

IN THE SUPREME COURT OF THE STATE OF CALIFORNIA

THE PEOPLE OF THE STATE OF CALIFORNIA,  
Plaintiff-Respondent,  
vs.  
CHARLES WATSON,  
Defendant-Appellant.

8018

APPEAL FROM THE SUPERIOR COURT OF LOS ANGELES COUNTY  
HONORABLE ADOLPH ALEXANDER, JUDGE PRESIDING

REPORTERS' TRANSCRIPTS ON APPEAL

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VOLUME

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1 LOS ANGELES, CALIFORNIA, THURSDAY, SEPTEMBER 23, 1971, 9:35 AM

2 --oOo--

3 (The following proceedings were had in chambers:)

4 THE COURT: All right, Gentlemen.

5 MR. BUBRICK: Judge, I fully expect that with Dr. Owre  
6 here today, we'll again get into that, "I could kill you easily"  
7 statement that was alluded to once before, and I can't see  
8 where its materiality at this moment outweighs its prejudicial  
9 effect; and I am wondering if we could have some offer of  
10 proof as to what significance it is, and perhaps some limiting  
11 instruction to the jury on the manner in which it is to be  
12 received.

13 It certainly doesn't relate back to the state of  
14 mind at the time of the murder, and if it relates to a state  
15 of mind in the hospital, I think that's insignificant. I  
16 don't see that it is --

17 THE COURT: How did that arise?

18 As I recall, the kid was in front of him with two  
19 orderlies there --

20 MR. BUBRICK: Yes, he was wearing, I think, -- this was  
21 after a period of time --

22 THE COURT: He was shackled?

23 MR. BUBRICK: No, he wears some leather thongs.

24 MR. KAY: Dr. Owre says he wasn't in wrist restraints.

25 MR. BUBRICK: I say, the two times I visited him, it  
26 was wrist restraints, leather thongs that gave him maybe two  
27 feet of leeway in the movement of his hands. They were just  
28 little thin leather straps with a cuff about six inches long

1 on the wrist, and I think a little leather thong held the cuffs  
2 together and it gave him, say, two feet of movement in his  
3 hands; but, at any rate, apparently Charles was being interroga-  
4 ted about his killings, his participation in these killings,  
5 and apparently was reluctant to talk about it.

6 I don't think there is any point of my giving you  
7 his version of what occurred, but there was some dialogue  
8 between Charles and the two technicians, and then I think this  
9 statement was made by Charles in an effort to explain the fact  
10 that he was prepared to kill everybody in that house, or some-  
11 thing like that, and said something about, "You know, I could,"  
12 or, "I would have killed you easily, if you had been there at  
13 that time," or something of that nature, which is the way I  
14 understand it occurred.

15 But apparently, there was no movement on his part.  
16 He did not get out of the chair, he did not make any assault,  
17 he didn't attempt to do anything to Dr. Ovre, who was in the  
18 room with the two orderlies, separated by some ten-foot dis-  
19 tance.

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1 MR. BUGLIOSI: We already had Tex Watson's version  
2 from the witness stand. The jury has already heard Tex  
3 Watson's version. This isn't something that is new.

4 It is already into the record and the jury has  
5 heard it. We have heard Tex Watson's version.

6 MR. BUBRICK: I am just wondering why --

7 MR. BUGLIOSI: It is already in the record.

8 MR. BUBRICK: -- as to its materiality.

9 THE COURT: I can give the jury the same instruction that  
10 they are not to take that as evidence in the case, just one of  
11 the statements on which this doctor based his opinion is all.  
12 What is he going to testify to?

13 MR. BUGLIOSI: Basically, malingerer by Watson up there,  
14 giving phony answers, in his opinion, on the psychological  
15 test and no mental illness when he was up there and that is  
16 why they sent him back.

17 THE COURT: How material is that?

18 MR. BUGLIOSI: I think it is extremely material.

19 THE COURT: We are concerned with his mental state at  
20 the time of the homicides, aren't we?

21 MR. BUGLIOSI: All of the psychological tests put on by  
22 the defense, they couldn't draw any inference -- guys like  
23 Palmer, they couldn't draw any inference from the state of  
24 mind at the time/<sup>of</sup>the offense either, and they testified to all  
25 of the psychological tests indicating his state of mind at the  
26 time of the test.

27 That was their testimony, that there was depression,  
28 anxiety, et cetera, at the time of the administering of the

1 test.

2 The defense has put on all of these tests during  
3 their case in chief. This is the same thing.

4 In fact, I would say this is much more relevant,  
5 because the psychological tests at Atascadero were given much  
6 closer -- not much closer, but several months closer to the  
7 perpetuation of the murders than the psychological tests given  
8 out at UCLA.

9 MR. BUBRICK: The first test was administered on November  
10 the 4th, that is four days after he had been transferred from  
11 the Los Angeles County Jail in that catatonic state that has  
12 been described.

13 MR. KAY: You should hear what he has to say as to what  
14 he was like when he went up there.

15 MR. BUBRICK: Then, all the doctors are wrong. We will  
16 try to get Pollock and Abe and Dr. Crahan, if you want them  
17 in.

18 MR. BUGLIOSI: The defense has put on evidence, your  
19 Honor, going way back to the man's childhood, continuing on  
20 after the murders, to the way he acted at his mother's and  
21 father's home at Copeville. Everything is relevant on the  
22 man's state of mind.

23 We should be able to offer rebutting testimony and  
24 evidence on that. The defense is the one that put this into  
25 issue.

26 MR. BUBRICK: You know perfectly well that the purpose  
27 of that evidence was to show what, if any, the effect of drugs  
28 had on this person.

1 MR. BUGLIOSI: All right.

2 MR. BUBRICK: He said, "This is the kind of person I was  
3 before I came to California," and we introduced evidence on  
4 that.

5 "This is the way I was like in California, and this  
6 is what I did later on."

7 And I think the effect, in order to appreciate what  
8 effect, if any, drugs had on him -- if they believe drugs had  
9 any effect on him at all --

10 MR. BUGLIOSI: And Manson, of course, drugs and Manson.

11 MR. BUBRICK: Drugs and Manson -- is to show what he was  
12 like before he met him and to show what he was like after.

13 MR. BUGLIOSI: We are trying to show what he was like  
14 before, during, and after the murders, just the way you were.

15 MR. BUBRICK: We stopped with October the 4th.

16 MR. BUGLIOSI: You did?

17 MR. BUBRICK: You are the one that introduced the episode --

18 MR. BUGLIOSI: You put on Mrs. Watson to say that when  
19 he got back to Texas, he wouldn't eat, he slept on the couch.  
20 How is that relevant?

21 MR. BUBRICK: Because you introduced the evidence of the  
22 fact that we --

23 THE COURT: This isn't getting us anywhere. I think the  
24 psychiatric examination given by him at Atascadero is admissible  
25 only to show his condition at the time of the offense, that is  
26 all. I will give a limited instruction.

27 I can do that, but I don't think I can keep it out.

28 MR. BUBRICK: All right. How about the other statement

1 like, "I could kill you easily now"?

2 MR. BUGLIOSI: It is already into evidence, your Honor.  
3 Watson has already testified to it on the witness stand.

4 MR. BUBRICK: You forced him into that. You forced him  
5 into making the statement.

6 MR. BUGLIOSI: Judge Alexander agreed that it was  
7 admissible. You objected and we went up to the bench and the  
8 Court ruled that it could come in.

9 MR. BUBRICK: As to his state of mind while in the  
10 hospital at Atascadero?

11 MR. BUGLIOSI: The point I am trying to make before even  
12 arguing any of the other issues, Watson has already testified  
13 to this in front of the jury.

14 MR. BUBRICK: You forced him to.

15 MR. BUGLIOSI: You placed it in issue.

16 MR. BUBRICK: I don't want to belabor it, but you forced  
17 him into that.

18 THE COURT: I am going to allow it with limiting instruc-  
19 tion.

20 MR. BUBRICK: All right.

21 MR. BUGLIOSI: Thank you.

22 MR. KAY: Thank you, your Honor.

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

2 THE COURT: Good morning.

3 Gentlemen.

4 People against Watson.

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

7 MR. BUGLIOSI: Thank you, your Honor.

8 Call Dr. Owre.

9 THE CLERK: Step forward and raise your right hand,  
10 please.

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

15 THE WITNESS: I do.

16 THE CLERK: Thank you.

17  
18 ALFRED OWRE, JR.,

19 called as a witness by the people in rebuttal, testified as  
20 follows:

21 THE CLERK: Take the stand and be seated; and would you  
22 state and spell your name, please.

23 THE WITNESS: Alfred Owre, O-w-r-e, Jr.

24  
25 DIRECT EXAMINATION

26 BY MR. BUGLIOSI:

27 Q Dr. Owre, are you a medical doctor duly licensed  
28 to practice medicine in the state of California?

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A Yes, I am, sir.

Q And do you have a medical specialty?

A I'm an M.D. psychiatrist.

Q A medical doctor, psychiatrist; is that correct?

A That's correct.

Q And where are you presently employed?

A I am section chief and assistant superintendent at Atascadero State Hospital.

Q Where is Atascadero State Hospital located?

A It is in Atascadero, California, which is midway between Los Angeles and San Francisco.

Q How long have you been working there at Atascadero?

A I have been there three years and three months. I started July 1, 1968.

Q What are your duties and responsibilities at Atascadero as a psychiatrist?

A I am responsible for the care, medical, psychiatric and otherwise, and also diagnosis and disposition of the patients in Section D, which consists of one-half of the patients admitted from Los Angeles County and Ventura County.

My approximate patient load right now is about 291.

Q Men?

A Yes; we have no women patients.

Q Would you please relate your training and experience in the field of medicine and particularly your training and experience in the field of your medical specialty of psychiatry?

A I am a graduate of the Yale University School of

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1 Medicine, 1951.

2 I took my internship in Middlessex Memorial Hospital,  
3 Middletown, Connecticut, and I finished this July 1, 1952.

4 I spent the next three years in general practice;  
5 the bulk of this was in Madison, Connecticut.

6 In 1962, July 1st, I commenced a residency in  
7 psychiatry at the Western Missouri Mental Health Center in  
8 Kansas City, Missouri.

9 I finished this successfully in June 30, 1965.

10 For the next three years I remained as a member  
11 of the senior staff at the West Missouri Mental Health Center  
12 in the capacity of director in the legal psychiatric department.

13 Then in 1968 I came with Dr. Morgan at Atascadero  
14 State Hospital.

15 Q How many criminal -- how many criminals would you  
16 say you have examined psychiatrically?

17 A It would be in the neighborhood of 2,000, I would  
18 think, Mr. Bugliosi.

19 Q And you have testified, I imagine, many, many times  
20 in a court of law.

21 A Yes, I have.

22 Q As to a person's state of mind at the time of the  
23 commission of a crime.

24 A Yes, I have.

25 Q You have examined many people who were charged with  
26 murder?

27 A Yes; here, and also in Missouri, because we used  
28 to do the Circuit Court evaluations for the Circuit, under the



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1 Mental Responsibility Law in the state of Missouri.

2 Q You know, of course, Charles Tex Watson?

3 A Yes, I do.

4 Q And he was one of your patients up at Atascadero?

5 A Yes, he was.

6 Q When did he arrive at Atascadero?

7 A October 30, 1970.

8 Q And do you know from where he came?

9 A He came from the hospital ward of the Los Angeles  
10 County jail.

11 Q Do you know why he was sent up to Atascadero?

12 A He was sent by court order because he was unable  
13 to cooperate with the defense counsel and because he did not  
14 know the nature of his charges that he was faced with.

15 Q Would you please relate Mr. Watson's, if you can,  
16 his mental, emotional and physical condition when he arrived at  
17 Atascadero on October 30, 1970?

18 A Yes.

19 My first interview with him was November 2, 1970.  
20 He was admitted Friday, October 30, 1970, by the officer of the  
21 day, and also by Dr. Eklund.

22 Q Incidentally, Doctor, are you reading from some  
23 medical reports there?

24 A No, I'm just from memory at this point.

25 Q But during your testimony are you going to have to  
26 refer to medical reports?

27 A The facsimile of the hospital chart, I will have to  
28 refer to it.



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1 MR. BUGLIOSI: Any objection to the doctor referring  
2 to the medical reports?

3 MR. BUEBRICK: No.

4 Q BY MR. BUGLIOSI: You may continue, Doctor.

5 A Upon admission he was fed and took food by mouth  
6 voluntarily. He was found to be in good physical condition,  
7 not dehydrated, with the exception of the fact that he was  
8 obviously underweight, undernourished.

9 He was then placed --

10 Q Before you go any further, how much did he weigh  
11 when he arrived at Atascadero?

12 A I think it was 111.

13 Q Do you recall how much he weighed when he left  
14 Atascadero?

15 A He left in the neighborhood of 125.

16 Q Put on 14 pounds?

17 A He put on 14, 15 pounds, plus or minus a pound,  
18 with daily fluctuation, of course.

19 Q You say he was eating food the first night he  
20 arrived there at Atascadero?

21 A He was given the tube feeding formula, four ounces,  
22 I believe, every four hours; and he consumed this avidly by  
23 mouth.

24 Q It was a tube feeding formula, but he was not tube  
25 fed?

26 A Right. This was his previous food diet in the  
27 jail. His jail hospital record accompanied him, so this was  
28 continued for only two days and then he was placed on a regular

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1 diet.

2 Q Now, to your knowledge, was he tube fed while he  
3 was down here in Los Angeles?

4 A The record shows this.

5 Q But when he arrived up at Atascadero, you say,  
6 on the evening of October 30th, there was no need to tube feed  
7 him?8 A No, we kept intake and output and he would consume  
9 plenty of food and liquids and his fluid output would be  
10 satisfactory; so it was found not necessary to tube feed him,  
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1 Q And you say he ate avidly,

2 Would you describe what you mean by that?

3 A Well, he ate with gusto, with a will. His  
4 nutrition was not a problem.

5 Q All right; you may continue.

6 A Upon admission, for his own safety, he was placed  
7 upon the maximum security ward in the hospital.

8 This was done because of the fact that we have  
9 certain elements in our patient population that would esteem  
10 it to be a feather in their cap if they could injure Mr.  
11 Watson and they'd gain stature thereby in their own minds, in  
12 the minds of some of their contemporaries -- and one out of  
13 ten of our people are murderers, you understand -- so we  
14 decided to place him, for his own safety, upon the maximum  
15 security ward.

16 Q Okay.

17 Now, what program did you institute, Doctor, to  
18 treat Mr. Watson at Atascadero; what was done?

19 A He was, of course, given a physical examination  
20 shortly after arriving. This was within normal limits and  
21 he was --

22 Q When you say "was within normal limits," you are  
23 referring to the result of the physical examination?

24 A Yes; he was found to be not physically ill;  
25 somewhat asthenic, or differently stated, undernourished at  
26 the time of the initial physical.

27 By this, we concentrated on his nutrition, little  
28 things like giving him peanut butter instead of meats, as he

1 claimed to be a vegetarian; so his weight improved.

2 So, basically, the physical examination was within  
3 normal limits. His blood work, hemogram, also was within  
4 normal limits, as was the urinalysis, the electroencephalogram  
5 -- the brain wave tracing -- and the skull X-ray and the chest  
6 X-rays.

7 Q What about all of these X-rays and the  
8 electroencephalogram?

9 A They were all normal, showing no significant  
10 pathology.

11 Q Well, talking about the electroencephalogram,  
12 this is called an EEG?

13 A Yes, the brain wave tracing, as it is referred  
14 to on TV.

15 Q And this was administered at Atascadero --

16 A Yes.

17 Q -- by whom?

18 A By our EEG technician, our trained, specially  
19 trained laboratory technician.

20 Q Under the supervision of a Dr. Sherman?

21 A Yes, who is one of our neurology consultants from  
22 the San Francisco area.

23 Q The EEG tracing showed no brain damage?

24 A That's correct.

25 Q Okay; you may continue.

26 A Well, so much for his physical examination, his  
27 laboratory tests.

28 He was then seen in a series of four interviews

1 by myself and the ward team on Ward 5, which was his home  
2 ward, although he never went to ward 5 because, for his own  
3 safety, we put him on ward 14; and we early noticed that he  
4 was clinically depressed and at the time I picked up on this  
5 I talked with the ward doctor in ward 14, who at the time was  
6 Dr. Morgan, and we decided to place him upon some anti-  
7 depressant medication. That was designed -- Tofranil is the  
8 name of the drug, and it is the best we have, and he was given  
9 this for two weeks, plus being invited to talk about his  
10 problems; and in this manner mobilized his depression and he  
11 came out of the depression, and this no longer proved to be  
12 a problem during the remainder of his hospital stay.

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1 Q How long was he up at Atascadero?

2 THE COURT: Would you give me that drug?

3 THE WITNESS: Tofranil. That is the name by which it is  
4 best known.

5 Q BY MR. BUGLIOSI: How long was he at Atascadero?

6 A He was at Atascadero 111 days.

7 Q So on the first two weeks at Atascadero he did  
8 evidence depression?

9 A It was a little longer than that, because the first  
10 two weeks, his reports, the examining doctors' reports from  
11 the Los Angeles area, which accompanied him, showed that some  
12 of the doctors, or one of the doctors felt he was schizophrenic.  
13 All three of the doctors picked up on the depression and so  
14 the ward doctor, on Ward 14 started him in briefly on a medicine  
15 known as Thorazine, which we give schizophrenics, to suppress  
16 the symptoms of schizophrenia and hallucinations, delusions,  
17 the loose thought, et cetera, and so Dr. Morgan placed him on  
18 Thorazine, 50 mg. twice a day when he came in the hospital and  
19 it didn't do anything for him, for his behavior, just made him  
20 drowsy and then I picked up on the depression and we decided to  
21 stop the Thorazine and put him on the antidepressant drug  
22 Tofranil and this worked and the depression was no longer  
23 a problem after the first month he was in the hospital.

24 Q Did you order any psychological tests?

25 A Yes. I ordered a full battery of psychological  
26 tests.

27 Q Were these administered by one Dr. Bramwell up  
28 there?

-2  
1 A Yes.

2 Q He is a psychologist on the staff?

3 A Yes. He is our department head, our chief  
4 psychologist.

5 Q Would you please relate the names of the tests  
6 that were given to Mr. Watson?

7 A Mr. Watson was given the Wechsler Adult Intelligence  
8 Scale, the I.Q., the Rorschach ink blot test, the Thematic  
9 Apperception test, which consists of pictures of family situa-  
10 tions, and which is shown to the patient and the patient is  
11 invited to write a story about the picture. That is all that  
12 consists of.

13 He was given the human figure drawings, or draw a  
14 person test, the Bender Gestalt test. By this high-sounding  
15 name, we only mean that the patient is asked to execute or  
16 copy simple designs which he is shown and, of course, the  
17 psychological interview, which in many respects is the most  
18 important of all the psychological tests.

19 Q Did Dr. Bramwell reach any conclusions as a result  
20 of the psychological test?

21 A Yes.

22 Q And are these conclusions in a written report?

23 A They are. I have it before me.

24 Q Okay. What conclusions did Dr. Bramwell reach?

25 A He saw him on four times and submitted a full  
26 report and his summary, or rather his conclusions of the  
27 psychological tests show neither the presence of emotional  
28 or intellectual disturbance of psychotic proportions, nor

1-3  
1 organic deficits.

2 Q Did Dr. Bramwell conclude whether or not he felt  
3 Mr. Watson was mentally ill as a result of the psychological  
4 tests?

5 A In his summary, he stated that Mr. Watson appears  
6 to be a young man who is experiencing a period of anxiety  
7 and depression, which has reduced his level of intellectual  
8 functioning at present, but he could find no gross mental  
9 illness.

10 Q With respect to the Bender Gestalt test, what is  
11 the purpose of the Bender Gestalt?

12 A The purpose of the Bender Gestalt is to primarily  
13 show or elicit whether or not the patient is brain damaged,  
14 has had a stroke, for instance, or concussion with scar tissue  
15 in the brain or, for instance, has had his brain damaged from  
16 prolonged epileptic seizures -- and, of course, epilepsy can  
17 do this.

18 It picks up, very simply, it picks up sensory  
19 motor distortion, since the patient is unable to copy that  
20 which he sees. Input does not equal output, hence, the sensory  
21 motor distortion, as we call it.

22 Q He is shown certain designs?

23 A Yes.

24 Q And then he is asked to reproduce those designs  
25 himself?

26 A One at a time, of course.

27 Q All right. Do you have the Bender Gestalt test  
28 with you, Doctor?



1 A No, that is in your file. Do you remember?

2 Q You don't have a copy?

3 A I don't have a copy of it. No, I discussed this  
4 with Dr. Bramwell. It was a normal Bender Gestalt.

5 MR. BUGLIOSI: Your Honor, I have here a sheet of paper  
6 with some designs on it. May it be marked People's next in  
7 order?

8 THE COURT: 308.

9 THE CLERK: 309.

10 THE COURT: What is 308?

11 THE CLERK: 308 is a drawing, three sheets. Let me  
12 check.

13 THE COURT: We will mark it 309 at this time.

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4AK-1

1 Q BY MR. BUGLIOSI: Doctor, I show you People's 309  
2 for identification. Do you know what is shown on that sheet  
3 of paper?

4 A That is the Bender Gestalt test of Mr. Watson, that  
5 Mr. Watson executed.

6 Q All right. Could you perhaps step down from the  
7 witness stand and face the jury and point out to the jury what  
8 Mr. Watson was asked to do, how he performed the test and how  
9 a person with brain damage normally draws these designs? You  
10 might hold it up in front of the jury there.

11 A These are pretty simple designs, as you can see.  
12 They have certain concepts -- the number of dots, for instance,  
13 in this one, the fact that the square touches, but does not  
14 intrude upon the circle in this one, the fact that this is a  
15 symmetric diamond, which does not go over the borders here, the  
16 fact that these two curvy lines cross in the middle of the  
17 curve, you see.

18 And there are similar spatial relationships through-  
19 out the test.

20 Now, someone who is grossly brain damaged will put  
21 the square inside, part of it inside the circle, will perhaps  
22 cross this particular wavy line one-sidedly, will increase the  
23 number of dots in one of these designs or distort the spatial  
24 relationships.

25 You can see these are very neatly spatially executed.  
26 The dots are in and the upper lines are within the normal limits  
27 of what would be straight lines.

28 Of course, not everybody is a good draftsman, you

1 understand, but this is a normal Bender and a brain damaged  
2 person would distort the spatial relationships, would increase  
3 the number of dots and would execute in the manner which I have  
4 described to you.

5 Q These designs are People's 308 --

6 THE COURT: 309.

7 Q BY MR. BUGLIOSI: -- 309, were these drawn by Mr.  
8 Watson; is that correct?

9 A Yes.

10 Q You may resume the witness stand.

11 THE COURT: Would you mark "309" on the back of that,  
12 please?

13 MR. BUGLIOSI: Yes.

14 Q How many times did you examine Mr. Watson?

15 A Four times.

16 Q And you asked him many questions, I imagine?

17 A Yes.

18 Q And, of course, Dr. Bramwell asked him many ques-  
19 tions on these various tests?

20 A Of course.

21 Q Based on Dr. Bramwell's psychological test, and  
22 also your personal interviews with Mr. Watson, did you form  
23 any opinion as to whether or not he was malingering when he  
24 answered questions?

