

20 Q You got that impression from him?

21 A Yes.

22 Q I believe you referred to Manson's philosophy in  
23 your report as a psychotic philosophy. What do you mean by  
24 that?

25 A Well, that it is based upon sort of a paranoid  
26 attitude toward people, racial groups, and on, perhaps,  
27 delusional concepts such as what would happen if certain things  
28 were done: If there was a bottomless pit in the desert; and



1 that, as it were, absolutely an event that was going to take  
2 place, such as Armageddons.

3 A Armageddon?

4 A Yes -- that California is going to fall into the  
5 ocean.

6 I consider these sort of psychological or psycho-  
7 pathic --

8 Q Even the last one, you do?

9 A Yes. I think it depends on the extent that --

10 Q You could make a lot of people sleep a lot easier.  
11 I mean, I would believe it if they accepted what you said  
12 there. A lot of people seem to have some fears in that area.

13 MR. KEITH: May Mr. Bugliosi's remarks about --

14 THE COURT: I think they are harmless.

15 MR. KEITH: I think so, too, but --

16 Q BY MR. BUGLIOSI: So, anyway, you feel that Mr.  
17 Manson's philosophy was a psychotic philosophy; is that correct?

18 A Yes.

19 Q And Mr. Watson accepted that philosophy, so this  
20 is one of the reason you feel that he was psychotic, Mr.  
21 Watson?

22 A That's correct.

23 Q Do you feel that at the present time, as he is  
24 sitting at this table right now, Mr. Watson, do you feel that  
25 he is presently psychotic?

26 A I don't believe so. The last time I saw him on  
27 the 3rd of September, I did not think he was psychotic.

28 Q Do you have any idea when he ceased to be psychotic?

1           A     I'm not sure, because I think he's had somewhat of  
2 a continual improvement, perhaps, over the past year.

3           When I first saw him, I did think, perhaps, he  
4 was schizophrenic, but I was only entertaining that diagnosis.  
5 The psychological testing that I looked at taken earlier by  
6 Dr. Caldwell -- excuse me -- partially interpreted by Dr.  
7 Caldwell, but taken by Dr. Palmer, the profile there was that  
8 of a schizoaffective schizophrenic.

9           Q     But at the present time you do not believe that  
10 Mr. Watson is psychotic or schizophrenic?

11          A     I don't think so.

12          Q     Do you feel that Mr. Watson intended to kill these  
13 people, Doctor?

14          A     Yes.

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1 Q So you feel then that at the moment and time that  
2 he plunged his knife into these victims, it was his intent  
3 to cause their death?

4 A Yes.

5 Q Do you feel that he had this intent to kill from  
6 the moment he left Spahn Ranch on both nights?

7 A Yes, I believe so.

8 Q Is it your opinion then that he had a premeditated  
9 intent to kill?

10 A Not in the sense of my understanding of the  
11 word premeditation.

12 Q How do you define the word premeditation?

13 A I think we have gone over that earlier today.

14 Q I am sorry. Could we go over it once again.

15 A Yes.

16 Q I am only a lawyer and I have to hear these things  
17 several times.

18 A All right. To maturely and meaningfully reflect  
19 upon the acts and the consequences of those acts.

20 Q Where did you get this definition of premeditation?

21 A Well, back a few years in some of these legal --  
22 actually photocopies of some of the legal things that I --  
23 you know, the abstracts of cases and things where they defined  
24 them.

25 MR. BUGLIOSI: Does the court have the instruction on  
26 premeditation, your Honor? I would like to ask the doctor  
27 whether he feels Mr. Watson had a premeditated intent to  
28 kill in view of the instruction that the court is going to

18-2

1 give the jury.

2 THE COURT: It is in Caljic.

3 MR. BUGLIOSI: Thank you, your Honor.

4 I want to read you a portion of an instruction  
5 which I believe Judge Alexander will read to the jury later  
6 on and I want <sup>you</sup> to assume, hypothetically, that is the correct  
7 definition of the word premeditated. Then with that assumption  
8 I want to ask you whether you feel that Mr. Watson had a  
9 premeditated intent to kill on the nights of the Tate-La  
10 Bianca murders.