25 A I did.

26 Q Now, before you go any further, could you define  
27 what you mean by the word "malingering"?

28 A By malingering, I mean a person who feigns or

1 simulates or fakes, if you want to put it that way, mental  
2 illness.

3 Q Now, is malingering rather common among criminals?

4 A It can be among criminals. It is not common, I  
5 might add, amongst the normal inpatient population in the  
6 average state hospital, malingering is quite rare, but amongst  
7 criminals, especially those awaiting trial or perhaps who have  
8 been sentenced and are awaiting execution, malingering is quite  
9 common.

10 Q You see malingers on a day-to-day basis up at  
11 Atascadero?

12 A No, I don't see them daily, but I see enough of  
13 them to be able to recognize.

14 Q To spot them when you see them?

15 A To spot them.

16 Q Did you feel that Mr. Watson was malingering?

17 A I did. That was the only assumption that made any  
18 sense, clinically.

19 Q Now, why did you form the opinion that Mr. Watson  
20 was malingering?

21 A Well, the first and most obvious reason was that  
22 we had these reports of a man who was seriously, perhaps  
23 seriously psychotically ill, from the examiners in the Los  
24 Angeles area, that accompanied him, and we could find none of  
25 this, because he responded normally and he was not psychotic  
26 and he ate avidly the minute he came to the hospital, and so  
27 that really our suspicion was materially elevated at that  
28 particular point, and then from talking with him, he denied

1 everything.

2 He denied any memory of his arrest, of his charges  
3 that he was facing, and claimed he didn't remember anything  
4 from the amnesia, which was correctable.

5 Q Why do you say his amnesia was correctable?  
6 What do you mean by that?

7 A Well, for instance, if he would deny that he knew  
8 he was faced with a murder charge, then I would tell him that  
9 he was faced with a murder charge, and then we would discuss  
10 the murder charge in such terms as would indicate that the  
11 amnesia was easily correctable and this went on all the way,  
12 you see.

13 With respect to his family history, it went on  
14 with respect to his feelings about his family and about the  
15 situation, and this process of denial, then furnishing the  
16 material to be discussed, then the intelligent discussion of  
17 it on the part of the patient.

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1 Q Well, now, when you say the intelligent discussion  
2 by Mr. Watson after you advised him that he was being charged  
3 with murder, et cetera, did he give you answers indicating  
4 that this was the first time that he was aware of it?

5 A No.

6 Q So, ordinarily he said he wasn't aware of it?

7 A Yes.

8 Q Then you advised him; and then he carried on a  
9 conversation with you indicating that he was aware of it?

10 A Yes.

11 Q Before you told him.

12 A He knew what he was talking about. He also knew  
13 what he was not talking about.

14 Q Would you elaborate on that.

15 A When he would say, "I don't know" we would go  
16 through the following transaction: I would ask him a  
17 question; you would see him intelligently evaluating the  
18 question. He would then say, "I don't know," or he would  
19 answer in, should we say, vague and general way, which would  
20 indicate that he knew what he was avoiding the answer to.

21 In other words, he would consciously censor every  
22 question, every production of the examiner prior to responding.

23 Q You may continue.

24 Did he give you answers or did he give you any  
25 information that you did not already have?

26 A No.

27 Q Did that have any significance to you?

28 A Yes, because having examined offenders over a

1 period of many years, why, I find that they don't come in for  
2 what you don't know about in their own saying.

3 It is, don't come in for what they don't know  
4 about; don't talk about what the authorities don't know, you  
5 see, don't give them anything, in other words, you see; just  
6 talk about what they know about.

7 Q What they already know about?

8 A Right; and this is invariably the response given  
9 in an interview or an interrogation by an offender.

10 Q You found this to be true with Mr. Watson?

11 A This was the pattern of his responses and he was  
12 educated about it in the way he responded, but this was the  
13 pattern, the way he responded in an educated manner.

14 Q Only gave you information that you already had --

15 A That's right.

16 Q -- gave you no new information to work with?

17 A That's right, just the here and now, in other  
18 words. That's all he would talk about.

19 Q All right.

20 Did you find any other basis or was there any  
21 other basis for your conclusion that Mr. Watson was malingering?

22 A Yes. During the time of the interview he would  
23 play the perfect fool, so to speak, by keeping his mouth  
24 open and by slurring his speech and by really pulling a Charlie  
25 McCarthy or a Mortimer Snerd act, is the only way I could put  
26 it.

27 It was not the open mouth of the deteriorated  
28 schizophrenic, in other words; it was the simulation of this.



5-3

1 Q You formed that opinion?

2 A Yes, and so I had this checked out on the ward and  
3 had him observed closely over a prolonged period of time by  
4 his ward technicians on ward 14; and when he was not observed  
5 he would close his mouth and interact normally and converse  
6 normally with the other patients.

7 This was a repeated finding.

8 Q And these technicians reported back to you --

9 A Yes.

10 Q -- when he was not observed there wouldn't be the  
11 open mouth and he appeared to converse very rationally with  
12 his fellow prisoners?

13 A "Patients," please.

14 Q Patients, yes.

15 A They are not called "prisoners."

16 Q What about the psychological tests, did they give  
17 you any additional basis for your conclusion that Mr. Watson  
18 was malingering?

19 A Yes, I took these fully into account.

20 I discussed the tests in detail with Dr. Bramwell  
21 and I showed him a kind of scattering in response that you  
22 don't get with somebody who is then clinically mentally ill,  
23 but you did get the scattering responses, I mean --

24 Q Would you elaborate?

25 A -- any person who is malingering.

26 For instance, he would be depressed on one  
27 particular test; there would be some evidence of depression.  
28 Then you'd go to all the others where you would pick up



5-4

1 depression if there was significant depression, and you wouldn't  
2 find any depression; and this was a typical finding.

3 I mean, these findings, these scatterings went  
4 with respect to schizophrenic answers; for instance, answers  
5 typical -- he might look schizophrenic in one portion, let's  
6 say, a portion of the MMPI -- Minnesota Multiphasic -- or  
7 then he wouldn't look on his Rorschachs, and that's where you  
8 would expect to find it in the projective portions of his  
9 testing; so the scattering was widespread and the scatter did  
10 not really add up to anything except obliquely confirming  
11 the fact that he was, in my opinion, malingering.

5A

5A

1 Q Do you feel that based on this that he deliberately  
2 gave false answers, then, to many of the questions on these  
3 psychological tests?

4 A Yes, I think if you know the correct answers it is  
5 easy to give a false answer; and Mr. Watson is a college  
6 student and his behavior was intelligent and some of his  
7 responses were intelligent.

8 It was impossible for him to conceal completely  
9 from us the fact that he was and is intelligent; so he had the  
10 necessary intelligence to give false answers.

11 Q And do you feel that he did give false answers  
12 up at Atascadero --

13 A Yes.

14 Q -- on these tests?

15 A Yes; and so does the psychologist.

16 Q Dr. Gramwell?

17 A This was inescapable.

18 Q What is Dr. Bramwell's background?

19 A He's a clinical psychologist. He has a doctorate,  
20 a Ph.D in psychology and he's our chief psychologist and he's  
21 had much experience.

22 He does a limited amount of private work, also,  
23 in the community of San Luis Obispo, and he's widely  
24 recognized.

25 Q He's the chief psychologist at Atascadero?

26 A That's correct, sir.

27 Q Now, during your four interviews with Mr. Watson  
28 did he ever make any type of a threat to you?

5A-2

1           A       Well, he said, "I could kill you," upon one  
2 occasion.

3                   I want to qualify this and take it -- put it in  
4 the appropriate context --

5           Q       Yes.

6           A       -- because at that time he was depressed, I mean,  
7 about a situation; and in order to mobilize the depression,  
8 treat the depression, I had to get him angry at me; and this  
9 was all that took place.

10          Q       In other words, you deliberately tried to <sup>get</sup> him angry  
11 at you?

12          A       Yes, to get him out of his depressed state, you  
13 see; to get people out of a depression you have got to get  
14 them externally emotional -- anger, whatever -- you see,  
15 usually mobilizing the anger does it and it did it and he got  
16 out of his depression.

17          Q       In other words, you tried to get Mr. Watson angry  
18 at other people?

19          A       Yes.

20          Q       And you felt that this was a therapeutic way of  
21 eliminating his inner depression?

22          A       That's right.

23          Q       All right.

24                   Would you relate the context in which he made  
25 the statement to you?

26          A       Well, we were talking about killing and how does  
27 it feel to be accused of killing people, and so forth, and  
28 he had got very stressed and got very anxious and then he started

1 to get verbally aggressive and said, "I could kill you," or,  
2 "I could kill you now," this type of statement; and then I  
3 knew I had him, so to speak.

4 I had him mobilized and I stopped, and we managed  
5 to help him in the area of his depression by this particular  
6 tactic.

7 Q Did he ever make any statement with respect to  
8 killing other people up there?

9 A Well, he said, "I could kill you now," meaning  
10 not just me, but other people; that was about as far as he  
11 went, though, and this was only on this one particular stress  
12 interview, on the occasion of this one interview.

13 Q This was a deliberate stress interview on your  
14 part?

15 A Yes, a mobilization interview.

16 Q You call it what?

17 A To mobilize the depression, and it has to be  
18 stressful, of course, because of his problem, is in the area of  
19 his offense and he's depressed about it.

20 In order to get at his depression you have got  
21 to talk about his problem and make it stressful.

22 THE COURT: I take it you did not take this as a threat?

23 THE WITNESS: Oh, no, no; no, sir.

24 Q BY MR. BUGLIOSI: Doctor, apart from these  
25 statements that Mr. Watson made, how would you describe Mr.  
26 Watson as a patient up at Atascadero?

27 A Well, I want to point out he was on ward 14,  
28 where he had a program to meet.

1           We keep our patients active wherever possible in  
2 this hospital, because an active patient is a busy patient  
3 and a busy patient is usually a happy patient and a happy  
4 patient usually doesn't injure other patients; and especially  
5 on the maximum security ward where we have our most violent  
6 patients it is important to keep them active and working and  
7 contented, and this was his program, his ward program; and  
8 he responded very well.

9           As a matter of fact, he was a model patient on  
10 ward 14 and everybody agreed in this, the staff.

11           Q       Did he eat well?

12           A       Yes, he did.

13           Q       Would he obey instructions given to him --

14           A       Yes.

15           Q       -- by those supervising him?

16           A       Yes, he would. He would clean his room. He would  
17 help shave and clean for some of the more seriously ill  
18 patients on the ward, and he participated very well.

19           Q       Did he sleep well?

20           A       He slept well.

21           Q       Did he have any problem up at Atascadero?

22           A       He worked on ward 14 only -- I mean, for  
23 security reasons we can't leave these patients off the ward.

24           Q       Is there a kitchen there?

25           A       Yes.

26           Q       Did he work in the kitchen?

27           A       He did, part time.

28           Q       Did he perform all right?

1 A Yes, he did.

2 Q So you would describe him as a model patient up  
3 there?

4 A As far as his ward behavior, He was not as far  
5 as his participation in group therapy, because he simply  
6 would not participate; but with the exception of this one  
7 particular area, he was a model patient.

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5B

1 Q And you say he was a patient at Atascadero for  
2 111 days?

3 A I think that is what it amounts to.

4 Q Arrived there on October 30, 1970?

5 A Right.

6 Q He was released when?

7 A The 19th of February, 1971; I think that adds up  
8 to 111 days.

9 Q And why was he ultimately released by you and  
10 your staff from Atascadero and sent back to Los Angeles?

11 A Well, because we had corrected the conditions  
12 which needed treatment, for which he was sent to us.

13 It must be remembered, he was committed under  
14 1368 or 1370, I guess it is, of the Penal Code: He was  
15 unable to cooperate with counsel and not knowing fully the  
16 nature of his charges.

17 So, once we had corrected these two things and  
18 could find no mental illness, we sent him back to court to be  
19 tried.

20 Q Now, based on the psychological tests administered  
21 by Dr. Bramwell and your four interviews with him and your  
22 observations of him up at Atascadero, did you form any final,  
23 ultimate conclusion as to his state of mind up at Atascadero?

24 A Well, I found that once we corrected the depression,  
25 that he had no mental disorder.

26 MR. BUGLIOSI: Thank you, Doctor.

27 No further questions.  
28

## CROSS-EXAMINATION

BY MR. BUBRICK;

Q Dr. Ows, what is depression?

A It is an active --

Q Is it a kind of a mental illness?

A When present in significant quantity, yes.

You see, it is a mood, first of all, and if the mood deepens it can become a mental disorder.

Q Do people choose to get depressed?

A No; I don't think anybody chooses to get depressed, Mr. Bubrick -- is that correct?

Q Yes, thank you.

You were aware of the reports that accompanied Mr. Watson when he arrived at Atascadero, weren't you?

A Yes.

Q You read Dr. Abe's report?

A Yes.

Q Do you know Dr. Abe?

A Yes, I do.

Q He is director of Metropolitan State Hospital here in the Los Angeles County area?

A I know him.

Q How about Dr. Pollock?

A I know Dr. Pollock.

Q How about Dr. Crahan?

A I haven't had the privilege of meeting Dr. Crahan.

Q I seem to have lost all reports other than the one that Dr. Crahan submitted, and I take it you had read that



1 at or about the time that Mr. Watson came up there, did you?

2 A Shortly after he came up.

3 Q And you know Dr. Crahan's report was made on  
4 October the 29th, 1970?

5 A The latter report.

6 Q Yes, the supplemental report.

7 A Right.

8 Q And the supplemental report only came eight days  
9 after his original report?

10 A That's correct.

11 Q Do you remember Dr. Crahan reporting as follows:

12 "That since the examination of Mr.  
13 Charles Tex Watson made on October 21, 1970, it  
14 is felt necessary to render this supplemental  
15 report because Mr. Watson in the last week has  
16 become listless, flaccid, he makes no movements,  
17 his lips are pursed. It is impossible to spoon  
18 feed him and we are starting to feed him by nasal  
19 tube. He is virtually vegetative, has to be  
20 shaved and bathed, his weight has dropped from  
21 118 to 110 pounds in one week since October 21,  
22 1970. He is rapidly reverting to a fetal state  
23 and is undergoing an involutinal state which  
24 could be rapidly fatal. His normal weight in  
25 Texas was 160 pounds. It is strongly suggested  
26 that proceedings be suspended and that he be  
27 transferred to Atascadero State Hospital as quickly  
28 according to Section 1368 of the  
as possible,

1 Penal Code."

2 Did you read that same report?

3 A Yes.

4 Q And do you think the condition that Dr. Graham  
5 described as having occurred just prior to the date that you  
6 received him was a condition that was nonexistent?

7 A Well, we picked up on the depression, as I have  
8 pointed out, showed the depression was there.

9 Q You knew he had been a depressed person in the  
10 county jail?

11 A Right, and we found it.

12 Q You don't think he was putting that on in the  
13 county jail, do you?

14 A No.

15 Q You don't think he got to the point where he was  
16 being tied down in bed, defecating and urinating and sleeping  
17 in that condition because that's what he wanted to do?

18 A I have no opinion on that because I wasn't there,  
19 you see; I can only tell you what we found there was.

20 Q But, as a psychiatrist and as one who has  
21 examined 2,000 people, you know that that's not a condition  
22 a person wants to exist, do you?

23 A Again, I wasn't there. These were not my findings  
24 and I can't give you a responsible opinion thereupon.

25 Q Well, you read Dr. Abe's report and that was the  
26 same, wasn't it?

27 A Right, but we didn't find it once we got him.

28 Now, that's all I can tell you, you see.

1 Q Are you suggesting that it didn't exist the day  
2 before you got him?

3 A I'm not making any comment whatsoever on that.  
4 I think you'd have to ask Dr. Abe and Dr. Crahan.

5 Q We will do that, but I want to know if you think,  
6 in your opinion as a psychiatrist, that situation could have  
7 changed drastically in one day?

8 MR. BUGLIOSI: This has been asked and answered, your  
9 Honor. He has already said he has no opinion on it. This is  
10 the third or fourth time.

11 THE COURT: No, he is asking whether that condition can  
12 change in one day.

13 THE WITNESS: I couldn't help you on this one, especially  
14 without knowing of its happening; that's why it is so nice to  
15 be a psychiatrist who treats corrections, because your patients  
16 invariably get better.

6R-1  
1 Q BY MR. BUBRICK: You mean without anything inter-  
2 vening?

3 A Yes. This is clinically true. Depressed people  
4 spontaneously get better. I think all of us have moods when  
5 we feel down in the mouth and then for no apparent reason the  
6 phone rings, there is going to be a party at so-and-so's and  
7 powie! the mood is gone, right there in a matter of a second.  
8 Now, this could be an explanation.

9 Q So do you think that powie! the condition that was  
10 ascribed disappeared when you got him there on October the  
11 21st?

12 A From our findings, on the fact that he was only  
13 mildly depressed, and that was all we had to treat, I think  
14 this is probably what happened.

15 He remitted spontaneously once he got out of Los  
16 Angeles and up to Atascadero. This is the only way that I  
17 can reconcile the findings of these three very competent  
18 observers with our findings.

19 Q Do you think there might have been something  
20 present in the Los Angeles County Jail area that forced that on  
21 Mr. Watson?

22 MR. BUGLIOSI: This calls for a conclusion.

23 THE COURT: He may know. I don't know.

24 THE WITNESS: I can't give you an answer. I don't know  
25 anything. I don't know what you are looking for, in other  
26 words.

27 Q BY MR. BUBRICK: Do you have the other tests,  
28 the actual performance of Mr. Watson on the Wechsler, the

1 Rorschach, the Apperception test?

2 A I don't have the raw data. I do have the finished  
3 report. The Court has the raw data.

4 Q The Court?

5 A Or one of the officers of the court. We sent them  
6 all to Los Angeles. May I tell you where we sent them?

7 Q Yes, would you?

8 THE COURT: I think we have the Atascadero records here,  
9 Mr. Bubrick, someplace.

10 THE WITNESS: The raw data was sent down.

11 THE COURT: Do you want the records, Mr. Bubrick?

12 MR. BUBRICK: I thought we only had the EEG, your Honor.

13 THE COURT: No; we have the entire file.

14 MR. BUGLIOSI: I think all our reports were sent down.

15 MR. BUBRICK: You have the raw data, the district attor-  
16 ney has?

17 MR. BUGLIOSI: And the Court also has a copy.

18 Q BY MR. BUBRICK: Now, you started to tell us,  
19 Doctor, that the Bender Gestalt would indicate brain damage  
20 as a result of a stroke, a concussion, epilepsy. Anything  
21 else?

22 A Well, there are other causes of brain damage, of  
23 course.

24 6af.  
25  
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27  
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6AR-1

1 Q What is there, in your opinion, then, show any  
2 brain damage?

3 A If significantly present, you will pick it up on  
4 the Bender.

5 Q Would the Bender pick up brain damage as a result  
6 of drug ingestion?

7 A Yes, any kind of brain damage. It is nonspecific  
8 as to cause.

9 Q And that was gross brain damage; is that right?

10 A A significant brain damage, not gross.

11 Q Is that different than gross brain damage?

12 A That is a question of degree, sir, as you know.

13 Q Incidentally, Doctor Owre, do you have a copy of  
14 your report that starts out on this first page with the words  
15 "Request"?

16 A The psychological report?

17 Q Well, I think it is --

18 A It looks like it is from here.

19 Q It is something called a confidential report of  
20 some sort, psychological evaluation report and request, request  
21 and report.

22 A That is the one.

23 Q Now, in order to kind of facilitate some responses  
24 in connection with this report, Doctor, I wonder if I could  
25 ask you if you would just kind of label your pages 1 through 7,  
26 or 1 through 8, I think, or don't you have all 8?

27 A Well, I think you have a combined file there, the  
28 first two of which are --

5A-2

1 Q We will take it that way. I thought we could  
2 number them, then we could refer to pages that way.

3 But let's refer to the one in the lower left-hand  
4 corner has a psychological evaluation request and report. Do  
5 you find that one?

6 A Yes.

7 Q And I invite your attention to Page 2, about the  
8 second paragraph, under the heading "Personality Factors."

9 A Yes.

10 Q And in that first sentence, "Interpersonal relation-  
11 ships and his ability to clearly understand social situations  
12 appear to be seriously disturbed."

13 Do you find that sentence?

14 A Yes.

15 Q What does that mean?

16 A I think it means what it says.

17 Q Would you tell us what that is, in a more simple  
18 form of language, if you can.

19 A He wasn't getting along with people. He was  
20 walling people out.

21 Q What?

22 A Walling, excluding people from his consideration  
23 wherever possible. This is part of the denial.

24 Q You mean he couldn't get along with people?

25 A He didn't want to get along with people.

26 Q Isn't this a type of mental illness?

27 A No. It is just playing it cool.

28 Q You think he was faking that, too?

3  
1 A You bet I do.

2 Q And when he says, "His ability to clearly understand  
3 social situations appears to be seriously disturbed," that was  
4 conscious on Mr. Watson's part? I am reading again that same  
5 sentence.

6 A Oh, the second paragraph.

7 Q The first sentence in the second paragraph.

8 A That would be Dr. Bramwell's analysis of the  
9 situation.

10 Q Don't you have any idea of what he meant?

11 A I think he meant he was at a distance from every-  
12 body.

13 Q Do you think he was faking that?

14 A I think he isolated himself wherever possible.

15 Q Isn't this because he might have been genuinely  
16 sick and was seriously disturbed in that area?

17 A No, because we didn't get this any other place in  
18 his data. This is part of the scatter I am talking about.

19 Q Is a testing situation a social situation?

20 A It is an interpersonal situation, yes.

21 Q And if he is seriously disturbed, would it make  
22 sense that he wouldn't respond to the testing?

23 A I can't connect it causally to this, you see. I  
24 am not a psychologist.

25 Q But you do consider Dr. Bramwell to be a person of  
26 good repute, good moral and professional repute?

27 A He is an excellent psychologist.

28 Q And what does the term flat -- incidentally,



1 before I get to that, on Page 1 of that very same report,  
2 under "intellectual factors," you have "Mr. Watson's scores  
3 on the Wechsler Adult Intelligence Scale fall within the  
4 borderline range in terms of present intellectual functioning."  
5 Is that right?

6 A Yes.

7 Q That was his finding at that time?

8 A Yes.

9 Q Incidentally, I would assume, Dr. Owre, that you  
10 would have wanted to create as conducive a condition as is  
11 possible in order to do testing; is that correct?

12 A Would you please rephrase that. I don't understand.

13 Q Wouldn't you want to make him as easy and relaxed  
14 as possible when you started to give a person some tests of  
15 any sort of psychological tests?

16 A I think you would want to -- again, this is not  
17 my field, I am not a psychologist -- but I think a psychologist  
18 wants to have a standard situation in the testing of a patient  
19 as he would in testing any other patient, you see.

20 Q Well, I am not suggesting by my question that this  
21 is a fact, but for example, you wouldn't want to give a person  
22 an intelligence test or any of these other tests that I  
23 referred to at a time when he was just maniacally depressed,  
24 would you?

25 A Well, you would and you wouldn't. You see, your  
26 pre-morbid intelligence test is always significantly higher.

27 Q Your pre-morbid test?

28 A Yes.

Q What does that mean?

5  
1 A Well, let's say Mr. Watson was tested when he was  
2 back in college in Texas and doing well, he would have a higher  
3 I.Q. than when he was being tested in the Los Angeles County  
4 Jail awaiting trial.

5 Q And how about when he was tested at Atascadero?

6 A Yes.

7 Q You think he would test lower there?

8 A I think he would.

9 Q And if he were tested a number of months later in  
10 a hospital situation, and he got the same score that he got  
11 there, would you still think that would be of significance?

12 MR. BUGLIOSI: I would object to that question as not  
13 based on fact. It was not a hospital situation. He was taken  
14 to UCLA but still in custody, still incarcerated.

15 THE COURT: All right.

16 THE WITNESS: Would you restate it?

17 Q BY MR. BURRICK: Would the fact that he tested out  
18 the same way a number of months after your scores indicate  
19 anything at all to you?

20 A No.

21 Q Wouldn't mean that perhaps that was his intelligent  
22 quotient?

23 A No, because of the malingering, which I have  
24 already elaborated upon.

25 Q You think he would continue to malingere for a long  
26 period?

27 A As long as he had anything to gain from malingering.  
28 You must remember, Mr. Burbrick, that malingerers always have

1 something to gain.

2 Q Well, if he wanted to gain that, and this was on  
3 such a conscious level, why do you suppose he even bothered to  
4 take the test?

5 A Well, then it would be obvious.

6 Q That he just didn't want to participate?

7 A Right.

8 Q Then you would say, "You are obviously a malingerer  
9 because you don't want to participate"; isn't that right?

10 A I wouldn't say anything. I would cope with it  
11 differently.

12 Q Dr. Owre, supposing you had gone to Atascadero and  
13 had been told in advance not to discuss any of the facts  
14 surrounding the charges that were brought against him?

15 A Whoever told him that would then be consciously  
16 obstructing justice. That is all I can say to that.

17 Q Why do you feel that it is part of your function  
18 to explore all the facts that surround a man accused with a  
19 murder?

20 A In order to get a man ready for trial, he is going  
21 to have to discuss this with his attorneys, so he is going to  
22 have to discuss it with us. It is part of the problem. That  
23 is part of the problem the Court directs us to solve.

24 Q But did it ever occur to you that maybe he ought  
25 to discuss it with his attorney before he discussed it with  
26 the doctors at Atascadero?

27 A I am not an attorney. I don't meddle in these  
28 legal affairs.

1 Q Did you feel at the time that you first started to  
2 talk to him, to Mr. Watson, that he was not cooperating with  
3 you?

4 A I certainly did.

5 Q You knew I'd been at the institution on November  
6 the 19th, didn't you?

7 A I knew you had called. I didn't see you when you  
8 came.

9 Q No, I think it was somebody else that took me to  
10 the institution.

11 A It was Dr. Eklund, right.

12 Q And you left no instructions about Mr. Watson's  
13 lack of cooperation and his desire to talk to me, perhaps?

14 A Are you indicating we should have talked -- I am  
15 sorry, I don't know.

16 Q I am suggesting, perhaps, if you felt that he was  
17 not cooperating, there might have been some reason for it and  
18 perhaps his reluctance to talk about the crime might have been  
19 because he had been instructed not to talk about the crime,  
20 but nobody at the institution did that, did they? You didn't  
21 feel the need to talk to anybody other than Mr. Watson about  
22 his lack of cooperation?

23 A No, I don't think we felt that need.

24 Q You just assumed that he was doing this because  
25 this is the way he wanted to act?

26 A Well, yes. He goes along with it. He obviously  
27 has to want to do it, you see.

28 Q Could he want to do it because he was told to do

1 it?

2 A Again, I have no opinion that, because I don't know  
3 what you told him.

4 Q Do you have some appreciable understanding, Dr.  
5 Owre, of encephalography?

6 A Yes, Mr. Bubrick.

7 Q I'm not trying to be funny or anything but were  
8 you aware of the fact that there was an encephalograph taken  
9 at UCLA which showed some brain damage?

10 A When was this? Obviously, I wasn't. We took our  
11 own.

12 Q In 1971.

13 A You mean after he left our --

14 Q Yes.

15 A No, I wasn't aware of this fact.

16 Q Do you know a Dr. Walter, a neurologist, at UCLA?

17 A No, I don't know Dr. Walter.

18 Q Would you have any explanation for an EEG at  
19 Atascadero being within normal range and then a number of  
20 months later one at UCLA which shows a different reading?

21 A I have no explanation for this.

22 Q What, Dr. Owre, does the term flat affect mean?

23 A Affect.

24 Q Affect.

25 A Well, a flat affect or feeling tone simply means  
26 that the patient appears to be somewhat emotionally blunted.

27 Q Does it have any significance psychiatrically?

28 A Yes.

1 Q What significance does it have?

2 A What is the significance of flat affect?

3 Q Yes.

4 A That means that the patient is emotionally im-  
5 poverished, does not display very much feeling.

6 Q Is it a symptom of schizophrenia?

7 A It can be a symptom of schizophrenia, yes.

8 Q Do you think it might be in this case?

9 A No.

10 Q You thought he was just doing that, just acting  
11 that way, again faking it?

12 A This was my explanation of it.

13 Q What did you do with Watson when you first received  
14 him at the hospital, if you know, Dr. Owre?

15 A I think you mean what happened to him?

16 Q Physically, was he tied down in the bed for some  
17 period of time?

18 A Yes. And I want to go to our standard procedure of  
19 admitting patients to Ward 14 for this, if you will allow this,  
20 because when we get a patient from admissions in Ward 14,  
21 directly from the admissions suite, without any prior knowledge  
22 of his behavior, that patient is placed in seclusion and if  
23 he is suicidal, he is restrained so that he cannot harm him-  
24 self.

25 So that Mr. Watson was taken to Ward 14 and placed  
26 in seclusion and restrained, because we had had reports from  
27 the previous doctors that he was suicidal and this is the  
28 only reason that that was done, simply to prevent him from

harming himself until we could observe him and get a track on  
how he was behaving and thinking and feeling.

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#7

1 Q Was he being fed through nasal tubes?

2 A Before he came to us, yes.

3 Q No, but when he got to your institution.

4 A No, we didn't find it necessary. He ate very well  
5 and ate by mouth.

6 Q As a matter of fact, Dr. Owe, in the report that  
7 you got it suggested that the nasal tubes be removed, didn't  
8 it?

9 A I couldn't tell you without looking at the  
10 report.

11 Q Do you have a copy of Dr. Abe's report?

12 A Yes --

13 Q I'm sorry, maybe it would have been Dr. Pollock,  
14 now that I think about it, I'm sorry.

15 A I didn't find any allusion to the benefits of  
16 removing the tube in any of these reports.

17 Would you care to look at them?

18 Q Well, I think Mr. Keith is scanning them. I'm  
19 drawing on memory from over a year ago.

20 Well, was there some reference in Dr. Pollock's  
21 report, if you have it, to the effect that he took the tubes  
22 out of Mr. Watson and fed him some water while he talked with  
23 him in county jail?

24 A No.

25 Q Now, you talked about his denial of charges, and  
26 then having some sort of an intelligent discussion thereafter.

27 Would his denial of charges, in your opinion, be  
28 consistent with not wanting to talk about them?



7-2

1 A Of course.

2 Q And his evasive answers would have been consistent  
3 with a desire not to talk about it?

4 A Of course.

5 Q Did Mr. Watson ever complain to you about something  
6 he referred to as cottonmouth?

7 A No, I have no connection. I'm sorry; I can't help  
8 you there.

9 Q Did he ever complain about spitting up a lot?

10 A He had a tendency to spit on the wall the first  
11 two or three days he was there, and <sup>then</sup> this disappeared rapidly.

12 Q Did he spit at all after that?

13 A Not -- no, we didn't pick up on any of this.

14 Q Do you remember what sort of a diet you put him  
15 on after he had been there a couple of days?

16 A We put him on a regular diet.

17 Q What did that include?

18 A And vitamins.

19 Q Vitamins?

20 A Yeah -- to build him up.

21 Q Had you ever heard the term "cottonmouth"?

22 A Yes, but usually in connection with a snake.

23 Q Oh, you mean as the name of a snake?

24 A Yes.

25 Q You haven't heard of it in connection with a person  
26 who just coughs up a big, heavy, white chunks of phlegm?

27 A Not before, sir.

28 Q I notice on -- I don't know what to call it, Dr.

7-3

1 Owre, it is page -- well, it is page 2 of a document that  
2 bears the name "Hospital case summary" on the lower left-hand.

3 A Yes.

4 Q I notice there it says, "Physical factors" under  
5 paragraph 10 -- subparagraph D under paragraph 10:

6 "Patient entered at 115 pounds now  
7 weighs 125 pounds"?

8 A Yes.

9 Q Do your records show his weighing 115 at the time  
10 you received him?

11 A I checked this with the admissions, and there is  
12 a little confusion.

13 Apparently the admission suite he weighed out at  
14 111.

15 Q That would have been consistent with the reports  
16 of the L.A. General Hospital which said he weighed -- Los  
17 Angeles County jail, which said he weighed 110 at the time  
18 he was sent up?

19 A Yes.

20 Q So you received him at 111?

21 A Right.

22 Q Now, was it necessary, do you feel, as a part of  
23 your program there, to discuss with Mr. Watson facts surrounding  
24 his involvement in this crime?

25 A Yes; this is what he was depressed about and guilty  
26 about, and in order to alleviate his depression it was necessary  
27 to go into this.

28 Q Eventually you sent him back without ever going into

7-4

1 it?

2 A We got out of it another way.

3 Q How is that?

4 A It is technical.

5 Q Well, couldn't you have done that in the same  
6 instance, to start with, do you think?

7 A We just talked about the topic of killing, you see.

8 Q And that's all you were talking about, though,  
9 just general --10 A This was an emotionally laden topic with Mr. Watson  
11 and that turned him on and mobilized him, and that was it.12 Q Didn't relate to the killings he was charged with  
13 at all, did it?

14 A No.

15 Q Did he say anything to you about, "I could have  
16 killed you if you had been there that night"?

17 A No, he just said, "I could kill you," that's all.

18 Q That wasn't physically possible at that time, was  
19 it?

20 A No.

21 Q Because you had what, two technicians with you?

22 A Yes.

23 Q Mr. Weems and Mr. Barnett; do you recall them?

24 A Yes.

25 Q Incidentally, did Mr. Watson ever complain about  
26 the treatment he got from Mr. Weems or Mr. Barnett?

27 A Not to me.

28 Q Did he ever say that they used to hit him?

1 A No.

2 Q Did he ever tell you they used to taunt him?

3 A No.

4 Now, we don't do that --

5 Q Well, you don't do that.

6 A None of us do; we don't have these needs.

7 Q Do you know whether or not he ever made such a  
8 complaint to you?

9 A He certainly didn't.

10 Q Do you know whether he did to Dr. Eklund?

11 A Not to my knowledge. He signed a waiver of  
12 complaint when he left the hospital.

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7A-1

1 Q Did he ever tell you about Paul Weems choking  
2 him and hitting him?

3 A No, he never told me anything. You are distorting  
4 what --

5 Q I'm not distorting anything, Doctor; I'm merely  
6 asking you a question.

7 A You are distorting a situation which was actually  
8 part of his therapy.

9 Q What was that?

10 A To get him to mobilize himself.

11 Q Did somebody hit him?

12 A No, but somebody may have wrestled with him, in  
13 order to get him to react; and this is a standard way of getting  
14 a depressed person out -- or, there are other ways of getting  
15 people to react physically, see.

16 Q Would you have expected that he would have under-  
17 stood that this was part of his therapy?

18 A I don't know what his reaction was. I'm learning  
19 about it from you, in retrospect, in other words, because this  
20 is new to me.

21 Q You mean you think -- it never occurred to you  
22 that somebody in Mr. Watson's state of mind might resent being  
23 wrestled by Mr. Weems, whoever he is?

24 A Well, if he does, so much the better, because then  
25 he reacts and he gets better.

26 Q But, then, if he complains about being struck or  
27 hit, you would think that that was being taken out of context  
28 by Mr. Watson?

1           A       I certainly would.

2           Q       Because you think he should have known better?

3           A       No, no; not necessarily. I just think he is not  
4 correctly evaluating his experiences, the job we did in treat-  
5 ing him and getting him better; that's all I think.

6           Q       And the minute he said something about, "I could  
7 kill you," then he was cured, as far as you were concerned;  
8 is that right?

9           A       It is not as simple as that.

10          Q       Well, what happened after that?

11          A       He continued to be treated on the ward, but this  
12 kind of marked the turning point when he got better.

13          Q       What did his treatment after that --

14          A       Ameliorative therapy.

15          Q       What is that?

16          A       Environmental therapy.

17          Q       Just being there?

18          A       And participating fully in the ward interactions  
19 and duties.

20          Q       He worked in the kitchen, didn't he?

21          A       Yes.

22          Q       Are there utensils of one sort or another in the  
23 kitchen?

24          A       Yes.

25          Q       Knives?

26          A       Yes.

27          Q       Hatchet -- not hatchets, but cleavers, things of  
28 that nature?

1           A       There are serving utensils, but the food is pre-  
2       pared elsewhere and is wheeled in on a food warmer to the ward.

3           Q       What was Mr. Watson's duty in the kitchen?

4           A       I don't know. I assume that he was serving trays  
5       and helping the sicker people. That's what they usually do,  
6       as far as the I.T. goes in the kitchen on 14.

7           Q       But you didn't consider him a violent person to  
8       be kept away from the utensils in the kitchen?

9           A       Oh, no.

10          Q       As a matter of fact, he didn't cause any disturbance  
11       there at all, did he?

12          A       No, he was a model patient, as I told you before.

13          Q       But you thought that Watson could, with some degree  
14       of sophistication, just mislead all of the examiners by answers  
15       to questions; is that it?

16          A       Yes. He was very clever in his denials.

17          Q       As they were evidenced in all these psychological  
18       tests?

19          A       Yes.

20          Q       That is a pretty skillful thing, isn't it?

21          A       It is.

22          Q       As a matter of fact, all these tests have sort of  
23       built-in safeguards for people who are attempting to beat  
24       them, don't they?

25          A       Well, some do, some do not.

26                    You don't pass them, you don't fail them; they are  
27       just part of the total evaluation, in other words; they are  
28       ancillary evidence.

1 Q But in order for somebody to do that so consistently,  
2 he'd have to have some knowledge about what he was doing and  
3 the purpose to be achieved?

4 A He'd have to be smart.

5 Q And you felt that that was Watson in that depressed  
6 state?

7 A I felt that Watson was smart and that he knew what  
8 he didn't want to talk about.

9 Q And that was what, the killing?

10 A Yes, and his family life and --

11 Q What else?

12 A -- and his time in California and his education,  
13 all his background.

14 He was as he was there with us; he didn't want to  
15 talk about anything except the here and now.

16 Q And so that was evidence of malingering?

17 A Yes.

18 Q I take it that what you did was a kind of a diagnos-  
19 tic study of Watson at the time he was being examined; is that  
20 correct?

21 A Yes.

22 Q And related only to his involvement with this  
23 Atascadero and the staff there?

24 A Well, you see, a typical -- or, let's say, a good  
25 psychiatric evaluation requires a history in depth.

26 Q Which you didn't get; is that right?

27 A But mostly from other sources; what we did get was  
28 mostly from other sources, because he wouldn't tell us anything.



1           Q       But you would have no way of knowing whether the  
2 source that you got it from was true or not?

3           A       We had the material in the press about him, we had  
4 the reports from Los Angeles, we had our own observations, we  
5 had our own mental status to go on, examinations of his -- the  
6 way he thinks, and we had the psychological testing and we had  
7 data furnished to us by the district attorney with respect to  
8 the alleged offense, and this was about the extent of our  
9 sources of information, because beyond that he wouldn't involve  
10 himself, you see.

11          Q       So, really, the sources of your information were  
12 external, as far as Watson was concerned -- or, external to  
13 Watson, most of them came from sources other than himself?

14          A       That is a fair statement, yes.

15          Q       And it was based on that collective information  
16 that you made the diagnosis that you did; is that correct?

17          A       Plus the psychiatrists' own observations.

18          Q       Well, but I thought you told us you weren't getting  
19 much out of him by way of observation on these tests?

20          A       Well, if you think any patient can conceal himself  
21 from psychiatrists over a significant period of observation,  
22 you are very much mistaken. Patients do tell you about them-  
23 selves and if they don't communicate verbally, they will  
24 communicate nonverbally; and we know about people when we  
25 observe them over a significant period of time.

26          Q       And you felt that all your observations of Watson  
27 confirmed your opinion about what the test results showed up?

28          A       The test results were congruent with our total

1 evaluation.

2 Q The fact that he wasn't going to talk about these  
3 things?

4 A The fact that he was malingering.

5 Q Didn't want to talk about them?

6 A And playing the fool and faked mental illness.

7 THE COURT: Doctor, may I ask you one question?

8 THE WITNESS: Yes, sir.

9 THE COURT: You said getting him angry was part of the  
10 therapy; is that correct?

11 THE WITNESS: Yes.

12 THE COURT: What did you do to get him angry?

13 THE WITNESS: Well, you talk with him about emotionally  
14 laden subjects and you stress him in the interview. There are  
15 ways, in other words.

16 THE COURT: Well, what did you do, though, to get him  
17 angry?

18 THE WITNESS: I got him going on the subject of killing  
19 and how he felt about it, and so forth, and this was the way  
20 this was handled.

21 THE COURT: Just talking to him?

22 THE WITNESS: Yes.

23 THE COURT: About killing; that got him angry?

24 THE WITNESS: Right.

25 Q BY MR. BUBRICK: Well, did he make any responses  
26 to your questions?

27 A Yes; when he got angry enough.

28 Q What did he say?

1           A       He responded by threatening to kill me and saying,  
2       "I could kill you now," and this type thing.

3           Q       What else did he say?

4           A       He cried and he worked through his guilt and he  
5       felt better.

6           Q       What were you doing all this while?

7           A       I was helping him.

8           Q       Doing what?

9           A       Treating him.

10          Q       How?

11          A       I can't tell you how; you are not a psychiatrist.

12          Q       Well, were you saying -- were you talking to him?

13          A       By getting him through it, working with him,  
14       sharing it with him, you see.

15                   It is not easy to tell you or anybody else how to  
16       be a psychiatrist; I'm not about to.

17          Q       But I take it it was just a matter of words, is  
18       that it, or talking?

19          A       It is a matter of one person helping another one,  
20       Mr. Bubrick, an interpersonal transaction.

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#8

1 Q You thought he was grossly disturbed in his inter-  
2 personal relationships according to the psychologists?

3 A Well, I think -- I have told you all I am going  
4 to tell you about the actual treatment of Mr. Watson. We  
5 treated him for his depression and to do this is a technical  
6 matter. You get him angry at you or other people, so from  
7 directing things inward and becoming depressed, he directs  
8 matters outwards and the depression leaves and anger in is  
9 substituted for anger out.

10 Q Would you say that your relations with him during  
11 the course of these interviews was an interpersonal one?

12 A It couldn't help but be.

13 Q Would you say it was a social situation?

14 A No; it was a therapy situation, therapeutic  
15 situation.

16 Q But it involved a play between two personalities,  
17 didn't it? You and he?

18 A There was nothing playful about it.

19 Q No. I mean the interplay, the relationship of the  
20 two.

21 A Of course.

22 Q And yet Dr. Bramwell says that is the very area in  
23 which he is seriously disturbed.

24 A Your question is unclear at this point. I don't  
25 see your question.

26 Q I can't get away from the fact that Dr. Bramwell  
27 says that his interpersonal relationship is seriously disturbed.  
28 I want to know whether that serious disturbance wouldn't be

8-2

1 reflected in his relationship with you and with other  
2 examiners there at the hospital.

3 A Well, you had to wall him in, you know, so he had  
4 no way to go before he would relate to you, you see.

5 Q Yes.

6 A Because he was going to keep you out, you see,  
7 but you could relate to him and he could relate to you and  
8 that was the way it went.

9 Q Are you telling us that there was a time then when  
10 this interpersonal relationship stopped being disturbed or  
11 seriously disturbed?

12 A Yes, when his depression lifted and when he became  
13 able to cooperate with you, and when he became able to discuss  
14 with you rationally his charges.

15 Q Dr. Bramwell made this report on January the 28th,  
16 1971. When did you talk with him?

17 A I talked with him on the 29th. I staffed him on  
18 the 29th.

19 Q And was that the last time you staffed him?

20 A Yes.

21 THE COURT: Suppose we have our morning recess at this  
22 time, Mr. Bubrick.

23 Ladies and gentlemen, we will have our recess at  
24 this time.

25 Please heed the admonition heretofore given.

26 (Recess.)  
27  
28

#9

1 THE COURT: People against Watson.

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

4 Q BY MR. BUBRICK: Dr. Owre, do you know when the  
5 testing started with Mr. Watson?

6 A The psychological testing?

7 Q Yes, the psychological testing.

8 A He was seen on four dates: On November 4, 1970;  
9 November 20, 1970; November 27, 1970; and January 25, 1971.

10 Q Do you know which of the tests were administered  
11 on November the 4th, four days after he arrived?

12 A No, I don't.

13 Q And you first saw him on the 2nd; is that correct?

14 A Yes, sir.

15 Q And you felt on the 2nd that he was in a condition  
16 to be examined psychologically?

17 A Yes.

18 Q Was he given medication?

19 A He was initially given Thorazine for a two-week  
20 period.

21 Q For a two-week period; what effect does Thorazone  
22 have on one?

23 A It is given to eliminate psychotic symptoms.

24 Q Would it have any effect on psychometrics, on  
25 testing of any sort?

26 A No, other than to improve the caliber of the  
27 performance.

28 Q Would it have any effect on the brain?

9-2

1           A       It would eliminate psychotic symptoms, if given --  
2       it wouldn't eliminate, it would just depress them so they  
3       wouldn't be observed.

4           Q       And does Thorazine have some sort of a cumulative  
5       effect; do you keep getting better or less depressed as you  
6       continue to take the drug?

7           A       I want to emphasize it was not given because of  
8       depression. It was given to rule out or to, rather, to  
9       counteract the psychotic symptoms which the L.A. people had  
10      seen.