11 I want to place it in context;

12 "The word deliberate means formed or  
13 arrived at or determined upon, as a result of  
14 careful thought and weighing of considerations  
15 for and against the proposed course of action.  
16 The word premeditated means considered beforehand.

17 "The law does not undertake to measure  
18 in units of time the length of the period during  
19 which the thought must be pondered before it  
20 can ripen into an intent to kill, which is truly  
21 deliberate and premeditated. To constitute a  
22 deliberate and premeditated killing, the slayer  
23 must weigh and consider the question of killing  
24 and the reasons for and against such a choice  
25 and having in mind the consequences he decides  
26 to and does kill."

27 Do you get the impression from that that  
28 premeditation means that the intent to kill has to be formed

18-3

1 as a result of reflection, it can't be the spur of the moment  
2 situation. Do you get that impression? It is not a  
3 spontaneous spur of the moment intent to kill.

4 Do you get the impression that that is not a  
5 premeditated intent to kill?

6 A Yes, correct.

7 Q Do you get the intent to kill is the intent to  
8 kill is in the person's mind for a period of time?

9 A Yes.

10 Q Do you get that impression?

11 A Yes.

12 Q Now, assuming hypothetically that that is what  
13 premeditation means, that the intent to kill is considered  
14 beforehand, do you feel that Mr. Watson had a premeditated  
15 intent to kill on the night of the Tate-La Bianca murders?

16 MR. KEITH: I will object to the question. I don't  
17 believe Mr. Bugliosi has read the full instruction.

18 THE COURT: No. May I have CALJIC please?

19 MR. BUGLIOSI: I didn't read the entire instruction.

20 THE COURT: I didn't think you did.

21 MR. BUGLIOSI: I can do it. I can read it. I am  
22 reading the applicable parts.

23 THE COURT: Let me see it, please. Suppose we read it  
24 this way:

25 "The word deliberate means formed  
26 or arrived at or determined upon as a result of  
27 careful thought and weighing of considerations  
28 for and against the proposed course of action.

18-4

1 "The word premeditate means considered  
2 beforehand. If you find that the killing was  
3 preceded and accompanied by a clear deliberate  
4 intent on the part of the defendant to kill, which  
5 was the result of deliberation and premeditation  
6 so that it must have been formed upon pre-existing  
7 reflection and not under a sudden heat of passion  
8 or other condition precluding the idea of  
9 deliberation is murder of the first degree.

10 "The law does not undertake to measure  
11 in units of time the length of the period during  
12 which the thought must be pondered before it can  
13 ripen into an intent to kill, which is truly  
14 deliberate and premeditated. The time will vary  
15 with different individuals and under varying  
16 circumstances. The true test is not the duration  
17 of time but rather the extent of the reflection.  
18 A cold, calculated judgment or decision may be  
19 arrived at in a short period of time but a mere  
20 unconsidered and rash impulse, even though including  
21 intent to kill, is not such deliberation and  
22 premeditation as to fix the unlawful killing as  
23 murder of the first degree.

24 "To constitute a deliberate and pre-  
25 meditated killing, the slayer must weigh and  
26 consider the question of killing and the reasons  
27 for and against such a choice and having in mind  
28 the consequences he decides to and does kill."



18-5

1 Now, with that definition in mind, Doctor, we  
2 can proceed.

3 Q BY MR. BUGLIOSI: With that definition, which is  
4 a complete definition that Judge Alexander gave you, do you  
5 feel that Mr. Watson had a premeditated intent to kill on  
6 the two nights in question?

7 A No, I don't think he could properly weigh and  
8 consider in view of his mental state.

9 Q You don't feel that he can weigh and consider the  
10 act of killing?

11 A Not in the sense of -- well, in an intoxicated  
12 sense, yes, but not in an unintoxicated sense.

13 To me weigh and consider implies that your  
14 faculties are functioning unimpaired.

A



18A

1 Q Do you feel then that if a person's faculties are  
2 impaired by drugs or alcohol he is incapable of deliberating  
3 and premeditating?

4 A Well, his ability would be impaired.

5 Q To the point where he could not do it. Is that  
6 what you are saying?

7 A Well, let me say that it is a matter of degree.

8 Q Right. But in your report I believe you used the  
9 words "Seriously impaired." And you told me that was tantamount  
10 to being unable to premeditate.

11 A Yes.

12 Q So you were using those words synonymously?

13 A Yes.

14 Q Now you are drawing a distinction between the two  
15 of them.

16 A Well, there are degrees of impairment. I am  
17 saying he was seriously impaired mentally at the time of the  
18 crimes in question.

19 Q But you do feel that he intended to kill these  
20 people and you do feel that that intent entered his mind long  
21 before the murders?

22 A Yes.

23 Q But you feel that this is not a premeditated intent  
24 to kill?

25 A Not in that it was weighed, as it were, properly  
26 considered.

27 Q Tell the judge and jury what mental processes Mr.  
28 Watson would have had to go through to convince you that this

18A-2

1 was a premeditated intent to kill?

2 MR. KEITH: I will object to the question as calling  
3 for speculation.

4 MR. BUGLIOSI: He has already made the statement that  
5 there was a lack of premeditation here and in essence I am  
6 asking him why he is concluding that. What is lacking? What  
7 should have been present that wasn't present is what I am  
8 asking?

9 THE COURT: Can you answer that, Doctor?

10 THE WITNESS: He should have been free of any organic  
11 brain damage. He should have been free of any acute or  
12 chronic intoxication from drugs, should have been free from the  
13 psychosis of folie a deux so his beliefs, his goals, his  
14 value systems were reasonably normal.

15 Q Are you saying then, Doctor, that if a person  
16 ingests drugs, if he has some brain damage and if he is a  
17 party to a folie a deux situation, he is absolutely incapable  
18 of deliberating and premeditating murder. Is that your  
19 position?

20 A Yes. His ability is diminished. His capacity is  
21 diminished, yes.

22 Q To the point where he can't do it?

23 A Well, he can't do it free of being an intoxicated  
24 individual.

25 Q Are you opposed to the death penalty, Doctor?

26 A Well, my profession is that of a physician. I  
27 haven't really weighed all the evidence but I believe that I  
28 would be because I haven't got reasons to feel that it

1 accomplishes anything.

2 Q It certainly doesn't accomplish anything as to the  
3 party who is executed; right?

4 A Well, it cures a lot of illnesses sometimes.

5 MR. BUGLIOSI: Thank you, Doctor. Thank you very much.  
6

7 REDIRECT EXAMINATION

8 BY MR. KEITH:

9 Q Doctor, let's assume that, simply for the sake of  
10 our discussion, that Mr. Watson did in fact advise the girls to  
11 throw their knives out of the car on the way back and then  
12 advised them to wipe fingerprints off and was rather reluctant  
13 to tell anybody what he had done and did stop and hose himself  
14 off and tell the girls to hose themselves off; assuming these  
15 things to be true, these facts to be true, is this inconsistent  
16 with your belief that Mr. Watson was suffering from a psychosis  
17 known as folie a deux, bearing in mind that Mr. Manson, the  
18 dominant figure of the two, inculcated in Watson a belief  
19 that Armageddon was about to happen, the blacks were going to  
20 start a revolution and he was going to precipitate the  
21 revolution by causing these people to be killed and then Manson  
22 and his family would flee to the desert and find a bottomless  
23 pit where they would be safe -- are Watson's assumed activities  
24 inconsistent with what you know about Manson's beliefs and the  
25 manner in which he inculcated them in Watson?

26 That is if you can understand that rather  
27 complicated question.

28 A No, I don't think that those acts are inconsistent

1 with the fact -- in fact, consistent with a folie a deux.