11          Q       Well, isn't it generally referred to as an  
12      anti-depressant drug?

13          A       No, that was Tofranil, you see.

14          Q       But Thorazine was administered first; is that  
15      correct?

16          A       Right.

17          Q       In what dosage?

18          A       50 milligrams, twice a day.

19          Q       Is that a standard dose, 50 milligrams?

20          A       It is a small dose, but it was discontinued after  
21      10 days.

22          Q       And then you started on Tofranil?

23          A       Tofranil, an anti-depressant drug.

24          Q       How long did he get that?

25          A       He got that for two weeks.

26          Q       In what doses?

27          A       50 milligrams three times a day.

28          Q       And what effect, if any, does that have?

9-3

1 A Well, that will eliminate depression. The drug is  
2 an anti-depressant drug.

3 Q Do the effects of Thorazine and Tofranil clash at  
4 all?

5 A No, they weren't given at the same time, see.

6 Q So that when you started him on Tofranil, the  
7 effects of Thorazine had already worn off, as far as you were  
8 concerned?

9 A Right.

10 Q And he was then a little better, I take it, at the  
11 time he was being tested than if he had been tested immediately?

12 A Well, these went on -- these tests went on over  
13 a period of two months.

14 Q Who was his original psychologist, if you know?

15 A Excuse me?

16 Q Was it somebody other than Dr. Bramwell?

17 A I believe another psychologist saw him to collect  
18 raw data for Dr. Bramwell originally.

19 Q Was this a lady psychologist at the time?

20 A I think that Dr. Rose saw him briefly to collect  
21 raw data.

22 Q Do you have any of the raw data that Dr. Rose --

23 A No, this was incorporated in Dr. Bramwell's data  
24 and was sent to the court and to the district attorney.

25 Q Well, we have, in part of your official reports,  
26 Doctor, under the date of 11-4-70, 1:30 a.m., "Patient Watson  
27 was seen this date and time by Dr. Rose, Ph.D, and was given  
28 a battery of psychological tests, completed at 2:30 p.m."



1 Do you have any idea what that included?

2 A No, I don't; she turned her findings over to  
3 Dr. Bramwell, that's all I know.

4 Q Would you still have that raw data, as you have  
5 referred to, available at the institution?

6 A They would have been incorporated in Dr. Bramwell's  
7 data and you would now have them; the court would not have  
8 them.

9 Q The court would not have them?

10 A Would now have them, I say.

11 Q Referring now to the consolidated report of Dr.  
12 Bramwell, or perhaps the raw data of Dr. Rose --

13 A The court has all our raw data; the court has  
14 our consolidated report.

#10

1 Q Incidentally, Doctor, was there any sort of  
2 punishment measures meted out to people who broke any of the  
3 rules of the institution?

4 A That is a rather vague question. I don't know  
5 what you are driving at, Mr. Bubrick.

6 Q Was it against the law or against the rules of  
7 the institution, for example, to give food away?

8 A To whom?

9 Q To another inmate, to give some milk to an inmate  
10 or anything of that nature?

11 A Well, you are not supposed to. I mean this is --

12 Q What happens when you do it and you are caught?

13 A I assume that the person would be admonished. I  
14 can't answer you other than in these terms.

15 Q Was he ever asked, you know, to write 100 times  
16 "I will not give my milk away," or things like that?

17 A I am unaware of this.

18 Q Ever asked to stand with his nose on a dot,  
19 stationary, with his nose on a dot as punishment for giving  
20 some food away?

21 A I don't think this would -- I don't know.

22 Q According to your records was he ever reprimanded  
23 for giving food away to somebody by the name of Mickey Myers?

24 A I don't know of this.

25 Q Do you have any idea how long he was in the  
26 institution before he was allowed into the main ward?

27 A Yes. I can give that to you in just a minute.  
28 He began coming out of seclusion four days after admission

1 on 11-3-71, November 3rd.

2 Q Where did he go from seclusion?

3 A He went to full ward privileges.

4 Q Was there a two-week period when he was confined  
5 elsewhere so far as you know?

6 A No. I don't know what you are gaining at.

7 Q Whether there was a two-week period when he was  
8 confined somewhere other than the open ward.

9 A He would either be in seclusion or be on the open  
10 ward.

11 Q Your records show seclusion only for four days?

12 A Then he started coming out. The wrist restraints were  
13 continued to the 24th of November, if that is what you are  
14 alluding to.

15 Q What are wrist restraints?

16 A Just what the name implies.

17 Q Can you describe them for us?

18 A Well, the wrists are connected by -- they are made  
19 of leather and there are two buckles, one on each wrist strap  
20 connecting them so that the patient cannot harm others with  
21 his arms.

22 Q Is it a sort of a standard policy to use wrist  
23 restraints on people there?

24 A On new admissions, yes.

25 Q And you leave them on, or at least for Watson you  
26 left them on for about six weeks?

27 A No, till the 24th of November and that would be  
28 25 days and the ward team decided in view of his behavior it

1 would be safe to remove the wrist restraints and they were at  
2 that time removed.

3 Q Had there been any evidence of violence on Mr.  
4 Watson's part either with or without restraints?

5 A We had some pretty convincing evidence of violence  
6 on his part in the reports from the District Attorney.

7 Q I am talking about in the institution.

8 A No, there weren't.

9 Q Either with the wrist restraints on or after the  
10 wrist restraints were taken off?

11 A No, right. He was a model patient on ward 14  
12 so far as his behavior went.

13 Q I think you told us that he was given Tofranil  
14 some two weeks or so?

15 A Yes.

16 Q So his medication period would have been roughly a  
17 month, is that right, Thorazine and the other one together?

18 A Well, let's say 24 days.

19 Q Was there any medication at all administered  
20 after you stopped with the Tofranil?

21 A No. Vitamins, that is all.

22 Q But nothing that might have been --

23 A This was done on a trial basis. We stopped it to  
24 see whether he would get depressed and he didn't, so we saw  
25 no reason to remedicate.

26 Q Incidentally Dr. Bramwell in his report that we  
27 have referred to makes no mention of malingering, does he?

28 A Not directly.

1 Q He doesn't use the word at all in his report, does  
2 he?

3 A No, but there are indications in the report that  
4 he felt Mr. Watson was not performing up to his true potential.

5 Q And you interpret that as being evidence on the  
6 part of Dr. Bramwell that Watson was malingering?

7 A This is part of the total picture of malingering.

8 Q Is there anybody else, Doctor, that you know of  
9 who concluded that he was malingering and did so in writing?

10 A No.

11 Q As a matter of fact, his therapist thought his  
12 participation in group therapy was becoming more meaningful,  
13 didn't he?

14 A Participation in --

15 Q Group therapy.

16 A This is an isolated observation.

17 Q You incorporated that in the report that you signed.

18 A Again I don't know what you are driving at.

19 Q I am just driving at that naked fact, that there  
20 is such a statement on the part of the therapist, "Patient  
21 converses well, but with flat effect, has steadily improved.  
22 Is communicating more. Participation in group therapy  
23 becoming more meaningful."

24 A He improved.

25 Q But was he still malingering in your opinion?

26 A Yes. He malingered right to the end.

27 Q When he was improving, was he malingering?

28 A The improvement was in his mood, his relationships

1 with others, his contact in general, with his environment and  
2 the improvement was not measured in terms of malingering --  
3 less malingering, the same malingering, no malingering. It  
4 has no relationship to it.

5 Q You mean you might get better even though you  
6 might not be doing anything at all on a conscious level to  
7 prevent it?

8 A I don't think you can construe -- I don't understand  
9 the question.

10 Q Malingering is conscious behavior, is it not?

11 A Malingering is conscious behavior, yes.

12 Q And getting better takes conscious behavior too,  
13 doesn't it?

14 A No.

15 Q He doesn't sit still and not participate in group  
16 therapy.

17 A I am sorry. Again I don't know what you are --  
18 would you please rephrase your question so it is intelligible?

19 Q He participated in group therapy, didn't he?

20 A But only minimally.

21 Q That is a sort of, again a sort of a quantitative  
22 term, isn't it?

23 A May I read to you from the nursing notes, please?

24 Q Sure.

25 A This is on 2-14-71. It is signed by Mr. Lloyd,  
26 psychiatric technician.

27 "Weekly summary. Mr. Watson continues  
28 to function on this ward without problems. He still

1 will not express any idea or anything brought up  
2 to him in therapy. He avoids most questions with  
3 he doesn't know, have any feelings about anything.  
4 He socializes with patients to some degree on the  
5 ward but not very much."

6 Q Again may I ask you whether you know whether the  
7 things he would not respond to were the things related to  
8 his crime?

9 A The group sessions are not solely problem related;  
10 in other words, they have to do on ward 14 with what is going  
11 on the ward, how people think and interact with each other  
12 as well as specific problems which brought the patient to the  
13 institution, you see.

14 Q Didn't he participate in that sort of discussion?

15 A Only minimally as this note indicates.

16 Q Might that not indicate he is is just an unsocial  
17 person?

18 A No. I think you can really -- I can't say that,  
19 you know.

20 Q There are some people who just don't like to  
21 socialize, aren't there?

22 A This is true.

23 Q Do you have your notes on your ward report,  
24 ward 14 report, dated November 16, 1970?

25 A Is that a progress note or what?

26 Q Yes, a progress note. May I read it?

27 A Please.

28 Q "11-16-70. Ward 14 progress note. Patient

1 Watson interviewed and found to be silent, full of  
2 denial, showing psychomotor retardation. Previous  
3 history of weight loss, constipation, loss of  
4 libido, pointing to a clinical depression, which  
5 can be mobilized."

6 A Yes.

7 Q Nothing there about malingering, is there?

8 A Not in that note.

9 Q What does psychomotor retardation mean?

10 A Slowing of thought and slowing of motor activity.

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Q What did you ascribe that to?

A The depression.

Q And you don't think that was a conscious act on his part?

A No, I think I brought this out completely, that you can't really consciously become depressed.

Q I again refer your attention to Progress Note of 11-30, apparently signed by S. W. Morgan, which reads in part, "His attitude and behavior have been good and will do what is asked of him without complaints."

A Yes.

Q Is that consistent with malingering?

A Yes.

Q You mean you do whatever is asked of you and you are still malingering?

A Yes.

Q Avoiding just what it is that you don't want to do; in that it?

A No, what you don't want to talk about.

Now, again, I just wanted to point out that -- repeatedly, as it seems -- that he was a model patient with respect to his ward behavior.

Q But then you say it is only in the area of communication, talking, that you felt he was malingering?

A Right.

Q Only because he didn't want to discuss the crime with you?

A Not only because he didn't want to discuss the

1 crime with me.

2 Q What else?

3 A He didn't want to discuss anything; didn't want to  
4 discuss his family, didn't want to discuss his feelings, didn't  
5 want to discuss his past, period.

6 Q And I take it, later on, you found ways to combat  
7 that without talking about that and returning him to court?

8 A We took care of his problem.

9 Q Without --

10 A Treated him and sent him back to Court, right.

11 Q Without ever getting involved in a discussion of  
12 those areas?

13 A Well, the involvement was unilateral. He continued  
14 to play it cool, in other words.

15 Q And your institution just went along with it;  
16 right?

17 A No; no, we went through the whole process with  
18 him.

19 Q You treated him with it, even though he didn't  
20 respond?

21 A Right.

22 Q And you felt that your treatment was effective?

23 A Yes, and I want to point out that the Court agreed  
24 with us, otherwise I wouldn't have tried him.

25 Q You mean he stopped malingering?

26 A I didn't say that.

27 Q But you don't think he is malingering now, do you?

28 A From my dealings with him in this courtroom, I

1 still think he is.

2 Q You think he is malingering today?

3 A I still think he is.

4 Q What have you done with him today?

5 A I asked him whether he was getting his peanut  
6 butter and he said he no longer needed his peanut butter.

7 Q And that's all?

8 A That's all.

9 Q As a matter of fact, he stopped eating peanut  
10 butter at the hospital, didn't he?

11 A No, he ate peanut butter faithfully right to the  
12 end.

13 Q For how long?

14 A Right to the end.

15 Q For how long?

16 A Right up to the end.

17 Q Did you give him any other kind of a supplement?

18 The peanut butter was some kind of a minor --

19 A We gave him vitamins and peanut butter and regular  
20 diet.

21 MR. BURRICK: I have nothing further.

22 MR. BUGLIOSI: I have a few more questions.

23 May I approach the witness just to talk to him  
24 for a second?

25  
26 REDIRECT EXAMINATION

27 BY MR. BUGLIOSI:

28 Q Doctor, directing your attention/<sup>to</sup>this report

1 entitled "Requests," third paragraph down, on cross-examination  
2 it was mentioned that Dr. Bramwell concluded that Mr. Watson  
3 was in the borderline range with respect to these psychological  
4 tests.

5 Does Dr. Bramwell, however, in the next sentence,  
6 say this: "The large scatter of suppressed scores indicate  
7 Mr. Watson is probably capable of functioning at a more  
8 effective and efficient intellectual level, possibly at the  
9 average to above average range"?

10 Does Dr. Bramwell finally conclude that?

11 A Yes, he does.

12 Q "Present intellectual functioning appears diminished,  
13 due to the presence of anxiety and depressed elements Mr.  
14 Watson is presently experiencing"; does he say that?

15 A Yes, he does.

16 Q And is the final sense of his report, on the next  
17 page, to the effect, "The psychological test results show neither  
18 the presence of emotional or intellectual disturbances of  
19 psychotic proportions nor organic deficits"; does he say that?

20 A Yes, he does.

21 Q Now, Doctor, the Los Angeles County Superior Court  
22 directed the staff at Atascadero to treat Mr. Watson's problems;  
23 is that correct?

24 A That is correct.

25 Q So these tests that were administered to him and  
26 the treatment by your staff was in response to a Court Order?

27 A That is correct, sir.

28 Q You indicated that he refused to discuss the facts

1 of these murders with you; is that correct?

2 A That's correct, sir.

3 Q But he did not refuse to take a psychological test?

4 A He took the psychological tests.

5 Q And he did discuss other matters with you?

6 A Yes.

7 Q Was your conclusion that he was malingering based  
8 solely on the fact that he did not discuss these murders with  
9 you?

10 A No, it was based upon the total presentation of  
11 the patient.

12 Q Including the psychological tests?

13 A Including what is a proper response to nutritional  
14 therapy, when he first came and also including the nature,  
15 the con-type response he would give me in the interviews, not  
16 talking about what he thought I didn't know about, not coming  
17 into what he thought I didn't know about.

18 Q So it was not because he refused to discuss the  
19 murders with you that you thought he was malingering?

20 A Right.

21 Q I believe Mr. Bubrick asked you if you were the  
22 only psychiatrist or member of the staff at Atascadero that,  
23 No. 1, concluded that he was malingering; and, No. 2, stated  
24 it in writing.

25 Are you the only one that put it into writing?

26 A I am the only one that put it into writing.

27 Q But you were the psychiatrist designated by the  
28 staff up there to treat Mr. Watson?

1 A To evaluate and treat on staff, for disposition.

2 Q However, in your professional discussions with  
3 the other members of the staff up there, did anyone else  
4 conclude in their opinion that Mr. Watson was --

5 MR. BUBRICK: Object to that as hearsay.

6 MR. BUGLIOSI: This was asked on cross-examination, your  
7 Honor.

8 THE COURT: In writing.

9 MR. BUGLIOSI: All right; and now I want --

10 THE COURT: There was, in writing.

11 MR. BUGLIOSI: If he can answer whether it was in writ-  
12 ing, I think we can discuss whether it was not in writing --

13 THE COURT: I will sustain the objection.

14 MR. BUGLIOSI: If it is irrelevant whether it is in  
15 writing, your Honor, why is it not relevant if it is not in  
16 writing?

17 THE COURT: We are discussing the reports.

18 Q BY MR. BUGLIOSI: The final conclusions that you  
19 reached in these reports, were these based on conversations  
20 you had with other members of the staff at Atascadero?

21 A Yes, they were.

11af.

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1 Q Did you take what they said into consideration  
2 in forming your ultimate conclusion?

3 A Yes, I did.

4 Q All right. In these discussions with other members  
5 of the staff did any other member of the staff say that he was  
6 malingering?

7 A Yes.

8 MR. BUBRICK: Object as calling for hearsay.

9 THE COURT: Sustained.

10 MR. BUBRICK: May the answer be stricken?

11 THE COURT: Yes.

12 MR. BUGLIOSI: May we approach the bench, your Honor?

13 THE COURT: You may.

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

16 MR. BUGLIOSI: I feel, your Honor, that the position is  
17 so clear here that it is difficult to articulate. He said  
18 that he discussed it with other psychiatrists, he used what  
19 they said as a basis for his conclusion.

20 Now, I am asking what they said --

21 THE COURT: If it is difficult for you, I will tell you  
22 exactly what my ruling is. These records were presented in  
23 evidence as the official records of the Atascadero State  
24 Hospital.

25 I don't know whether we have got a certification  
26 as to their correctness, but, at least, counsel have no objec-  
27 tion to it, so you can cross-examine on these records, what is  
28 contained in these records.

1 If you are going to ask him what other doctors  
2 told him, those doctors are not here to be cross-examined and  
3 it is hearsay.

4 That is the basis of why I am sustaining the  
5 objection.

6 You see, these records, you can question <sup>him</sup> on these  
7 records because they are in evidence.

8 MR. BUGLIOSI: What about the confidential reports of  
9 Dr. Tweed and Dr. Bohr? I think these were confidential reports,  
10 too, but certainly when they stated their conclusions, Dr.  
11 Tweed and Dr. Bohr, I think they stated that they spoke to  
12 their people and based on what they --

13 THE COURT: I don't recall what you are referring to,  
14 but so far as this is concerned --

15 MR. BUGLIOSI: These are confidential records, right.

16 THE COURT: No, no, no.

17 MR. BUGLIOSI: They are made to you.

18 THE COURT: That is not the basis of my sustaining the  
19 objection at all, not on the basis that they are confidential.

20 These are the official records of the Atascadero  
21 State Hospital. They are in evidence and you are entitled to  
22 cross-examine on the records in evidence.

23 MR. BUGLIOSI: All right, but if he forms an opinion,  
24 isn't he permitted to give the basis for that opinion?

25 THE COURT: If that opinion is in that record, yes.

26 MR. KAY: We are talking about his own opinion, personal.

27 THE COURT: His own opinion, he can give, yes, because he  
28 is here to be cross-examined; but he can't say that, "Doctor



1 John Jones told me that he was malingering."

2 MR. KAY: But if that is the basis --

3 MR. BUGLIOSI: If it is the basis for his ultimate  
4 opinion, your Honor --

5 THE COURT: If it is not in the record, you can't use  
6 it now.

7 MR. BUBRICK: Pull him up by his own bootstraps.

8 MR. BUGLIOSI: Basically, the Court is saying, then,  
9 that when a psychiatrist takes the witness stand, testifies  
10 to his conclusions, he is not permitted to say that one of  
11 the bases for his conclusion is that he spoke to another  
12 psychiatrist?

13 THE COURT: He can say he spoke to another psychiatrist,  
14 but he can't tell you what the other psychiatrist told him,  
15 see.

16 MR. BUGLIOSI: That is what the psychiatrists have been  
17 doing on the stand, the defense psychiatrists --

18 THE COURT: If it was in the report, if they incorporated  
19 part of the other psychiatrists' reports as part of their  
20 report, they are permitted to testify to that.

21 MR. KEITH: They testified that their opinions were based  
22 in part on literature that they had read, but they didn't read  
23 the book or the article to support their opinion.

24 MR. BUGLIOSI: If there is some type of a requirement  
25 that to get in the basis for a psychiatric conclusion, that  
26 basis has to be in writing -- is this some type of a require-  
27 ment?

28 THE COURT: No, no; I am ruling that so far as these

1 records are concerned, you can inquire anything concerning  
2 these records.

3 You can ask him on what he bases his opinion,  
4 but if you are going to ask him, "Did Dr. Jones say," or  
5 "Confirm what your opinion is," or "Did Dr. Jones say that  
6 he is malingering?" that is hearsay, because Dr. Jones is not  
7 here to be cross-examined.

8 That is hearsay.

9 MR. BUGLIOSI: But if it is not being offered for the  
10 truth of the matter, it is offered as a basis for his opinion,  
11 how about that?

12 I don't think it would be hearsay then, if it is  
13 offered as a basis for his opinion, plus the Court is going to  
14 give an instruction to the jury that it is not to be considered  
15 substantively.

16 THE COURT: I appreciate that; but at the same time, the  
17 jury is getting the confirmation of his opinion of what another  
18 doctor says who is not here to be cross-examined and I will not  
19 permit it.

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(The following proceedings were had in open court.)

Q BY MR. BUGLIOSI: Doctor, in forming your opinion that Mr. Watson was malingering, before you formed that opinion, I take it you did speak to many other members of the staff up at Atascadero?

A Naturally. Our cases that are atypical and difficult, this is standard psychiatric procedure to consult with a colleague or colleagues.

MR. BUGLIOSI: Thank you. No further questions.

#### RECROSS-EXAMINATION

BY MR. BUBRICK:

Q How many times would you say you saw Mr. Watson in the 111 days he was at Atascadero?

A I saw him on an interview basis four times and I saw him in my dealings with ward 14 on other matters, I would say about five or six other times.

Q Did you ever talk to him on any of the other five or six other times?

A Yes. We discussed matters as to how he was doing and hello and the usual amenities.

Q Was it ever reported to you at the hospital, Dr. Owre, that Watson was eating out of the garbage cans?

A No

Q Never heard of that?

A No. I never heard that.

Q One final question, Doctor: Do you have an opinion as to whether or not Watson could feign a psychosis?

12-2

1

A Yes.

2

Q Do you think he could?

3

A It is possible to do this.

4

MR. BURRICK: I have no further questions.

5

MR. BUGLIOSI: No further questions.

6

THE COURT: Gentlemen, I was under the impression these hospital records have been offered in evidence.

8

MR. BUGLIOSI: No, your Honor. They were utilized by the doctor as a basis for his conclusion. I did offer the Bender Gestalt test into evidence as people's 309.

10

11

THE WITNESS: This is a facsimile. The record is in front of you.

12

13

THE COURT: We understand that.

14

MR. BUGLIOSI: If there is a legal issue, your Honor, perhaps it should be discussed outside the presence of the jury.

16

17

THE COURT: The only thing is: Do you want them offered in evidence or not?

18

19

MR. BURRICK: I think there is a lot of material in there that should not go in.

20

21

MR. KEITH: Parts of the records are clearly admissible under the Hospital Records Act.

22

23

THE COURT: Parts are not.

24

MR. KEITH: Parts are not.

25

THE COURT: All right, gentlemen.

26

MR. BUGLIOSI: Thank you. I have no further questions.

27

THE COURT: Thank you, Doctor. You may be excused.

28

MR. BUGLIOSI: Your Honor, our next witness hasn't

1 arrived. It is now 10 minutes to 12:00. Could we adjourn early?

2 THE COURT: Yes. We will recess at this time, ladies  
3 and gentlemen, until 1:30.

4 Once more heed the admonition heretofore given to  
5 you.

6 (The noon recess was taken until 1:30 p.m. of the  
7 same day.)

Direct  
exam  
of  
Dr. Fort

$\Sigma$

(Drug  
expert)

L3R-1

LOS ANGELES, CALIFORNIA, THURSDAY, SEPTEMBER 23, 1971, 1:45 P.M.

--oOo--

THE COURT: People against Watson. Let the record show all jurors, the defendant and all counsel are present.

Ladies and gentlemen of the jury, we have some further difficulties with some witnesses, unfortunately, and we cannot proceed today.