2 Q In other words, simply because Mr. Watson didn't  
3 shout it from the roof tops that he and the girls killed  
4 the people at the Tate and La Bianca residences, is that  
5 inconsistent with your finding that Mr. Watson was psychotic  
6 at the time of the homicides?

7 A No.

8 Q In forming that opinion, have you considered that  
9 Manson's belief was to make people think that the blacks had  
10 caused these murders and that as a result there would be a  
11 black-white war during which Manson and his followers would  
12 escape to the desert and find utopia in the bottomless pit?

13 A Right.

19R-1

1 Q Well, what I am asking is, isn't it your under-  
2 standing that part of the Manson philosophy was not to let  
3 anybody know that he, Manson, had been responsible for these  
4 murders; but to make people think that the black people had  
5 done it?

6 A That's correct, that's how I understand it.

7 Q So, it is not inconsistent with Mr. Watson's  
8 psychosis, is it, that he didn't run to the nearest neighbor  
9 or police station and confess to the slayings?

10 A No, no, it isn't.

11 Q In general, is a person who is psychotic and who  
12 commits some offense prone, or of necessity prone, to broad-  
13 casting what they have done?

14 MR. BUGLIOSI: This calls for a conclusion, your Honor.

15 MR. KEITH: I think he is probably right; I will with-  
16 draw the question, that's a little broad.

17 Q You have told us in your cross-examination in  
18 answer to a question by Mr. Bugliosi, that it was your belief  
19 that Mr. Watson was attempting to avoid responsibility and  
20 place the blame on somebody else.

21 Is this statement on your part inconsistent with  
22 your finding that Mr. Watson was seriously mentally ill and  
23 unable to premeditate at the time of these slayings?

24 A No; and it is in keeping with his existing person-  
25 ality structure.

26 Q Well, perhaps you could explain a little -- not a  
27 little, but as much as you care to -- on the subject of the  
28 relationship between your finding that Watson was attempting

1 to avoid responsibility and his mental state at the time of  
2 the homicides?

3 In other words, is the avoidance of responsibility  
4 now in Mr. Watson that you found consistent with mental dis-  
5 order?

6 A Well, what I was referring to in that is his  
7 presence of helplessness and of seeing himself as a person  
8 who has fallen into evil hands and been used.

9 His personal structure is such that he doesn't  
10 lead, but he follows; that he is not adequate to act, as it  
11 were, independently with forces around him, such as Manson and  
12 his philosophy and his family; and in addition, being kind of  
13 chronically intoxicated with hallucinogenic drugs.

14 In other words, his weaknesses that are part of  
15 his everyday life, so to speak, are only magnified by these  
16 other influences so that he would become more passive, more  
17 incapable of acting with responsibility when drugged and  
18 under the influence of some dominant individual such as Manson.

19 Q Did you find something rather childlike in Mr.  
20 Watson's account to you of the extent of his responsibility?

21 A Yes, I thought he was very much that way.

22 Q Is this significant to you, his childlike attitude,  
23 in the sense of assessing his total personality?

24 A Pardon me?

25 Q Is this childlike attitude that you found, of significance  
26 to you in evaluating his underlying personality structure,  
27 apart from the drug use and apart from folie a deux and apart  
28 from organic brain syndrome?

1           A     Right; this is the basic personality structure of  
2 one who is very immature and dependent and passive.

3           Q     When you say "childlike," was Mr. Watson reacting  
4 to your interview in somewhat of the manner a child might  
5 react?

6           A     Yes. For example, he let me lead the conversation  
7 almost totally, or direct it almost totally.

8           Q     Well, little children have the habit of trying to  
9 avoid responsibility, don't they?

10          A     Yes.

11          Q     So it was noted that you did not write a long  
12 detailed report, Doctor.

13                     Is, in your opinion, a long, detailed report the  
14 mark of excellence in a psychiatrist?

15          A     Well, of course, you had told me you didn't care  
16 whether I made out a report to you or not, since we had had  
17 a number of conversations.

18                     What I wanted to do with this is not burden the  
19 people with reading things that they have already read and  
20 putting in minutiae, but to summarize, as it were, what I see  
21 are the dominant influences in this case.