However, we have been assured that we can proceed tomorrow morning at 9:30. So you will be excused until that time.

Again, do not form or express any opinion in this case. Do not discuss it among yourselves or with anybody else. Please keep an open mind.

Tomorrow morning at 9:30. Thank you.

(An adjournment was taken until Friday, September 24, 1971, at 9:30 a.m.)

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1 LOS ANGELES, CALIFORNIA, FRIDAY, SEPTEMBER 24, 1971; 9:40 A.M.

2  
3  
4 THE COURT: Good morning.

5 THE JURORS: Good morning.

6 THE COURT: Gentlemen.

7 MR. KAY: Good morning.

8 MR. BUGLIOSI: Good morning, Judge.

9 THE COURT: People against Watson.

10 Let the record show all jurors, counsel and  
11 defendant are present.

12 MR. KAY: People call Dr. Joel Fort.

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 THE CLERK: Thank you.

20  
21 JOEL FORT,

22 called as a witness by the people, testified as follows:

23 THE CLERK: Take the stand and be seated; and would you  
24 state and spell your name, please.

25 THE WITNESS: Joel Fort; J-o-e-l; F-o-r-t.

26 THE CLERK: Thank you.  
27  
28



## DIRECT EXAMINATION

BY MR. KAY:

Q Dr. Fort, you are a doctor duly licensed to practice medicine in the state of California, are you not?

A Yes, I am.

Q And you have been, also, appointed by Judge Alexander in this case?

A Yes, I have.

Q Doctor, what is your specialty?

A My specialty is criminal psychiatry, public health, drug abuse, youth problems.

Q Doctor, would you briefly -- well, not briefly, but would you tell us about your educational background?

A Yes.

I have a Bachelor's degree from Ohio State University, which was followed by two years of training in social and behavioral sciences: Sociology, psychology, at the University of Chicago graduate school.

Then, an M.D. degree from Ohio State University, during which time I began my interest in the drug field with special emphasis on pharmacology and in the criminology field, with courses on psychiatry and the law and related things.

Following my medical training I took an internship and a residency in psychiatry and public health at the United States Public Health Service Hospitals, first in Seattle, Washington, and then at the Federal Prison Hospital for narcotic addicts at Lexington, Kentucky; and that was followed by another year at Herrick Memorial Hospital in Berkeley,

1 working on a general psychiatric ward within a general  
2 hospital setting; that ward devoting about half of its beds  
3 and admissions to alcohol and drug abuse patients.  
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1 Q Doctor, what is the Federal Narcotics Prison  
2 Hospital at Lexington, Kentucky?

3 A That institution was the first formal program  
4 to -- the first hospital or prison hospital to provide  
5 services to narcotic addicts, particularly heroin addiction.

6 It was set up in 1935 as an approximately 1100  
7 bed unit for people with addiction problems and another  
8 100 beds for general psychotic patients that were the  
9 responsibility of the U. S. Public Health Service, and that  
10 institution over the years probably had more direct involvement  
11 with drug problems, that is more thousands, tens of thousands  
12 of people with these problems came there for at least  
13 observation and sometimes treatment than any other institution  
14 in the country.

15 I was there from 1955 to 1957 where I had direct  
16 responsibility for the treatment of several hundred people  
17 there who used a wide range of drugs and then indirect  
18 involvement in the treatment of several thousand in terms of  
19 staff meetings, consultation to other staff and so forth.

20 Q Do you also have special training in the field  
21 of criminology?

22 A Yes. As I mentioned in medical school I began  
23 taking special courses in this but supplemented the sociology  
24 and psychology -- other social sciences I had taken at the  
25 University of Chicago and then through my work in prisons and  
26 with probation departments, a great deal of practical experience  
27 which I would consider as important, in many ways more important  
28 than the college or medical school training.

1 My first prison experience as I mentioned was  
2 two years of full time work at the Federal Prison Hospital at  
3 Lexington and subsequently I served as consultant to the  
4 Alameda County Probation Department, to the California Medical  
5 Facility at Vacaville, which is the treatment institution for  
6 the state prison system.

7 I was invited by the University of California at  
8 Berkeley in 1962 to begin teaching in the school of criminology  
9 and I served as a lecturer there teaching courses that dealt  
10 with all aspects of drug abuse as well as other social problems.

11 Q Have you taught at any other universities besides  
12 the University of California at Berkeley?

13 A I have taught on several campuses of the University  
14 of California, also teaching sociology, particularly the  
15 courses on social problems and what is called deviant behavior,  
16 meaning crime, drug abuse, mental illness and then more  
17 recently, again at the Berkeley campus, I have been teaching  
18 one course a year in the field of social welfare, a course  
19 that deals with the social and psychological aspects of the  
20 same problems: Drug abuse, sexual problems, crime, et cetera.

21 And then I teach regularly extension courses on  
22 these subjects at UC Riverside, and UC Santa Cruz and UC  
23 Berkeley, special courses for nurses, social workers, teachers,  
24 policemen, journalists, et cetera.

25 Q I take it that you live up in San Francisco?

26 A Yes, that is my home base.

27 Q And you flew down here this morning to testify?

28 A Yes, I did.

1 Q Do you have a clinic in San Francisco?

2 A Yes, I do.

3 Q What is the name of that clinic?

4 A It is called the Center for Solving Special Social  
5 and Health Problems.

6 It deals with the full range of drug problems from  
7 alcohol to heroin and LSD and amphetamines, sexual problems,  
8 suicide, crime, and delinquency, other problems which I feel  
9 require a unique specialized kind of approach, and this private  
10 nonprofit center extends some of the concepts I developed in  
11 1965 when I created the San Francisco City Drug Program, which  
12 was the first in the country and the first program to deal  
13 related to the drug culture within the Haight-Ashbury, and  
14 to provide services for people who were using speed, LSD and  
15 other psychedelic hallucinogens and treating heroin addicts,  
16 et cetera.

3 fls.

#3

1           Q     I take it that in your experience, in your vast  
2 experience, that you have treated many people that have used  
3 drugs like LSD, belladonna and speed.

4           A     Yes, an enormous number, probably in the thousands.

5           Q     And have you had occasion to come in contact with  
6 these drug takers in a normal drug taking situation; in other  
7 words, not a hospital or a prison, but where they take their  
8 drugs?

9           A     Yes, I have had that occasion many times in the  
10 United States and also in some 30 other countries where I  
11 have served as a consultant for the World Health Organization  
12 on drug abuse, first in 1963, where I was assigned to study  
13 all aspects of drug use and abuse and what was being done about  
14 it, in 16 Asian countries; then in 1964, where I was called  
15 back as a consultant to the Government of Thailand as a  
16 representative of the World Health Organization at a world  
17 conference in Japan on the subject of drug abuse.

18                 Following that I also worked in a number of other  
19 countries, when I spent 13 months as a social affairs officer  
20 for the United Nations Division of Narcotic Drugs working out  
21 of Geneva; and one of my assignments during that time was to  
22 study the use of a variety of psychedelic hallucinogens and  
23 cocaine in South America, and the scientific adviser at a  
24 world conference on that subject in Lima, Peru.

25                 The natural settings that I mentioned having had  
26 the chance to observe drug users in, in this country, would  
27 certainly include rock festivals, gatherings in the Haight-Ashbury,  
28 where drug use was quite common, various communes, a variety

1 of settings where because of my many years of work in the  
2 field and a degree of trust that exists I am invited to be  
3 present, even though my own philosophy stresses life without  
4 use of drugs, and where I have not personally participated  
5 in the drug use at these events.

6 Q Doctor, have you testified as an expert witness  
7 throughout the United States in criminal trials?

8 A Yes, I have.

9 Q And some of those states, just to name a few,  
10 would be California, Massachusetts, Michigan, Wisconsin and  
11 Oregon?

12 A Yes, that's correct.

13 Q And you have appeared as an expert witness in  
14 many major trials, have you not?

15 A Yes, I have.

16 Q And one of them was the Timothy Leary trial?

17 A Yes, I was a witness in two of his trials, the  
18 federal trial in Laredo, Texas; and one of the trials in  
19 Orange County, California.

20 Q And he is known as the High Priest of LSD?

21 A That's correct.

22 Q You also appeared as a witness in the Lenny Bruce  
23 trial?

24 A That's correct; that was here in Los Angeles.

25 Q And you also appeared as a witness on behalf of  
26 Leslie Van Houton in the penalty phase of the first Tate-  
27 La Bianca trial?

28 A I guess it is technically described that way.



1 I always feel I appear as a witness for both sides to try to  
2 present as independent a view as I can of the facts that are  
3 made known to me and the interpretation that I make of them.

4 Q Now, Doctor, have you been invited by the  
5 Senate of the United States and the House of --

6 A Yes, I have.

7 Q Have you been invited by the Senate of the United  
8 States and the House of Representatives of the United States  
9 to be an expert witness?

10 A Yes, I have, on a number of occasions.

11 Q And approximately how many occasions have you  
12 appeared as an expert witness in front of the United States  
13 Senate and the House of Representatives?

14 A Roughly six or seven times.

15 This is in addition to many more occasions where  
16 I have testified before the California Legislature, the  
17 Assembly or the Senate, and also the Alaska Legislature on  
18 one occasion.

19 Q Now, would you say that this would be a fair  
20 statement that during, say, the past 15 years you have come  
21 in contact with more than 10,000 users of hallucinogenic  
22 drugs?

23 A It would be a fair statement if you were including  
24 in that word "hallucinogenic drugs," marijuana, which I think  
25 is best categorized separately; but certainly in the  
26 thousands, if we are restricting ourselves to LSD, mescaline  
27 or peyote and the drugs closely related to them.

28 Q Have your views on hallucinogenic drugs been



1 featured in such magazines as Newsweek, Time, Life, New York  
2 Times, Washington Post, the Manchester Guardian, the NBC  
3 Today Show and the Monitor programs?

4 A Yes, they have.

5 Q Within the past couple of years did you author  
6 a book on the drug uses as related to the youth in our  
7 society?

8 A Yes, I did.

9 Q What was that?

10 A It is called The Pleasure Seekers, subtitled  
11 The Drug Crises, Youth in Society; and it has been very well  
12 received around the country and I think has had some impact  
13 upon public policy and on thinking about the drug question  
14 and what should be done.

3A

1 Q In this book, "The Pleasure Seekers," this would  
2 almost be categorized as a best seller, would it?

3 A I would say as a good seller, but not a best  
4 seller.

5 Q Have you also co-authored many books on dangerous  
6 drugs?

7 A Yes, there are about twelve other books that I  
8 have co-authored, including Students and Drugs, Society and  
9 Drugs, the Problems and Prospects of LSD, Hallucinogenic  
10 Drug Research, Student Drug Involvement; I think these are  
11 the major ones.

12 Q Have you also appeared in many -- well, in several  
13 movies concerned with drug use?

14 A Yes, I have, the ones that are available around  
15 the country for educational use in schools and colleges, and  
16 a couple that have been shown on national television.

17 Q That is national educational television?

18 A Yes.

19 Q Which would be channel 28 locally?

20 A Yes, KGET.

21 Q Have you also written numerous articles in the  
22 field of dangerous drugs, hallucinogenic drugs?

23 A In answer to the drug part of it, the broader  
24 one, some 30 articles, including all drugs from alcohol to  
25 LSD, heroin, amphetamines, I think it is somewhere between  
26 30 and 35 that I have written on those subjects.

27 Q Are you also a consultant to the San Diego and  
28 Minneapolis Health Departments in the area of drug abuse?

1 A Yes, I am.

2 Q Are you also a consultant to the Johns Hopkins  
3 Department of Social Relations?

4 A Yes, I am.

5 Q And what is that, what does that deal with?

6 A They are carrying out the most expensive national  
7 survey that has been made of college students' attitudes and  
8 use -- attitudes toward and the use of a wide range of drugs  
9 and how this relates to their other attitudes toward life  
10 and their value system.

11 It involves, as I recall, more than a sampling  
12 of more than 6,000 students on more than 60 campuses around  
13 the country.

14 Q Doctor, what is a hippie subculture?

15 A A subculture refers to a group that is either,  
16 by its own choice or by society's attitudes toward it, set  
17 apart within the broader culture.

18 This can be on the basis of economic status, it  
19 can be on the basis of racial or religious background or  
20 it can be on the basis of life style; and the hippie sub-  
21 culture, specifically, is a subculture composed of individuals  
22 who identify with the values that have in recent years been  
23 classified as a hippie, and a way of life that is considered  
24 hippie.

25 There is a certain degree of vagueness to that  
26 characterization, but I think that most people think of it  
27 as a life style where dress is quite informal, where there  
28 is less concern about length of hair or formality of work

1 pattern; and the original ethic of this group put a lot of  
2 emphasis on love and on openness and honesty and, as with  
3 other social experiments in the past, over the years some  
4 of these emphases changed dramatically and a variety of  
5 different kinds of people came into the group, and yet,  
6 basically, are called hippie, thought of as a hippie by  
7 most of the population.

1 Q Have you spent a great deal of time studying  
2 hippie subculture?

3 A Yes, I have.

4 Q And I take it that also you spent a great deal of  
5 time studying the Manson family?

6 A Yes, I would say so.

7 Q You mentioned a few questions back an area in  
8 San Francisco called the Haight-Ashbury district; is that  
9 correct?

10 A Yes, I did.

11 Q Would you describe what this area was like in the  
12 middle of 1960?

13 MR. BUBRICK: Object to that as being immaterial, your  
14 Honor.

15 MR. KAY: It is material in that the Manson family  
16 got its genesis in the Haight-Ashbury district.

17 THE COURT: That's not for you to tell us, Mr. Kay.  
18 I think there has been some testimony that one of the girls  
19 met somebody at the Haight-Ashbury district. Am I correct  
20 in that?

21 MR. KAY: Mr. Manson.

22 THE COURT: I will allow him to answer. Go ahead.

23 THE WITNESS: Yes, your Honor.

24 Around 1965 the area was characterized by a large  
25 number of I think what could be called innovative or attempts  
26 to be creative projects of all kinds, particularly artistic,  
27 ideas on improving society, on setting up new ways of  
28 solving problems, new artistic methods ranging from films to

1 painting and writing and so forth.

2 I might add that during that time the main two  
3 drugs that were widely used in the Haight-Ashbury were alcohol  
4 and marijuana and there was relatively little use of  
5 amphetamines, LSD, some of the drugs that have come to be  
6 seen as the harder drugs or the drugs which present great  
7 problems to society.

8 Then very quickly after that the area received  
9 so much publicity on a national basis -- it was so over-  
10 glorified and oversensationalized, in my estimation, that  
11 there was a tremendous influx of people who the residents,  
12 the already existing residents of the area, began to refer  
13 to as plastic hippies, a designation that meant somebody  
14 who sort of dropped in without any real commitment to the  
15 artistic or creative desires of at least a large number of  
16 the people who were then living there.

17 It began to suffer from overpopulation, in a  
18 sense overcrowding from an influx of a large number of people  
19 that had quite different values and who, in fact, exploited  
20 in some sense the naivete and innocence of a lot of people  
21 that were living there and also people began to actively  
22 disseminate a variety of other drugs that I mentioned that  
23 had not been very much used up to that time in the Haight-  
24 Ashbury.

25 City officials, city officialdom became extremely  
26 concerned, I think mostly because of the large influx of  
27 people and a war on the hippie was officially waged by the  
28 city health department and police department, including

1 attempts to put signs up and get notices out to discourage  
2 people from coming into the Haight-Ashbury and in any case  
3 the situation grew steadily worse.

4 The tension and conflict escalated and more and  
5 more violence, more extensive use of more dangerous drugs  
6 evolved and the whole atmosphere degenerated from the, to  
7 some degree, pleasant and creative atmosphere that had  
8 existed initially.

9 Q I take it over the years from 1965 to the present  
10 that -- have you had an opportunity to treat many drug  
11 abusers from the Haight-Ashbury district?

12 A Yes. As I mentioned the program I had created  
13 for the city of San Francisco was the first one to serve the  
14 residents of the Haight-Ashbury as well as other neighborhoods  
15 of the city who had drug problems or sex problems and I had  
16 very early contact in the capacity of directing that program  
17 and also I had regular contact in terms of being trusted and  
18 being invited into all kinds of neighborhood or community  
19 meetings that were going on there, and that access, that  
20 relationship, has continued over the years.

21 Q I take it that you are aware that that is where  
22 the Manson family got its start.

23 A Yes.

24 THE COURT: From the way you describe Haight-Ashbury,  
25 isn't that the exact description of one of the sections of  
26 lower east side of New York?

27 THE WITNESS: Yes. I think there are many parallels  
28 in the lower east side, would be almost exactly the same,

1 perhaps the same events occurring a little later in time  
2 than they occurred in the Haight-Ashbury, basically the same.

3 THE COURT: As I recall that district started with  
4 writers and artists and degenerated that way.

5 THE WITNESS: Yes.

6 THE COURT: What is the name of that district?

7 THE WITNESS: Greenwich Village, but actually it has  
8 spread from Greenwich Village to another district which is  
9 separately referred to as the East Village and the lower east  
10 side.

11 Q BY MR. KAY: Doctor, what is the United Nations  
12 Division of Narcotic Drugs?

13 A That is the major international body that is  
14 empowered by the United Nations to study drugs around the  
15 world and to make recommendations to governments on what to  
16 do about a variety of drug problems.

17 It is the organization that develops the various  
18 international treaties that the United States and many other  
19 countries have signed to attempt to reduce the traffic in  
20 some drugs and to take other measures to deal with drug  
21 problems.

22 Q And I take it that you were part of this organiza-  
23 tion for several years?

24 A No, just for 13 months.

25 Q 13?

26 A Yes, I went there as a short-term consultant for  
27 six months and they asked me to stay on and I agreed to stay  
28 for a little bit, more than a year.



1 My specific assignment was to not only study the  
2 socioeconomic causes and effects of drug abuse around the  
3 world, but to help plan the technical assistance program for  
4 various countries to deal with this problem and then  
5 additionally, as I mentioned earlier, I was scientific adviser  
6 to some conferences and I was asked to train the junior  
7 officers in the division.

8 Q And you say at one time you were also a consultant  
9 to the government of Thailand on drug problems?

10 A Yes, specifically assigned to study and to make  
11 recommendations to them on treatment and rehabilitation,  
12 legislation, and education in regard to drug problems.

13 Q Now, earlier you mentioned the World Health  
14 Organization. What is the World Health Organization?

15 A Well, that is a separate international body  
16 related to the United Nations but autonomous.

17 That is sort of an extension of local health  
18 departments, state health departments, and the United States  
19 Public Health Service; in other words, it is an international  
20 group that tries to concentrate on preventative measures.

21 It has much more of a medical orientation, whereas  
22 my work with the United Nations itself was more sociological,  
23 a more general kind of approach.

24 WHO work is run by and emphasizes a more medical  
25 and scientific kind of background.

26 Q Doctor, what is the National Commission on  
27 Marijuana and Drug Abuse?

28 A That is a commission that the president appointed

1 early this year with a two-year term as established by  
2 Congress, empowered to study during the first year marijuana  
3 in the United States and during the second year drug abuse  
4 in general and to make recommendations to the president and  
5 congress on how they should be dealt with.

6 Q Did you appear as an expert witness in front of  
7 the group?

8 A Yes, I appeared at their San Francisco hearings  
9 a few months ago.

10 Q And also this year did you appear before the  
11 Canadian Commission on nonmedical use of drugs as an expert  
12 witness?

13 A Yes, I was asked to spend a day with the  
14 commission and its consultants in Ottawa, the capital of  
15 Canada, and to advise them, to review with them some of  
16 their preliminary findings, and to advise them on  
17 recommendations for the Canadian drug problems.

18 Q Doctor, what is the California Rehabilitation  
19 Center?

20 A That is the state program for narcotic addicts  
21 located at Corona, California.

22 It was established in 1961 to receive narcotic  
23 addicts mostly through commitment under a new, at that time,  
24 state law or also as volunteers.

25 Q And were you a member of the advisory board for  
26 the California Rehabilitation Center?

27 A Yes, during its first year of operation, I was.

28 Q And were you also a special adviser to the

1 president's committee on juvenile delinquency?

2 A Yes, I was.

3 Q And have you attended conferences at the White  
4 House dealing with the problems of drug abuse?

5 A No, I wasn't able to attend. I was invited to  
6 but I was not able to go.

7 Q Have you been a speaker or participant at the  
8 following conferences: The United Nations Congress on the  
9 prevention of crime and treatment of offenders in Stockholm,  
10 Sweden?

11 A Yes.

12 Q The United Nations consultive group on drug  
13 addiction in Lima, Peru and Tokyo, Japan?

14 A Yes.

15 Q The World Federation of Mental Health in Bern,  
16 Switzerland?

17 A Yes.

18 Q The Pan-African Psychiatric Congress of Akuta,  
19 Nigeria?

20 A Yes.

21 Q The World Congress of Psychiatry in Montreal,  
22 Canada?

23 A Yes.

24 Q And the International Congress on criminology  
25 in the Hague, Netherlands?

26 A Yes.

27 Q Doctor, does being a psychiatrist make one an  
28 expert in the field of hallucinogenic drugs?

1 A Not at all.

2 Q I am going to mention the names of several  
3 doctors and I want to ask you a question concerning them:  
4 Dr. Vernon Bohr, Dr. Andre Tweed, Dr. John Suarez, Dr. Ira  
5 Frank, Dr. Keith Dittman, Dr. Ronald Markman.

6 Do you consider any of these doctors to be experts  
7 in the field of hallucinogenic drugs?

8 MR. BUBRICK: Objected to as immaterial.

9 THE COURT: Sustained. That is a question for the  
10 jury to determine, Mr. Kay.

11 Q BY MR. KAY: Have you ever heard of any of these  
12 people, Doctor?

13 A Just one of them prior to seeing their reports  
14 to this court.

15 Q Who was the doctor that you heard of prior to  
16 seeing their reports?

17 A Dr. Dittman.

18 Q And I take it that you do consider him an expert  
19 in that particular field?

20 MR. BUBRICK: I object to that. That is not what he  
21 said.

22 THE COURT: Sustained.

23 Q BY MR. KAY: Do you consider Dr. Dittman to be  
24 an expert in the particular field?

25 MR. KEITH: Again we object.

26 THE COURT: Same objection; same ruling.

27 Q BY MR. KAY: Have you heard of Dr. Dittman as  
28 being involved as an expert in the field of hallucinogenic

1 drugs?

2 MR. BUBBICK: Object to that as immaterial.

3 THE COURT: Sustained.

4 Q BY MR. KAY: Doctor, were you appointed in this  
5 case by Judge Alexander to, among other things, assist the  
6 jury in making a determination as to whether Mr. Watson had  
7 the mental capacity at the time of the Tate-La Bianca murders  
8 to deliberate, to premeditate, to harbor malice aforethought  
9 and to maturely and meaningfully reflect on the gravity of  
10 his contemplated act?

11 A Yes. I was appointed to assist the jury in  
12 determining all of those things.

13 Q All right.

14 Doctor, in order to perform this task, did you  
15 fly down from San Francisco and examine Mr. Watson?

16 A Yes, I did.

17 Q When did you do this?

18 A I would have to look up the exact date.

19 THE COURT: Doctor, you may use your notes to refresh  
20 your memory. You may read your notes.

21 THE WITNESS: Okay. I have my briefcase under the --  
22 thank you.

1 THE WITNESS; I examined him on July 8, 1971.

2 MR. KAY: All right.

3 Q Where did you examine Mr. Watson?

4 A At the Los Angeles County jail.

5 Q For how long a period did you converse with Mr.  
6 Watson?

7 A Approximately two hours.

8 Q And did Mr. Watson seem cooperative with you?

9 A Totally cooperative.

10 Q Did you feel that you had a good rapport with him?

11 A Excellent; and he also referred to that at the  
12 conclusion of our interview.

13 Q What did he say?

14 A He said that he had found it pleasant and  
15 comfortable to talk with me.

16 Q Do you feel that the two hours that you interviewed  
17 Mr. Watson was an adequate amount of time for your direct  
18 exposure with Mr. Watson in order to help you form your  
19 conclusions in this case?

20 A I definitely feel that, and felt that. I could  
21 have stayed all day, presumably, or could have spent a  
22 week doing it; but I think that would have only, perhaps,  
23 conveyed the impression that the quality is improved by the  
24 more time that you spend with a person; and I think I was  
25 able to cover the major question, the important things that  
26 I needed to know, and his degree of cooperation was such that  
27 it went so smoothly that no more, in my estimation, could  
28 have been accomplished by greater time spent in direct

discussion with him.

1           Q     Doctor, have you testified many times in courts  
2 of law in this state and other states as to the mental state  
3 of the defendant at the time he committed a crime?

4           A     Yes, many times.

5           Q     What type of things did you and Mr. Watson go  
6 into, what areas?

7           A     We talked about his adjustment within the jail and  
8 his feeling about that, his early family life, his schooling,  
9 his interest and hobbies and the major thing that we talked  
10 about was his recollections of the crimes, the hours  
11 immediately leading up to them, the way he spent that, what  
12 he thought about, who he interacted with; the days preceding  
13 that, what was going on in his life, and then the history  
14 of his involvement with Manson and with the other members  
15 of that group.

16          Q     All right.

17               Now --

18          A     I want to add one more thing: We talked  
19 extensively about his attitudes toward his use of a variety  
20 of drugs, going back into his teenage years, and the  
21 frequency, the approximate dosage, his subjective experiences  
22 with these and all the other variables that I considered  
23 important in making a judgment of the influence of drugs on  
24 his general character and behavior and on his specific acts  
25 at the time of the killings.

26          Q     Did you give Mr. Watson free rein to say anything  
27 he wanted to during this interview?  
28



1           A       Definitely. I encouraged him on several  
2 occasions to add any other thoughts or comments that he  
3 wanted to, to supplement the things that I was concentrating  
4 on,

5           Q       And I take it that Mr. Watson did give you his  
6 version of what happened on the nights of the murder?

7           A       He certainly did.

8           Q       And you included that within your report?

9           A       Yes, I did.

10          Q       Besides obtaining Mr. Watson's version of what  
11 happened, did you read the Grand Jury transcript in this case  
12 and the direct and cross-examination of Linda Kasabian at  
13 the first trial?

14          A       Yes, I did.

15          Q       And did the direct and cross-examination of  
16 Linda Kasabian cover approximately 4,000 to 5,000 pages at  
17 the first trial?

18          A       Well, it covered a large box full of transcripts;  
19 I didn't count the pages, but a sufficient body that it took  
20 a couple of days to read through it.

21          Q       Doctor, do you feel that outside data is important  
22 in formulating your conclusions regarding a defendant's  
23 mental state at the time of the crimes?

24          A       I feel that it is not only important but essential.

25          Q       Do you feel you could reach a valid psychiatric  
26 opinion regarding such questions as whether or not the  
27 defendant could deliberate or premeditate or harbor malice  
28 at the time of the commission of a murder without knowing



1 about what the person did or said at the time of the crime?

2 A I certainly think such an opinion would be much  
3 less valid and in most instances invalid if it did not seek  
4 out the widest possible range of outside information to cross  
5 check and to supplement what one is able to learn from a  
6 direct discussion or examination of a particular defendant.

7 Q In other words, you kind of feel that the more  
8 knowledge you have the better?

9 A Without question.

10 Q Now, from your knowledge of the Manson family,  
11 your studies of the Manson family and testifying in the first  
12 trial and here, how would you describe the role of the girl  
13 in the Manson family, the female member of the family?

14 A Extremely subservient, totally dominated by the  
15 males present in such a group; assigned to the most menial  
16 tasks and thought of primarily as someone to cook, clean up  
17 and serve as a sexual partner.

18 Q Now, does the role of the female in the Manson  
19 family differ from the role of a female in other hippie  
20 communes in general?

21 A In hippie communes in general, the woman has an  
22 inferior role,

23 In many of those that is an extension of the  
24 broader societal attitude where there is in many ways a  
25 double standard; but I would say in many of the communes  
26 they have even a more inferior role or secondary role than  
27 women have in the broader society.

28 It ranges from communes where there is relatively

1 greater degree of equality, however, to most communes where  
2 they are inferior, as I said, to the type of commune that  
3 Manson where they are totally subservient and considered  
4 inferior by the males present.

5 Q Now, in your conversation with Mr. Watson about  
6 the nights of the murders, did Mr. Watson describe the actions  
7 of, say, Linda Kasabian, Patricia Krenwinkel, Susan Atkins;  
8 and on the night of the La Bianca murders, Leslie Van Houton  
9 and Patricia Krenwinkel?

10 Did he tell you things about these females?

11 A Yes, he did.

5A

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Q And did he tell you that they gave certain instructions and orders to him on these two nights of murder?

A Yes, he did.

Q Now, in your opinion, did the girls in the Manson family -- were they capable of giving orders on these two nights of murder in the manner that Mr. Watson described to you?

MR. BUBRICK: To which I will --

THE WITNESS: No.

MR. BUBRICK: -- object as opinion and conclusion.

THE COURT: Sustained.

Q BY MR. KAY: Well, when Mr. Watson told you about the things that the girls did on the nights of the murders, did you believe him as far as getting orders?

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

MR. BUGLIOSI: Your Honor, this is what the defense did --

MR. BUBRICK: Never mind what the defense did.

THE COURT: I am not concerned with that; I am concerned now with the testimony of this witness.

MR. BUGLIOSI: If your Honor please --

THE COURT: Just a moment; let me finish, please.

This is an absolute conclusion upon which he cannot be cross-examined.

MR. BUGLIOSI: May we approach the bench?

THE COURT: You may approach the bench.

(The following proceedings were held at the bench.)

1 MR. BUGLIOSI: The defense attorneys, when they had  
2 their psychiatrists on the stand, said, "Did you assess the  
3 credibility?" "Did you assess the credibility of Mr. Watson  
4 during your interview?"

5 "Yes."

6 "Did you believe him when he told you certain  
7 things?"

8 And they said, "Yes."

9 This is what is happening here.

10 THE COURT: No, that is not what is happening here at  
11 all. This is an all-inclusive question here.

12 If you want to go into detail, what orders the  
13 girls gave Watson and whether he believed the girls gave those  
14 orders or the details, you probably can get that in; but the  
15 all-inclusive question --

16 MR. BUGLIOSI: All right.

17 THE COURT: "Did you believe the orders given by the  
18 girls" --

19 MR. BUGLIOSI: All right.

20 THE COURT: -- that was my objection to the question.  
21 It is an all-inclusive question.

22 MR. BUGLIOSI: All right.

23 THE COURT: By the way, before you do that, bring out  
24 what they told him.

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

26 Q BY MR. KAY: Doctor, is this a copy of your report?

27 A Yes.

28 Q All right.

1 Now, it is a 7-page report --

2 A Yes.

3 Q Now, in this report do you report what Mr. Watson  
4 told you that happened on the nights, the two nights of the  
5 murders?

6 A Yes, I do.

7 Q Directing your attention to page 3, do you state  
8 in that, in your report, that Mr. Watson said, referring to  
9 the girls, that, quote, "They told me to cut the wires"?

10 A I do say that; and that's what he told me,

11 Q And does that refer to the telephone wires?

12 A That's correct.

13 Q Do you feel from your studies of the Manson family  
14 and the role of the female in the Manson family that -- and  
15 also taking into consideration as to what Mr. Watson had told  
16 you up to that point what had occurred, do you feel -- well,  
17 did you believe him when he told you that?

18 MR. BUBRICK: Object to that. I think whether he was  
19 told that or not calls for a conclusion; and whether or not  
20 he believes it calls for a conclusion on his part. That is,  
21 whether it was an order.

22 MR. KAY: Well, he says he was told by Mr. Watson --

23 THE COURT: Your objection is what?

24 MR. BUBRICK: That I think whether he considers that an  
25 order, I think, is a conclusion.

26 THE COURT: Well, no matter how he characterizes it,  
27 when Watson told you that, did you believe him, that it was  
28 an order?

1 THE WITNESS: No, I did not believe him, your Honor.

2 Q BY MR. KAY: Now, a couple of lines down from that,  
3 did he tell you that it seemed like lights started going on  
4 and either Sadie or Katie said, "We have to get everybody" --  
5 this is, the lights, were those referring to Mr. Parent  
6 coming down the driveway?

7 A No, he was referring to lights within the house  
8 at that time.

9 Q And did you believe him that Sadie or Katie said,  
10 "We have to get everybody"?

11 A I did not believe that they said that to him.

12 MR. KAY: Excuse me for taking your Honor's time; I'm  
13 trying to move as fast as I can.

14 THE COURT: That's all we expect of you, Mr. Kay.

15 MR. KAY: Thank you.

16 Q Did Mr. Watson also tell you that, well, did he  
17 tell you whether or not he gave Manson any report on what  
18 happened at the Tate house when he got back to the ranch?

19 A Yes.

20 Q What did he say?

21 A He said that Manson asked him what had happened  
22 and he reported to him briefly and then he said he went on to --  
23 he then went to go to sleep.

24 Q Did he say who he went to sleep with?

25 A I don't recall that. I may have written it down;  
26 it was one of the girls that he had been out with in the car.

27 Q On page 4 --

28 A Yes, Katie.

1 Q Katie?

2 A Yes.

3 Q Doctor, besides reading the Grand Jury testimony  
4 in the trial and the direct and cross-examination of Linda  
5 Kasabian at the first trial, what other documents and  
6 material did you take into consideration in formulating your  
7 opinion regarding Mr. Watson's mental capacity on the nights  
8 of the Tate-La Bianca murders?

9 A I read and took into consideration -- I have  
10 forgotten whether you included in your statement the lengthy  
11 transcript of the trial --

12 Q Yes.

13 A -- Linda Kasabian as well as the Grand Jury  
14 statements by her, also the Grand Jury statements of Susan  
15 Atkins, the medical and psychiatric, and including the  
16 neurological and psychological reports that had at that time  
17 been submitted to the court were made available to me by  
18 you or by Mr. Bubrick, the defense counsel.

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1 Q Did Mr. Bubrick come up to San Francisco and  
2 give you some reports?

3 A Yes. He left them for me. I did not talk to him  
4 directly.

5 Q Up in San Francisco?

6 A I talked to him on the phone and he left them for  
7 me at our center.

8 I also took into account the depositions from a  
9 young woman in Texas described as a former girlfriend of  
10 Mr. Watson.

11 Q Denise Mallett?

12 A Yes -- and a deposition from Mr. Watson's jailer  
13 while he was in Texas.

14 Q Robert King?

15 A Yes.

16 And I finally took into account the reports from  
17 Atascadero State Hospital and the chart or complete record  
18 from the Los Angeles County jail which was made available  
19 to me at the time I was here to examine Mr. Watson directly.

20 Q Now, some of these reports that you took into  
21 consideration, were they from the UCLA Neuropsychiatric  
22 Institute?

23 A Yes, they were.

24 Q And that was Dr. Suarez and Dr. Frank, Dr. Walter  
25 and Mr. Palmer?

26 A That is correct.

27 Q Also did you read the report of Dr. Tweed?

28 A Yes.



1 Q Dr. Bohr?

2 A Yes.

3 THE COURT: Dr. Bailey?

4 THE WITNESS: Yes, and Dr. Bailey.

5 Q BY MR. KAY: During your interview of Mr. Watson,  
6 Doctor, did you make any assessment of Mr. Watson's intelligence?

7 A Yes, I did.

8 Q And what assessment did you make?

9 A That he was of above average intelligence.

10 Q Did he seem pretty intelligent while talking to  
11 you?

12 A Yes.

13 Q During your interview with Mr. Watson, did Mr.  
14 Watson demonstrate any signs of inattentiveness, inappropriate  
15 emotion, delusions, hallucinations or feelings of unreality?

16 A "No" to all those things with one exception: In  
17 terms of inappropriateness emotion. With that one exception,  
18 that is when he smiled while describing the victims of the  
19 killings running around, attempting to escape the attack,  
20 the attempts to kill them.

21 Q What brought this on? Could you relate the  
22 circumstances?

23 A Yes. He described them as running around like  
24 chickens with their heads cut off and smiled at that time while  
25 he described that, so I considered that a very inappropriate  
26 emotion.

27 Q Did you consider important during your interview,  
28 except for this one exception, that he didn't show any signs

1 of inattentiveness, delusions, hallucinations, feeling of  
2 unreality or inappropriate emotion?

3 A Yes. I considered that significant as indicating  
4 a generally normal mental status and showing no evidence of  
5 psychosis or the usual signs of either psychosis or brain  
6 damage.

7 Q Drawing from your knowledge that you have of this  
8 case, would you state that Mr. Watson was greatly influenced  
9 by Mr. Manson and his philosophy?

10 A I believe he was very strongly influenced by Mr.  
11 Manson and his philosophy.

12 Q How do you feel that this took place?

13 A It begins with a combination of what I see as a  
14 very dependent sort of weak personality, that is with Mr.  
15 Watson, being exposed through Manson and the pure group  
16 climate created in the commune both at the Spahn Ranch and  
17 before, being exposed to a different kind of value system  
18 through isolation from ordinary social conventions and ordinary  
19 social attitudes and values, through the prolonged heavy use  
20 of a variety of drugs, particularly LSD type drugs, which  
21 in a sense make the person's thinking more malleable, opens up,  
22 brings into consciousness a variety of thoughts and depending  
23 on how this experience or trip is guided or led by somebody  
24 else, this can in some way brainwash a person in a very  
25 negative, very socially destructive direction, just as in  
26 carefully controlled instances by properly trained professionals  
27 it can sometimes be a useful experience, mainly depending on  
28 the underlying personality, the strength of the character and

1 the knowledge and so forth of the individual who has taken  
2 the LSD and who is having it interact with that personality  
3 and character.

4 Then I think additionally Manson created a new  
5 concept, new for some of the participants in the commune,  
6 concept of morality including sexual morality, including  
7 the exploitation of women and the use of women as objects  
8 in a sense of belief that they were the only real people, that  
9 is the people living at the commune and everybody <sup>else</sup> was in a  
10 different world and they were not really alive; whereas the  
11 Manson commune was alive and had the right to make up their  
12 own rules because other people didn't count.

13 So I think it is the combination of a very  
14 dependent person with a strong personality who attempted to  
15 influence Watson and the other people there to take up a  
16 certain antisocial and aggressive philosophy, and that along  
17 with the influence of the drugs, such as LSD, mescaline,  
18 STP, belladonna, amphetamines, and a variety of other things  
19 that Watson and the others at the commune regularly used.

20 Q Do you feel that Mr. Watson completely accepted  
21 the philosophy of Mr. Manson?

22 A Yes, I feel that he did.

23 Q In your opinion at the time of your interview  
24 with Mr. Watson, did Mr. Watson still believe in Mr. Manson's  
25 philosophy?

26 A Yes. He raised only very insignificant objections  
27 to it and seemed to basically still believe in and admire and  
28 feel warmth toward Manson.

1 Q Would you consider Mr. Watson during 1969, at least  
2 during December 1969, to have been a chronic user of LSD,  
3 belladonna, and speed?

4 A Yes. I would consider him to be a chronic user  
5 of all of those drugs.

6 Q All right.

7 What is LSD?

8 A LSD is a synthetic drug first discovered, first  
9 synthesized in 1938 and its properties first discovered in  
10 1943.

11 It is usually referred to as a psychedelic  
12 hallucinogenic drug and its main effect on the person again  
13 depend mostly on their personality and character, rather than  
14 some magical property of the drug, but the main effects are  
15 to bring into consciousness many thoughts, generally buried,  
16 and including things that most people often prefer not to  
17 have in their consciousness.

18 Secondly for these thoughts to occur in new  
19 combinations, new interconnections that ordinarily people don't  
20 see or think about.

21 It also strongly alters perception, particularly  
22 visual perception, so that with the eyes closed people see  
23 a great range of colors of all kinds, or geometric objects  
24 or shapes or buildings, and with the eyes open they tend to  
25 concentrate on what we usually would consider fine or small  
26 details of something like spending a lot -- 10 or 15 minutes  
27 looking at the outlines of a statue or stone or concentrating  
28 on the shades of green, or the changes in configuration or

1 shape of a leaf of a tree or of a bush.

2 The effect of the drug depends not only on the  
3 personality, as I have stressed, and on the pharmacology of  
4 the drugs, these properties I have described, but also on the  
5 setting or environment in which it is taken, and part of  
6 that environment, of course, a very important part is the  
7 guide or the leader for that kind of experience.

8 Another component of the environment is the sort  
9 of moral and social climate of whatever building, house,  
10 neighborhood or commune where you are taking the drug.

11 Q Would you characterize the user of LSD, a chronic  
12 user of LSD, as having a drug bathed brain?

13 A No,

14 Q Why wouldn't you?

15 A Because LSD itself disappears from the body  
16 within about 45 minutes of ingesting it and there is no drug  
17 circulating in the brain whatsoever after that.

18 Q What is belladonna?

19 A Belladonna is a natural -- occurring chemically,  
20 occurring in plants, in a plant that has properties very  
21 similar to the properties of mescaline or LSD, different  
22 mainly in that no standard dosage or pattern of dosage has  
23 been developed for it in the same way as with LSD or  
24 mescaline where there were many years of scientific and  
25 medical use of them before they went into the black market,  
26 so there would be a greater uncertainty in terms of the  
27 dosage and effect of belladonna, but basically its effects  
28 would be intense perceptual and thought changes, depending

1 on the interaction with the personality. This could go on  
2 to include hallucinogenic drugs.

3 Q I take it then that LSD and belladonna are both  
4 hallucinogenic drugs?

5 A Yes.

6 Q What about speed? Is speed a hallucinogenic  
7 drug?

8 A No. Speed is an amphetamine within the category,  
9 pharmacologically, of stimulant.

10 The stimulant drug family includes caffeine and  
11 nicotine at the mildest end of that family and then the  
12 amphetamines are quite potent stimulants and very widely  
13 used, of course, either on prescription or on the black market,  
14 and that includes dexedrine, benzedrine, as well as the  
15 amphetamine known as speed.

16 Then the most potent drug in that stimulant  
17 family is cocaine.

18 So these are stimulant drugs. Their basic effect  
19 is to increase or stimulate the electrical and chemical activity  
20 of the brain, to increase alertness and wakefulness up to a  
21 point to improve coordination and only when they are used,  
22 overused, that is almost daily, in large and increasing doses,  
23 do they sometimes produce hallucinations or delusions.

24 Characteristically they are in a different group  
25 and with ordinary use they are considered stimulants and not  
26 hallucinogens or psychedelics.

1 Q What is a trip?

2 A A trip is the slang term for the LSD experience,  
3 or the experience with a related kind of drug, such as  
4 Psilocybin, STP, mescaline and so forth.

5 Q In your experience and in your expertise and  
6 reading in the field, would you say that it is very unusual  
7 to have a person under the influence of LSD, belladonna  
8 and speed, or a combination of all three, perform a violent  
9 act?

10 A Yes, very unusual; ordinarily the person does not  
11 engage in any specific activity, tends to prefer to enjoy --  
12 well, have the subjective experience with that particular drug;  
13 and that's particularly true with LSD or drugs most closely  
14 related to it, that they generally do not engage in activity,  
15 and certainly violence is extremely rare.

16 Q Do they become more introverted?

17 A Yes, that would be a correct description.

18 Q And what would be the things most common for a  
19 person to do if he took LSD and belladonna, say, hallucinogenic  
20 drugs?

21 A Well, to either, by choice or if they have taken  
22 more than they can handle or the setting is such that produces  
23 anxiety, they would in either instance tend to sit down or  
24 lie down or just go through what is called a mind trip, and  
25 not engage in any activity at all.

26 They would generally stay by their bed or their  
27 apartment or house --

28 Q Or possibly --



1 A -- or lie down outside, perhaps.

2 Q Or, possibly, sit down?

3 A Yes.

4 THE COURT: Do any of them engage in self-destruction  
5 under those conditions?

6 THE WITNESS: That has happened occasionally, your Honor;  
7 but more often than not -- but, still more often than self-  
8 destruction, deliberately, there has been an accidental kind  
9 of damage where the person misjudges something, such as an  
10 automobile or the height of a window that they are in; but  
11 these experiences, fortunately have been quite rare; but,  
12 naturally, each one has gotten great publicity and most people  
13 have what they consider a pleasant or very unpleasant  
14 experience or a bad trip. It tends to be almost an entirely  
15 subjective kind of thing without any real activity or agitation  
16 or destructiveness.

17 Q BY MR. KAY: Doctor, do you have an opinion as to  
18 whether or not a chronic user of LSD and belladonna and speed  
19 would oftentimes be better able to cope with a trip than an  
20 infrequent user of these drugs?

21 A Yes, I have such an opinion.

22 Q And what is your opinion?

23 A They would definitely be better able to cope with  
24 an individual or future experience for two reasons.

25 One is that they become familiar with what happens,  
26 subjectively; that is, with what the drug does, very much the  
27 same way that a person becomes familiar, as they grow up in  
28 our society, with the effects of alcohol, so that the first



1 doses of this particular drug have quite a different effect  
2 on you than after you learn how other people react and how  
3 to interpret what is happening to you subjectively; so the  
4 chronic user of any drug learns how the drug affects them,  
5 how it affects other people, builds that into their experience  
6 and the way they interpret what is happening.

7 Therefore, an individual experience later on is  
8 much less likely to affect them to anywhere near the degree  
9 that early experiences are; and, secondly, there is the  
10 development of what is called tolerance, meaning that as you  
11 use a drug daily and build up the dose, the body adapts to it,  
12 actually adapts to it physiologically, in terms of the cells  
13 of the body; and it then takes more and more of that drug  
14 to produce the same effect, so what might be a moderate or  
15 large dose to a neophyte user, somebody who is taking a drug  
16 for the first time, in practice, then comes to be a very small  
17 and insignificant dose to the chronic, heavy user who has  
18 developed this tolerance to the drug; and that is a very  
19 important phenomenon that always has to be considered in  
20 evaluating drug effects on a person, as well as the dimensions  
21 of dosage and short-term effect and long-term effect, and a  
22 lot of other things that are frequently ignored.