22          Q     You could, if you had wanted to and had the time,  
23 written a hundred-page report or even a book, I presume?

24          A     Well, I doubt if I would go that far.

25          Q     I'm not suggesting that you would; I am saying  
26 that, could you if you had wanted to, written a book about  
27 this case?

28          A     Yes.



1 Q I suppose there is not question that if you had  
2 been present at or about the time of these homicides and  
3 questioned Mr. Watson immediately thereafter, you or any other  
4 psychiatrist would be in a better position to evaluate his  
5 mental state at the time thereof; is that correct, or a fair  
6 statement?

7 A I think it would help, yes.

8 Q But this, if something happened that a psychiatrist  
9 just happens to be around at the time homicides take place;  
10 isn't that the experience?

11 A Fortunately, yes.

12 Q So the best you can do, or the best any psychiatrist  
13 can do is reconstruct the mental state of the defendant from  
14 all the facts and circumstances and interviews, and so forth,  
15 that you can obtain; isn't that right?

16 A That's correct.

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1 THE COURT: I take it Dr. Finch was not a psychiatrist?

2 THE WITNESS: Dr. Finch? Which Dr. Finch?

3 MR. KEITH: I know what he is talking about; you may  
4 not.

5 I will stipulate that he was not a psychiatrist.

6 THE COURT: Very well.

7 MR. KEITH: He should have been, he wouldn't have done  
8 it.

9 Q You read a report from Dr. Palmer that you alluded  
10 to, Doctor, with respect to -- did you call it the schizophrenic  
11 curve?

12 A The profile was the pattern of a schizo-effective  
13 schizophrenic.

14 Q Is that what Dr. Palmer told you, or did you have  
15 some background in interpreting the MMPI test results?

16 A Well, I have some background, but that was also  
17 the interpretation put on that by Dr. Caldwell, who had done  
18 an independent -- blind, as it were -- reading of that MMPI  
19 for Dr. Palmer.

20 Q Did the profile, as far as you were concerned,  
21 independently appear to suggest a schizophrenic curve or --

22 A Yes.

23 Q And that profile or that MMPI test was taken in  
24 March or April of this year, to your knowledge; is that  
25 correct?

26 A Yes.

27 Q When a person is well oriented as to time, place  
28 and persons present, all that means is they know where they are

19A-2

1 and the day of the week it is, perhaps, and who they are  
2 talking to and who they are, themselves?

3 A That's right.

4 Q Is being oriented as to time, place, et cetera,  
5 have any particular significance in psychiatry?

6 A Well, it means that they are usually free of gross  
7 confusion at the moment.

8 Q When you talked to Mr. Watson you didn't find  
9 him to be psychotic, in any event; is that correct?

10 A Not that proportion. For a while I thought he  
11 had -- I entertained the idea that he may still be psychotic.

12 Q Did you find him to be mentally ill at the time  
13 you examined him, although, perhaps, not psychotic?

14 A Well, yes, he was suffering from depression,  
15 some flatness of aspect, blandness, and the personality trait  
16 disturbances of passive-dependency that I have already alluded  
17 to.

18 Q But not rising to the proportions of a psychosis?

19 A No,

20 Q Did Mr. Watson tell you that in the course of your  
21 interview, that Mr. Manson had told Mr. Watson to kill all  
22 the people at the Tate residence and to wash themselves off  
23 afterwards and to throw away the knives and the gun and to  
24 throw the clothing away?

25 A I don't recall that. As I recall, he said that  
26 he was told to go to this place where Terry Malcher did live  
27 and kill everybody there and make it look gruesome.

28 Q Did Mr. Watson tell you in the course of your

1 interview that he was following Manson's orders?

2 A Yes.

3 Q And is this consistent with a folie a deux  
4 psychosis together with all the other disorders you found in  
5 Mr. Watson?

6 A Yes.

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1 Q That he would follow Mr. Manson's orders to the  
2 point of killing people he didn't even know?