23 Q What do you mean by short-term effect and long-term  
24 effect?

25 A Well, the differentiation there is between what  
26 happens with the average dose of the drug on one occasion, say,  
27 within the two to four-hour period or with some drugs, longer  
28 period of time that the drug is exerting some influence on

1 the person, or is altering their consciousness in some way;  
2 and the long-term effect would be what happens to you  
3 psychologically, physically, socially, from chronic use;  
4 which, in turn, has to be subdivided into chronic light or  
5 moderate use versus chronic heavy or excessive use of the  
6 drugs, and you get different pictures or different answers  
7 depending on which of these dimensions you are dealing with.

8 Q Doctor, do you have an opinion from your expertise  
9 in the field of hallucinogenic drugs and speed whether or  
10 not if a person took LSD, belladonna and speed in combination,  
11 whether or not that person would go to sleep?

12 A I have such an opinion.

13 Q And what is your opinion?

14 A They would not go to sleep.

15 Q What would be the effect on a person of taking  
16 these three drugs?

17 A Generally either LSD, alone, or speed, alone,  
18 or belladonna, alone; and certainly, a combination of those  
19 would increase wakefulness or alertness.

20 That is one of the characteristic properties of  
21 amphetamines, as I mentioned earlier, to keep you awake and  
22 increase alertness; and it is also characteristic with an  
23 LSD experience that so much is going on in your mind and so  
24 many perceptual changes are occurring that you very rarely  
25 go to sleep while that is happening.

26 Q Do you feel that the combination of these three  
27 drugs, that it might be such an overwhelming experience that  
28 it might put the person to sleep?

1           A       No, because none of those drugs are what are called,  
2 medically, depressant drugs. Only depressant drugs, either  
3 alone, either one of them in a large dosage or a combination  
4 of moderate doses of several of them, will put you to sleep;  
5 and those depressant drugs are alcohol, barbiturates and  
6 other sleeping pills and narcotics, meaning opium, heroin,  
7 morphine, et cetera.

8                       Certainly any combination of those drugs beyond a  
9 very minimal quantity would put almost everybody to sleep;  
10 and at a certain dosage it would put everybody to sleep; but  
11 none of the drugs you were asking about, that is, LSD,  
12 belladonna or speed, are depressant drugs and none of the  
13 drugs, LSD, belladonna or amphetamines characteristically  
14 make people drowsy or put them to sleep.

15                      They do just the opposite: They stimulate them,  
16 make them more alert, more wakeful.

17           MR. KAY: Would this be a good time for a recess?

18           THE COURT: I was going to ask you when you thought it  
19 was a convenient time.

20                      Ladies and gentlemen, we will have our recess at  
21 this time.

22                      Once again, please heed the admonition heretofore  
23 given.

24                      (Recess.)  
25  
26  
27  
28

THE COURT: People against Watson.

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

You may proceed, Mr. Kay.

Q BY MR. KAY: Doctor, getting back to where we left off, did Mr. Watson in your interview with him tell you that on the way to the Tate house in the car that he went to sleep in the lap of one of the three girls? And that he did not wake up until he arrived at the Tate residence?

A Yes. He told me that.

Q Now, based on your expertise in the effects of belladonna, speed, LSD and other hallucinogenic and non-hallucinogenic drugs, did you believe him when he told you that?

A No.

Q Again looking at your report on page 3, did Mr. Watson in your interview indicate to you that Manson had given him any specific orders on the night of the Tate murders?

A Yes, he did indicate he had received specific orders from Manson.

Q What did he say?

A His exact words were, "I remember Charlie calling me over and handing me a gun and a knife and telling me not to worry about a thing but just make sure everybody at the house was dead."

Q Did Mr. Watson tell you that Mr. Manson had told him anything more than this?

A I don't think he did.

MR. BUBRICK: What page are you on?

1 MR. KAY: Page 3. Well, it is the first complete  
2 paragraph.

3 MR. BUBRICK: The top of the page?

4 MR. BUGLIOSI: The middle of the page.

5 MR. KAY: The middle of the page.

6 THE WITNESS: I don't remember his telling me about any  
7 other specific instructions. He did talk about what Manson  
8 told the girls, but not specific instructions to he, Watson.

9 Q BY MR. KAY: Let's get into that a minute. Did  
10 he tell you that Manson indicated to him that he told the  
11 girls everything that there was to do and that he, Watson,  
12 should just be sure everyone was dead. Did he tell you that?

13 A Yes, Watson did tell me that.

14 Q And with your understanding of the role of the  
15 female in the Manson family, did you believe him when he told  
16 you that Manson told him he had told the girls everything  
17 that there was to do?

18 A I didn't believe him and also the statement was  
19 inconsistent with the previous statement where he received and  
20 accepted the order from Manson to go out and kill.

21 Q Why do you say it was inconsistent?

22 A Because he himself described to me that Manson had  
23 given him, that is he, Watson, the order to go out and make  
24 sure everybody was dead. Then to later say that the order  
25 was received from the girls rather than directly from Manson  
26 was directly inconsistent with the first statement, so I didn't  
27 believe him for that reason also.

28 Q Doctor, in your opinion would an average dose of

1 LSD, speed, or belladonna taken alone or in combination  
2 alter the judgment and the thinking of an individual to the  
3 extent that he would commit a crime that he wouldn't commit  
4 if not under the influence of the drug?

5 Do you understand my question?

6 A Yes, I do.

7 Those drugs and other mind-altering drugs would  
8 never so alter the thinking of a person that by themselves  
9 the drug could be said to produce a certain kind of crime.

10 As I previously described, the basis of a drug,  
11 a mind-altering drug response is the personality, character,  
12 attitudes, expectations, values of the user and the drug at  
13 most interacts with that, so the drug by itself could not and  
14 would not make somebody commit an act that they would never  
15 otherwise do.

#9

1 Q In your opinion can a person be under the  
2 influence of either speed, LSD or belladonna, or all three  
3 in combination, and still be able to form the intent to kill  
4 another human being and deliberate and premeditate a murder?

5 A Yes, they could be under the influence of those  
6 or other drugs and still be able to deliberate, premeditate  
7 and form an intent to kill.

8 Q Now, in your opinion, from your expertise in the  
9 field of drugs, do you feel that a chronic drug user -- do  
10 you feel that a chronic drug user can deliberate and  
11 premeditate a murder, form the intent to kill and maturely  
12 and meaningfully reflect on the nature and quality of his act?

13 A Yes, a chronic drug user, in most respects, could  
14 do that more easily for the reasons I discussed earlier; that  
15 is, they have learned what the drug does and how to react to  
16 it and how to interpret what is happening, and in some instances  
17 they have developed tolerance to the drug so that what seems like  
18 a moderate or large dose is really an only insignificant dose in  
19 terms of their bodily reactions to it.

20 Q Doctor, in your opinion can a person who is psychotic,  
21 can he deliberate and premeditate a murder, form the intent  
22 to kill and maturely and meaningfully reflect on the nature  
23 and quality of his act?

24 A The state of psychosis, by itself, would not make  
25 it impossible to deliberate, premeditate, et cetera.

26 It could only be decided on an individualized  
27 basis, the nature of the psychosis -- psychosis is a very  
28 vague term; sometimes it is used in a wastebasket kind of way



1 by the psychiatric profession -- you'd have to know whether  
2 it was a so-called functional psychosis and, in turn, whether  
3 that was a schizophrenic illness or depressant illness or  
4 whether it was some other kind of psychosis; and if it were a  
5 schizophrenic illness you would still have to make an  
6 individualized judgment on the basis of whether that  
7 particular individual was having hallucinations or delusions  
8 that were directly related to the concepts you were asking  
9 about, of intent and premeditation, et cetera.

10 So, psychosis, by itself, in no way means that  
11 you can not premeditate or deliberate.

12 Q Did you formulate any opinion as to whether or  
13 not Mc. Watson was psychotic at the time of the Tate-La Bianca  
14 murders?

15 A Yes, I did form an opinion on that.

16 Q What is your opinion?

17 A That he was not psychotic at the time of these  
18 murders.

19 Q What is the basis of that opinion?

20 A That the material he presented to me about his  
21 state of mind, his thinking, his actions at that time, and  
22 also the material in the transcripts and depositions which I  
23 have described studying, neither of those things indicates  
24 that he was showing any signs of hallucinations, delusions,  
25 any kind of symptoms or mental change that would impair his  
26 capacity to form an intent or premeditate or deliberate; and  
27 no symptoms that could be correctly called schizophrenia,  
28 psychotic depression, organic brain damage or the other chief



1 categories of psychosis.

2 Q Doctor, do you have an opinion as to whether or  
3 not the usual taker of LSD, belladonna or speed is in contact  
4 with reality and recognizes that they are experiencing the  
5 effect of the drug when they take the drug?

6 A Yes, I have an opinion on that.

7 Q What is your opinion?

8 A The usual user or taker of those drugs is in  
9 contact with reality.

10 Of the drugs you mentioned, speed or any other  
11 amphetamine would have the least effect on your contact with  
12 reality. Ordinarily, it increases alertness and, in that  
13 sense, might be said to temporarily or momentarily increase  
14 your contact with reality.

15 With LSD, which certainly has a more potent  
16 effect on the thinking or the mind, or the belladonna, even  
17 when you are experiencing these thinking changes or changes in  
18 vision or hearing or other perceptual dimensions, you know,  
19 ordinarily, that you are having these changes, <sup>due</sup> to the effect  
20 of the drug; that you are experiencing the drug and you know  
21 when the doorbell rings or when the telephone rings or when  
22 someone comes up to communicate with you, and so forth; so you  
23 are in full contact with reality.

24 THE COURT: Excuse me, Mr. Kay.

25 Gentlemen, will you approach the bench, please.

26 We don't need you, Hal.

27 (Unreported discussion at the bench.)

28 Q BY MR. KAY: In your opinion, Doctor, do

1 hallucinogenic drugs, for example, LSD, have the effect of  
2 changing a chronic user's value structure?

3 A Yes, they can change the value structure; but,  
4 again, I would emphasize that that is the interaction between  
5 the drug and the already existing personality and value  
6 structure of the person; but they certainly can play a role,  
7 an important role in changing the value structure.

10

#10

1 Q Would it be possible for a chronic user of  
2 LSD to reject previous held moral beliefs?

3 A Probably not solely from the direct effects of the  
4 chronic use of LSD.

5 If that chronic use was associated with significant  
6 changes in an environment or a living situation or influences  
7 around them, in terms of being isolated from other values,  
8 or being brainwashed to take on new values, then certainly the  
9 LSD would be associated with that in the sense of opening up  
10 the thinking and making the mind more malleable in a sense,  
11 but again the drug by itself would not produce that.

12 THE COURT: Doctor, am I correct in thinking that you  
13 are telling us that the drug in and of itself cannot accomplish  
14 these things asked by Mr. Kay, more important is the pre-  
15 disposition of the individual?

16 THE WITNESS: Yes.

17 THE COURT: Is that what you are telling us?

18 THE WITNESS: Yes. The drug is secondary to the main  
19 ingredient in a mind-altering drug effect, which is the  
20 personality and character of the consumer of the drug, what  
21 they are as a human being already and also what is happening  
22 at that moment, what their mood is, at that particular time, in  
23 addition to what they are totally as a person and that is the  
24 basis for the drug response.

25 Q BY MR. KAY: You feel that the chronic use of LSD  
26 would, say, get rid of a chronic user's inhibitions?

27 A It would tend to reduce inhibitions or change  
28 them but it would not by itself get rid of inhibitions.

1 Q Would LSD generally have that great effect on one  
2 with a stable personality?

3 A The stronger personality and character you have,  
4 that is the more certain you are of who you are as a human  
5 being and what your values are, the less influence a drug,  
6 even as potent a drug as LSD, would have on changing that.

7 Conversely the weaker you are as a person, the  
8 more uncertain you are of who you are as a human being and  
9 what you stand for and what is right and wrong, the more  
10 effect such a drug will have on changing values.

11 Q Doctor, is it true that people under the  
12 influence of LSD or speed or belladonna do not tend to be  
13 violent?

14 A It is true they do not tend to be violent.

15 Q Doctor, generally, if a person suffers an illusion  
16 or an alteration in perception while under the influence  
17 of a hallucinogenic drug, does he realize that he is, in fact,  
18 doing this and that it is a result of the drug?

19 A Generally they do realize that and relate it to  
20 the drug.

21 That is what differentiates such a drug experience  
22 from a true psychosis where a person has lost contact with  
23 reality and actually believes what they are experiencing,  
24 subjectively, to be the real world.

25 Q In your opinion, taking everything into considera-  
26 tion that you have, your testifying at the first trial, the  
27 information that you had, the information reading the transcripts  
28 and the reports and the interview with Mr. Watson, and getting

1 his version of what happened on the nights of the Tate and  
2 La Bianca murders, do you feel that Mr. Watson was unaware  
3 of what was taking place during the nights of the Tate and  
4 La Bianca murders?

5 A I do not feel he was unaware, I feel he was fully  
6 aware.

7 Q What psychological effect, if any, do you feel that  
8 Mr. Watson had on the girls that were with him on these two  
9 nights of murder?

10 A That he saw himself as their boss, to simplify the  
11 terminology, and they saw him as their boss and his wish was  
12 their command.

13 Q Did Mr. Watson tell you in your interview with  
14 him that at certain times during the two nights of murders that  
15 he was blacking out?

16 A Yes. He talked about that.

17 Q From your knowledge of speed, LSD and belladonna  
18 and the effects of these drugs, did you believe him?

19 A From my knowledge of the drugs and the way they  
20 characteristically work, I did not believe him on the basis  
21 of the inconsistency between that statement and many things  
22 he was able to describe in detail to me. I did not believe  
23 him and it was on both grounds I disbelieved that.

24 Q Doctor, were you able to reach any conclusions  
25 about whether or not you felt that Mr. Watson could harbor  
26 malice on these two nights of murder, whether he had the  
27 capacity to deliberate and premeditate and maturely and  
28 meaningfully reflect on the gravity of the contemplated acts

1 of killing these seven people?

2 A Yes. I was able to reach those conclusions.

3 Q What conclusions did you reach, Doctor?

4 A That he was able to deliberate, premeditate,  
5 harbor malice, et cetera.

6 Q On both nights of murder?

7 A On both nights.

8 Q And when you say et cetera, do you mean he was  
9 also able to maturely and meaningfully reflect?

10 A Yes, I meant that also. I had forgotten the  
11 exact phraseology.

12 Q Now, Doctor, you say that your conclusion is as  
13 to both nights of murder?

14 A That is correct.

15 Q In other words, he had the mental capacity to  
16 deliberate, premeditate, harbor malice and maturely and  
17 meaningfully reflect on the gravity of his contemplated acts of  
18 murder on both the nights of the Tate and La Bianca murders?

19 A That is my conclusion. I interviewed him about  
20 both of them separately and I studied all these other materials  
21 I have described with the view of making an independent  
22 conclusion about each night and I concluded that he had that  
23 capacity on both nights.

24 Q All right, Doctor, what were the bases of your  
25 conclusions?

26 A The bases began with the events described at the  
27 ranch, the order by Manson to kill, the implicit acceptance  
28 of that order, that is demonstrated by the subsequent actions

1 by Watson.

2 His driving of the car to a place that he knew about,  
3 was familiar with, not only generally as to where it was  
4 located but the mechanism of the gate and something about  
5 the external surroundings as was described in the testimony  
6 in depositions.

7 His attempts at concealment on the way in terms  
8 of where he placed the gun and knife in the glove compartment,  
9 as I recall, and the orders he gave to the girls that were  
10 accompanying him in the car as to what to do with them if  
11 they were stopped.

12 His actions after reaching the ranch, beginning  
13 with the deliberate and planned manner with which he climbed  
14 the telephone pole, cut the wires, placed the car in a certain  
15 way and instructed the girls to hide.

16 Stopped Mr. Parent and shot him a number of times  
17 in a manner that would indicate to me not only these specific  
18 points, but a certain degree of coordination and an absence  
19 of influence of being under the influence of drugs.

20 The way he moved Parent's car out of the way so  
21 it would be concealed. His subsequent instructions as to  
22 Miss Kasebian serving as a lookout and instructions to the  
23 other girls to scout the house, to look for a window or some  
24 other place to enter the house.

25 His final decision to enter through a window,  
26 which he organized and arranged himself and then his specific  
27 acts with the gun and knife in killing people who were in  
28 the house.



1                   Subsequently what seems to me to be careful  
2 organization, planning, full appreciation of the circumstances,  
3 in leaving the place, stopping to wash off blood, stopping  
4 to change clothing and I would add parenthetically the fact  
5 that extra clothing was carried or a change of clothing was  
6 carried is another factor I have taken into account, and also  
7 the manner of dress, which seems designed for concealment to  
8 be dressed in particularly dark clothing.

11



1           The wiping off of the fingerprints from the weapons,  
2 the expressed concern about the loss of a knife by one of  
3 the girls accompanying them, the instructions to throw out  
4 the knives after the fingerprints were wiped off, his own  
5 throwing out of the gun separately, stopping at a gas station  
6 for cleansing of blood from the clothing and skin of the  
7 participants in the killings, and his guidance of the party  
8 back to the ranch and his statements to Manson about the  
9 success of the venture: All of those things I have taken  
10 into account in reaching my conclusions.

11           Q       Now, what about on the nights of the -- the night  
12 of the La Bianca murders?

13           A       There, I would add the expression of concern  
14 that he voiced about it being somewhat untidy or messy the  
15 night before, they needed better weapons this time, his  
16 account of acceptance and responsibility to Manson's orders  
17 to go in and kill Mr. and Mrs. La Bianca, his apparent awareness  
18 of what he had done and the implications of it and subsequent  
19 behavior, going back to the ranch, the statements he made to  
20 the girls, what seemed to me to be obvious attempts at  
21 concealment of the crime: Those are the major things I have  
22 considered.

23           Q       What, specifically, in the area of his ability  
24 to maturely and meaningfully reflect on the nature and  
25 quality of his contemplated act, what did you take into  
26 consideration there in forming your opinion on that specific  
27 ground -- or did you take everything into consideration?

28           A       Well, all of these things together entered into

1 my thinking; but, repeatedly what he said and what is brought  
2 out by the depositions and transcripts seems to indicate a  
3 full knowledge of what a knife and a gun do when they are  
4 used; and a desire to kill the person, the intended victim,  
5 and repeated efforts to hide who had done this, to obscure  
6 it in terms of messages that were left in both houses, as  
7 well as obscure it in terms of hiding their -- or, trying to  
8 evade recognition, as, for example, when they stopped to wash  
9 off the blood and Watson described to the owner or said to the  
10 owner of the house that they were just getting a glass of  
11 water and sought to leave, did succeed in leaving the scene  
12 quite abruptly to avoid detection or any interference with  
13 their escape; so, I see a continuous sequence that indicates a  
14 desire to kill, the knowledge of the implications of it and  
15 both before and afterwards, and the attempts to conceal it  
16 in a very planned and deliberate manner that, to me, indicates  
17 a full ability to premeditate, deliberate, harbor malice  
18 and astutely and meaningfully reflect on the acts.

19 Q Do you feel, then, that Mr. Watson knew what  
20 would happen to himself if he got caught?

21 A I definitely think that.

22 I also have in mind his running away from the ranch,  
23 his -- I believe on one occasion -- showing concern about a  
24 police officer approaching the ranch on some other business.

25 Q Did you take any factors into consideration, any  
26 actions of Mr. Watson before these two nights of murder, in  
27 reaching your conclusion as to his mental state at the time  
28 of the murders?

1           A       Yes, I took into account the pattern of life that  
2 he described on the ranch, the typical day and the way of  
3 life; and on up to and including the day of the killings;  
4 and his behavior and acts did not indicate to me any evidence  
5 that he wasn't fully competent in the sense we are discussing.

6                   And then I also took into account in one of  
7 the depositions the fact that within a week of the killings  
8 he had stolen some \$2,000 in a marijuana -- that was designed  
9 for a marijuana purchase, that he was able to -- he left the  
10 car with the money and simply hid himself and disappeared from  
11 the area, the building where he was supposed to purchase the  
12 marijuana.

13           Q       In other words, without delivering the marijuana?

14           A       That's correct.

15           Q       And when did that happen in relation to the  
16 murders?

17           A       As I recall, it was roughly a week before.

18           MR. KEITH: There will be a motion to strike that last  
19 testimony.

20                   May we approach the bench?

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

22           MR. KEITH: I am going to move on behalf of the  
23 defendant to strike the testimony of Dr. Fort, and this jury  
24 be admonished to disregard it, on the grounds that this was  
25 evidence the court kept out heretofore; and there is no  
26 direct question asked the witness about this particular  
27 incident and whether he took it into consideration.

28                   It came out as a result of a rather lengthy answer

1 and I feel that the prosecution knew what was coming, although  
2 we didn't, and they have a duty to control their witnesses;  
3 and I think it is very unfair for this to have come out in this  
4 manner when we had no knowledge by means of a question  
5 directed to elicit this information.

6 THE COURT: Well, I know I have kept it out before.

7 MR. BURRICK: Yes.

8 THE COURT: But I don't think that you can really say  
9 that Kay conspired with this witness for him to bring it out.  
10 I think it was a spontaneous expression by this witness.

11 I do think I will instruct the jury to disregard  
12 it, but I don't think there was any misconduct on --

13 MR. KEITH: I didn't mean to express that; it was just  
14 the general duty on the part of any lawyer to control their  
15 witness.

16 MR. BUGLIOSI: He used it as a basis for his conclusion.

17 THE COURT: I appreciate that, but supposing he spoke to  
18 some other man some place and he said Watson, as a matter of  
19 habit, used to cut the hearts out of dogs and cats, and that  
20 he was not in court to be cross-examined. Do you suppose  
21 he would be able to -- or does that merely show a criminal  
22 disposition on the part of Watson?

23 MR. BUGLIOSI: But this particular witness was cross-  
24 examined during the last trial, Bernard Crowe, and the defense  
25 has access to it --

26 MR. BURRICK: We have nothing to do with Bernard Crowe;  
27 that has nothing to do with this case at all.

28 MR. BUGLIOSI: I didn't say you cross-examined him; I

1 said he was cross-examined during the last trial.

2 THE COURT: But it is not in evidence in this case; it  
3 is not in evidence in this case.

4 MR. BUGLIOSI: It is not analogous to the example that  
5 you gave; he was on the witness stand and he did testify  
6 and he was cross-examined.

7 MR. BUEBICK: Your Honor, I am going to move for a new  
8 trial on the grounds that it is prejudicial misconduct on the  
9 part of the District Attorney's office. They knew full well  
10 it would come out of this witness.

11 THE COURT: I will put it on the record: Did you know  
12 he was going to testify to that?

13 MR. KAY: Not specifically. I know he knew about the  
14 incident, however, and the doctor, without me asking any  
15 questions of him -- without me asking any questions of him,  
16 and for me -- that this was an incident that he took into  
17 careful consideration and had great weight in his opinion.