3 A Yes.

4 Q And in assessing Mr. Watson's mental condition at  
5 the time of the homicides, did you take into account the very  
6 nature of the homicides themselves -- No. 1, for instance,  
7 the purported motive therefor to start this Armageddon,  
8 black-white war;

9 No. 2, that Mr. Watson didn't even know the people  
10 that were there;

11 No. 3, the overkill, the repeated stab wounds  
12 and gunshot wounds?

13 A The bizarreness of it and --

14 Q And No. 4, tying the people up and throwing the  
15 rope up over a beam in the house;

16 And 5, there apparently was no motive of personal  
17 gain involved whatsoever?

18 A Right. It is not inconsistent with a psychotic  
19 state of mind.

20 Q And would the same apply to the La Bianca slayings,  
21 where again, there was apparently no motive for personal gain,  
22 that the killers didn't even know the La Bianacs, that this  
23 was kind of a random place they arrived at, and that Manson  
24 went in and tied the people up and came out and told Watson  
25 and two of the girls to go in and kill whoever was there and  
26 don't cause any panic?

27 A That is right.

28 Q And again that there was a terrible overkill,

1 repeated stab wounds, and that certain inscriptions were  
2 written on the walls; is this consistent, or is this helpful  
3 at all in your reaching your diagnosis of Mr. Watson's mental  
4 condition?

5 A The senselessness of it, the lack of motive is,  
6 I would say, compatible with a folie a deux state of mind.

7 Q Together with the other problems you found Mr.  
8 Watson to be afflicted with?

9 A Yes.

10 Q In addition to the folie a deux.

11 Doctor, I am going to read to you -- this is my  
12 last question -- I am going to read to you what I believe will  
13 be an instruction that the Court will give this jury on the  
14 law of diminished capacity and then ask you, or assuming this  
15 instruction will be read to the jury, I will ask you are able  
16 to say that Mr. Watson suffered diminished capacity within the  
17 confines and purview of this instruction. I am reading from  
18 CALJIC 8.77, the first two paragraphs thereof.

19 "If you find from the evidence that at the  
20 time the alleged crime was committed, the defen-  
21 dant had substantially reduced mental capacity,  
22 whether caused by mental illness, mental defect,  
23 intoxication, or any other cause, you must  
24 consider what effect, if any, this diminished  
25 capacity had on the defendant's ability to  
26 form any of the specific mental states that are  
27 essential elements of murder and voluntary  
28 manslaughter.

1           "Thus, if you find that the defendant's  
2           mental capacity was diminished to the extent  
3           that you have a reasonable doubt whether he  
4           did, maturely and meaningfully, premeditate,  
5           deliberate, and reflect upon the gravity of his  
6           contemplated act, or form an intent to kill, you  
7           cannot find him guilty of a willful, deliberate  
8           and premeditated murder of the first degree."

9           Now, assuming that this instruction will be given  
10          to the jury at the close of this case, and assuming this  
11          instruction correctly states the law as we must, and which it  
12          does, of course, is your opinion the same as you previously  
13          stated it to us on your direct examination that Mr. Watson did  
14          have diminished capacity, that he did not have the capacity to  
15          maturely and meaningfully premeditate, deliberate and reflect  
16          upon the gravity of his contemplated acts?

17          A       That is my opinion, yes.

18          MR. KEITH: I have no further questions.

19          THE COURT: Thank you, Doctor, you may be excused.

20          MR. KEITH: May we approach the bench?

21          THE COURT: Do you want the reporter?

22          MR. KEITH: I don't believe so, your Honor.

23                   (Unreported discussion at the bench.)

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

26          THE COURT: Ladies and gentlemen of the jury, as happens  
27          on occasion, a witness could not show up today. We will have  
28          to recess until tomorrow morning at 9:30.



1           Once again, do not form or express any opinion  
2 in this case. Do not discuss it among yourselves, or with  
3 anyone else. Keep your mind open, and again remember what I  
4 instructed you as to the news media.

5           (An adjournment was taken until Friday,  
6 September 17, 1971, at 9:30 a.m.)

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