18 THE COURT: There has been no such testimony in the  
19 case concerning that.

20 MR. KAY: That is true.

21 MR. BUEBICK: Did you tell him not to do it before we  
22 approached the bench, to find out whether the judge would  
23 permit him to do it?

24 MR. BUGLIOSI: He is not on the witness stand right now.

25 The only point is, if he used it as a basis for  
26 his opinion --

27 THE COURT: Doctors can use everything, fact, fictional,  
28 otherwise, as a basis for his opinion, can't he?

1 MR. BUGLIOSI: But this took place a week, just a week  
2 before these murders, in close proximity; and it shows he is  
3 thinking very clearly, Mr. Watson, and he is deceiving people.

4 THE COURT: Well, I think it was more prejudicial  
5 than anything else.

6 I am going to instruct the jury to disregard that.

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

8 MR. BUBRICK: Your Honor, may we approach the bench for  
9 another second, please?

10 (The following proceedings were held at the bench.)

11 MR. BUBRICK: To elaborate on the statement I made of  
12 prejudicial misconduct on the part of Mr. Kay, is the fact  
13 that he knew this Crewe incident occurred in June, and not a  
14 week before this murder.

15 MR. KAY: It occurred on August 1st, Mr. Bubrick,

16 MR. BUGLIOSI: Yes, on August 1st.

17 THE COURT: In any event, the motion for mistrial will  
18 be denied.



#12

(The following proceedings were had in open court.)

THE COURT: Ladies and gentlemen of the jury, Dr. Fort has just related something which is not evidence in the case concerning \$2,000 for marijuana. That is not in the case.

Please disregard that entirely and eliminate it from your minds.

Q BY MR. KAY: Doctor, in your opinion, and from what Mr. Watson told you is there anything in the actions described by Mr. Watson, that is described by Mr. Watson, from which you could make a diagnosis that he was under the influence of any drugs on the nights of the Tate-La Bianca murders?

A No. There was nothing he described in his actions in either night that would be indicative of being under the influence of a drug.

Q Do you have an opinion as to whether or not Mr. Watson had any mental illness at the time of the murders, the Tate-La Bianca murders, that would have prevented him from deliberating and premeditating, forming the intent to kill and maturely and meaningfully reflecting on the gravity of his contemplated act?

A Yes. I have such an opinion.

Q What is your opinion?

A That he did not have any such mental illness.

Q Do you have an opinion as to whether or not Mr. Watson made his own decision to kill on those two nights of murder even though Mr. Manson told him to kill these seven victims?

1 A Yes. I have an opinion on that.

2 Q What is your opinion?

3 A That he made his own independent decision to  
4 kill in addition to Manson having told him to kill.

5 Q And what is the basis of that opinion?

6 A The sequence of actions which I described  
7 beginning with his acceptance of Manson's statement and his  
8 setting about to carry out the killing of the victims, what  
9 he did with the weaponry, the things I have already described  
10 and will not take up the time of repeating.

11 That entire sequence of events communicates to  
12 me that he himself decided to kill in addition to whatever  
13 statements were made by Manson.

14 Q Do you feel that Mr. Watson was a robot or  
15 automaton on the nights of the murder?

16 A I do not feel he was a robot. I would add to  
17 that, certainly, the circumstance I described earlier, the  
18 sense of what I just called brainwashing can influence a  
19 person's character but they can never create what we think  
20 of as a robot, where you just are a automaton, able to do  
21 nothing yourself, or to think or act.

22 There would be degrees of that, one might say,  
23 but certainly Watson was not a robot at these times.

24 Q Do you believe that Mr. Watson was without any  
25 thoughts in his head on the nights of these murders?

26 A I do not believe that. He had many thoughts in  
27 his head and many of those he described to me during my  
28 interview with him.



1 Q Well, is it your position that although Mr.  
2 Watson on the nights of the murders had the ability and the  
3 mental capacity to deliberate and premeditate and harbor  
4 malice and maturely and meaningfully reflect, that you would  
5 not consider his behavior at the ranch or his life style  
6 normal or healthy by psychiatric standards?

7 A I don't consider them normal or healthy by  
8 psychiatric standards, no.

9 Q Did you take this into consideration in forming  
10 your opinion?

11 A I did take that into consideration and considered  
12 it irrelevant to the legal and scientific questions that I  
13 was asked my expert opinion on.

14 Q And did you also take into consideration the  
15 relationship between Mr. Manson and Mr. Watson?

16 A I took that into full consideration.

17 Q Doctor, assume the La Bianca home is within several  
18 blocks of Griffith Park; assume further that on the morning  
19 of the La Bianca murders, August 10, 1969, on the morning,  
20 that at Spahn Ranch a girl named Barbara Hoyt came up to Mr.  
21 Watson and told Mr. Watson that Leslie Van Houten, one of the  
22 defendants, was hiding in the back house from some men that  
23 had given her a ride from Griffith Park.

24 That Mr. Watson's response was, "Don't say  
25 anything about Griffith Park to anyone."

26 That she then looked at him quizzically and then  
27 he said, "We were at a love-in in Griffith Park."

28 Would this be, assuming these facts to be true,

1 would this be consistent or inconsistent with your diagnosis of  
2 Mr. Watson's mental state at the time of the murders?

3 A It would be entirely consistent. It is one further  
4 corroboration of the deliberation, premeditation and planning  
5 that I have described many evidences of.

6 Q Assume that after the Tate-La Bianca murders  
7 that Mr. Watson went to Olancho, California, many miles away  
8 from Spahn Ranch, that while at Olancho he told Diane Lake,  
9 who was a Manson family member and his girlfriend at the time,  
10 that he told Diane Lake while they were outside reading a  
11 newspaper, that had something about the Tate murders in it,  
12 that he told Diane Lake that he killed Sharon Tate, that she  
13 begged for her life, that it was fun, that Charlie sent us,  
14 and that after he told her this he made her promise not to  
15 tell anybody.

16 Assuming these facts to be true, would these facts  
17 be consistent or inconsistent with your diagnosis of Mr.  
18 Watson's mental state at the time of these murders?

19 A They would be fully consistent with my evaluation  
20 and conclusions and again would add further corroboration  
21 to the many other things that I have already described.

22 Q Assume that on August 21, 1969, while at Olancho  
23 that Diane Lake, a member of the Manson family, was bathing  
24 nude in a stream that ran by the ranch house where she and Mr.  
25 Watson and a young juvenile were staying, that a deputy,  
26 Dennis Cox, drove up in his police vehicle, his marked police  
27 vehicle, was in full uniform, came down to the creek where Miss  
28 Lake and the juvenile were, had a conversation with Miss Lake.

1 That during that conversation the deputy pointed  
2 about 15 to 20 feet away and asked Miss Lake who the person was  
3 who was lying on the cot sunbathing and that Miss Lake said  
4 the person's name is Tex.

5 That at this point the deputy, Miss Lake, and  
6 the juvenile proceeded up from the stream, passed the cot,  
7 and that at the time that they were near the cot that Mr.  
8 Watson was the person on the cot, that Mr. Watson bolted up  
9 and ran into the bushes.

10 That he came out of the bushes about five minutes  
11 later and in response to deputy Cox's question asking him why  
12 he ran into the bushes he said, he responded that he was  
13 scared.

14 That after deputy Cox left Mr. Watson became very  
15 upset -- also Deputy Cox asked Mr. Watson for his name and  
16 Mr. Watson gave his name as Montgomery.

17 That after Deputy Cox left that Mr. Watson was  
18 very upset with Miss Lake for telling the deputy that his  
19 name was Tex.

20 Assuming these facts to be true, Doctor, would  
21 these facts be consistent or inconsistent with your diagnosis  
22 of Mr. Watson's mental state on the nights of the murders?

23 A These facts would be entirely consistent with  
24 my conclusions.

25 Q Assume further that while at Olancha during this  
26 time at Olancha, around the 20th, 21st -- well, around the 21st,  
27 22nd, 23rd, 24th, around that period in August, that Mr.  
28 Watson daily bought newspapers, something that he didn't do

1 before and that other members of the Manson family didn't do.

2 Assuming those facts to be true, would these facts  
3 be consistent or inconsistent with your diagnosis of Mr.  
4 Watson's mental state at the time of the murders?

5 A They would be entirely consistent.

6 Q Assuming that Mr. Watson left the Manson family  
7 and California in late September or early October 1969, that  
8 he went back to Texas and that after staying a brief time in  
9 Texas that he went to Mexico and Hawaii.

10 Assuming those facts to be true, would these facts  
11 be consistent or inconsistent with your diagnosis of Mr.  
12 Watson's mental state at the time of the Tate and La Bianca  
13 murders?

14 A Again they would be entirely consistent with my  
15 conclusions.

16 Q Doctor, in the testimony that you read and  
17 considered was one of the witnesses whose testimony you read  
18 Rudolph Weber in the boxing incident?

19 A Yes.

20 Q And to your knowledge has there ever been any  
21 reported case of brain damage directly attributable to the  
22 ingestion of hallucinogenic drugs?

23 A No. Brain damage does not occur from their use.  
24 When damage occurs it is of a psychological or sometimes social  
25 nature, but there is no brain damage in their use.

26 MR. KAY: I have no further questions. Thank you very  
27 much, Doctor.

28 THE COURT: All right, ladies and gentlemen of the jury,

1 we will recess at this time until 1:30 and during the recess  
2 once again please heed the admonition heretofore given.

3 (The noon recess was taken until 1:30 p.m. of the  
4 same day.)  
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1 LOS ANGELES, CALIFORNIA, FRIDAY, SEPTEMBER 24, 1971, 1:30 PM

2 --oOo--

3 THE COURT: People against Watson.

4 Let the record show all jurors, counsel and defen-  
5 dant are present.

6 Mr. Keith, you may proceed.

7 MR. KEITH: Thank you, your Honor.

8  
9 JOEL FORT,

10 resumed the stand and testified further as follows:

11  
12 CROSS-EXAMINATION

13 BY MR. KEITH:

14 Q Dr. Fort, in addition to Mr. Watson telling you  
15 about the circumstances surrounding the homicides, themselves,  
16 and about his drug use at the Spahn Ranch, did he also tell  
17 you something about his personal background and history?

18 A Yes, he did, as I described earlier; he talked  
19 about his family life and his relationships with his parents  
20 and his hobbies and athletic interests.

21 Q Did he tell you how he came to meet Mr. Manson in  
22 the first instance?

23 A Yes, he described meeting him at a mutual friend's  
24 house.

25 Q And did he tell you that up to the time he met  
26 Mr. Manson that he had not indulged in any hallucinogenic drugs  
27 beyond marijuana, and one instance with a drug that he des-  
28 cribed as rosewood seeds?

1           A     Yes, he did tell me that, Mr. Keith.

2           Q     And did you, in the course of your acquiring the  
3 knowledge you do have about Manson and his family and Watson,  
4 determine whether or not prior to the homicides, themselves,  
5 Mr. Watson had ever engaged in any assualtive or aggressive  
6 activity?

7           A     Yes, I did attempt to look into that and look for  
8 that particularly in all the things available to me.

14f.

4R-1  
1 Q And did you not learn as a result of your investiga-  
2 tion that Mr. Watson had not previous to the Tate-La Bianca  
3 homicides engaged in any --

4 MR. BUGLIOSI: This calls for a conclusion.

5 MR. KEITH: I am cross-examining the doctor.

6 THE COURT: Overruled.

7 Q BY MR. KEITH: That Mr. Watson had not engaged in  
8 any assualtive or aggressive activity?

9 MR. BUGLIOSI: Well, it is more than a conclusion. The  
10 question itself is almost a statement. I think it could be  
11 phrased did he hear of anything, but to say that --

12 MR. KEITH: I will put it that way. I'm not proud.

13 THE COURT: Did you hear of any assualtive behavior on  
14 the part of Mr. Watson prior to the Tate-La Bianca homicides?

15 THE WITNESS: I did not.

16 Q BY MR. KEITH: Doctor, did you also hear of a man  
17 by the name of Dean Moorehouse?

18 A I don't recall the name per se. Could you tell me  
19 more about him?

20 Q Let's assume that Dean Moorehouse was an ordained  
21 minister who sometime before Mr. Watson met Mr. Manson became  
22 a disciple of Manson's, that is Moorehouse became a disciple  
23 of Manson's and gave up his role as a minister and was turned  
24 on to LSD by Manson and thereafter espoused Manson's thought  
25 system.

26 Let's assume that and let's assume before Mr.  
27 Watson came under the sway of Mr. Manson, that he lived with  
28 Dean Moorehouse for a period of time in the summer of 1968 and



1 at Dennis Wilson's house and at the Spahn Ranch, and that  
2 Dean Moorehouse turned Watson onto acid and also preached to  
3 Watson at great length about Mr. Manson's thought system that  
4 he, Moorehouse, had espoused?

5 A Okay.

6 Q We will assume that?

7 A Okay.

8 Q And let's also assume that Mr. Watson, although  
9 he had already met Manson, gave up all his worldly goods which  
10 consisted of a truck and camera equipment and accompanied Dean  
11 Moorehouse from the Wilson residence, the Dennis Wilson residence  
12 to the Spahn Ranch.

13 Assume he, Watson, having accepted what Dean  
14 Moorehouse told him and what Dean Moorehouse was telling him  
15 was merely paraphrasing what Manson preached to Moorehouse.

16 Assuming these facts, wouldn't you say that  
17 Mr. Watson was a rather immature, undeveloped personality to  
18 accept these philosophies of Manson and Moorehouse and give up  
19 all his worldly goods and accompany Moorehouse to the Spahn  
20 Ranch?

21 A In general, I would say it does reflect an immature  
22 personality, yes.

152-1

1 Q Now, immature personalities are the sort of  
2 personalities that the hallucinogenic drugs most adversely  
3 affect, isn't that a fair statement, in general?

4 A I would not describe it in terms of immaturity.  
5 I would say weakness of thinking and the weakness of character,  
6 a component of which might be immaturity.

7 Q And don't you find drug abuse to be most manifest  
8 among young adolescents who are emotionally disturbed and  
9 emotionally unstable, in your experience?

10 A No, drug abuse, depending upon which drug you are  
11 talking about, affects all age groups and all social classes.

12 It is not restricted to any particular group of  
13 young people.

14 Q Don't you find that effect to be most adverse  
15 among young, immature, weak-personality type individuals?

16 A Again, Mr. Keith, it depends upon which drug you  
17 are talking about, in what context.

18 The effects of drugs such as alcohol or barbiturates --

19 Q I am sorry --

20 A Beg your pardon?

21 Q I am talking about LSD and speed, primarily.

22 A With LSD the most serious effects have been seen  
23 on young people.

24 With the amphetamines, the most serious effects  
25 have been seen in middle class, older Americans getting it  
26 from physicians on prescription.

27 Q You don't mean to say, though, that the ampheta-  
28 mines cannot affect young people adversely?

1           A     No, I don't mean to say that; they do, certainly,  
2     affect some young people.

3           Q     And you well know that young people, particularly  
4     in the Haight-Asbury District, take speed?

5           A     They certainly do.

6           Q     And you also know that not only speed, but also  
7     LSD that is bought on the street can be contaminated with  
8     other drugs or other deleterious substances, don't you?

9           A     Yes, I do know that.

10          Q     And the LSD taken in the laboratory is not neces-  
11     sarily the LSD purchased on the black market; isn't that true?

12          A     That certainly is true.

13          Q     And you can't, getting back to the case at hand,  
14     it is impossible for you to know the extent or the nature of  
15     the contamination, if any, of the LSD used at the Spahn Ranch?

16          A     It is impossible to know; but on the basis of  
17     probability, one expects all black market LSD to be somewhat  
18     impure or mixed with other things.

19          Q     And wouldn't the same apply to speed or Methedrine?

20          A     To a lesser extent, because it is so inexpensive  
21     to manufacture, it is less likely to be cut with other things.

22          Q     Now, you told us that the underlying personality  
23     structure is all-important in considering the effects of LSD;  
24     isn't that true?

25          A     That's true.

26          Q     And you found Mr. Watson to be a passive dependent  
27     personality; isn't that correct?

28          A     If I had to describe him in conventional psychiatric

1 language, that would be a fair summary; but I prefer to des-  
2 cribe in more detail different attributes of a person's  
3 character, without using those labels.

4 Q All right; passive dependent, this means somebody  
5 who is easily influenced by others?

6 A Yes, that would.

7 Q Wouldn't that be the description --

8 A Yes, it would.

9 Q Any person who has no ascertainable goals or  
10 ambitions, would that describe such a person?

11 A No. No, a passive dependent person may well have  
12 certain goals, but may not have the strength of character to  
13 achieve those goals, assuming the goals are somewhat ambitious.

14 If the goals are quite modest, such a person would  
15 be able to achieve them.

16 Q Would such a person be likely to be sidetracked  
17 from achieving goals, however modest, because of such a person-  
18 ality, superimposed upon which you have LSD use and someone  
19 like Manson?

20 A Yes, such a person would be easily sidetracked.

21 Q And we are also bearing in mind, are we not,  
22 Doctor, the drug culture, the isolated drug culture that was  
23 taking place at the Spahn Ranch?

24 This is important in your overall theory?

25 A I'd say at the Spahn Ranch you had an isolated  
26 group; but the drug culture is a much broader designation that  
27 relates to much more than just the Spahn Ranch.

28 Q I didn't speak too clearly; I said an isolated

1 culture that was drug oriented --

2 A That's correct.

3 Q -- this is what we had at the Spahn Ranch; isn't  
4 that right?

5 A That's correct.

16R-1

1 Q Had you heard in the course of your investigation  
2 or study of this case that Mr. Manson encouraged the use of  
3 drugs?

4 A Yes. I have heard that and read that.

5 Q Had you also heard that Mr. Manson's thought  
6 system included not only helter-skelter -- you know what we  
7 are talking about when I use the term "helter-skelter"? I  
8 don't have to go into an exposition of that?

9 A I believe I do.

10 Q Do I?

11 A Not unless further questions require it, depending  
12 on what you ask about.

13 Q Did you also learn that one of Mr. Manson's programs  
14 or projects or philosophies, if you want to call it that, was  
15 that his followers were required to more or less lose their  
16 identities and become one with each other?

17 A Yes. Not completely lose their identities but  
18 certainly take on more of his identity.

19 Q All right. I will accept that.

20 Did you also learn that Mr. Manson was very  
21 adamant about lecturing on the subject of ego death or ego  
22 destruction and that he tried to inculcate this concept into  
23 the minds of his followers?

24 A Yes. I think you among others brought that to my  
25 attention in the previous trial.

26 Q And did you also learn that Mr. Manson expounded  
27 the concept that there is no wrong, there is no right, there  
28 is no sin, there is no good, there is no bad?

1           A     In general, yes. I would add to that except as  
2 he defined it.

3           Q     How did he define it, if you know? Do you know how  
4 he defined it?

5           A     Simply in terms of what he said was right and  
6 everyone else was wrong.

7           Q     I wasn't going into Mr. Manson's motives in  
8 inculcating these thoughts into his followers, simply that  
9 these were some of the things --

10          A     Right.

11          Q     -- that Mr. Manson preached?

12          A     Exactly.

13          Q     And that his family accepted. Did you also learn  
14 that Mr. Manson preached to his family either in groups or  
15 perhaps individually, more often than groups, on the subject  
16 of death?

17          A     Yes, I did learn that.

18          Q     Did you learn that Mr. Manson told his family that  
19 death was beautiful, that there was nothing wrong with dying  
20 and that even killing wasn't wrong?

21          A     The last part I did learn from the things made  
22 available to me. The first part, I don't recall.

23                 I recall, rather, Manson stressed that they, that  
24 is the members of the family, were the only ones that were  
25 really alive and others were, as he would define it, already  
26 dead.

27          Q     The so-called establishment people living in the  
28 city were already dead; is that right?

1 A Yes.

2 Q And that the Manson group were the only ones  
3 alive?

4 A Yes.

5 Q You learned that --

6 A Yes.

7 Q -- apparently?

8 A Yes.

9 Q And did you learn that Mr. Manson told his followers  
10 on occasions that there was nothing wrong in killing people?

11 A Yes.

12 Q Because they were already dead?

13 A Yes.

14 Q Did you also learn in connection with helter-  
15 skelter that eventually the family, after Armageddon had come  
16 down, would flee to the desert, to Death Valley, and there  
17 find a bottomless pit where they would stay for however long  
18 it took for the racial war to be concluded?

19 A Yes.

20 Q And then emerge from the bottomless pit unscathed  
21 and the black people would give over the reins of power to  
22 Manson and his followers who would have increased to 144,000  
23 people by that time?

24 A That last part I haven't read or heard about, but  
25 up to the 144,000, I have.

26 Q And did you form an opinion, Doctor, as to whether  
27 or not Mr. Watson believed in what Mr. Manson told him on the  
28 subjects we have been discussing?



1 A Yes.

2 Q And wasn't it your opinion that Mr. Watson did  
3 believe in what Mr. Manson told him?

4 A That he believed a great deal of it. It was not  
5 my opinion that he believed everything.

6 Q In what regard, in what area did you form an opinion  
7 that Mr. Watson doubted Mr. Manson?

8 A Well, the point I was seeking to make is that I  
9 didn't review Mr. Manson's philosophy step by step with Mr.  
10 Watson. I don't have information on his beliefs on every  
11 single point.

12 Q I see. Let's assume then that Mr. Watson did  
13 accept everything Manson told him on the subjects that we have  
14 been discussing lock, stock and barrel.

15 Assuming that, would you not believe that the  
16 chronic use of LSD on the part of Mr. Watson would make it  
17 easier for him to accept such beliefs?

18 A I do believe that the chronic use of LSD would make  
19 it easier for him to accept certain beliefs, yes.

20 Q This is a generally recognized effect of the  
21 chronic use of LSD, is it not?

22 A Depending on the underlying personality.

23 Q Yes. We always get back to the underlying person-  
24 ality, don't we?

25 A Hopefully, so that we don't impute magical proper-  
26 ties to the drug.

27 Q You have told us that the drug has no magical  
28 properties?

1 A That is right.

2 Q In the sense that it doesn't alter one's mind  
3 unless one's mind is in the condition to be altered in the  
4 first place?

5 A No, I wouldn't put it that way.

6 Q How would you put it? You have to have a pre-  
7 disposing mind?

8 A That the way it alters and the extent to which it  
9 alters, it depends primarily on the underlying personality,  
10 character, and mood.

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1 Q Did Mr. Watson, in your opinion, have the type of  
2 underlying personality upon/which the chronic use of LSD would most  
3 adversely affect, bearing in mind you have told us that he  
4 was a weak personality?

5 A Yes, he does have such a personality.

6 Q Incidentally, the chronic use of LSD, Doctor, can  
7 cause a psychosis, can't it?

8 A It can intensify or precipitate a psychosis. Most  
9 of the instances of psychosis that have been reported, the ones  
10 that have been most thoroughly studied, have been with people  
11 already psychotic; that is, with a latent psychosis, or an  
12 already overt psychosis that is intensified by the LSD exper-  
13 ience.

14 Q How do you define psychosis, Doctor?

15 A In this instance, I took your question to refer to  
16 chronic psychosis, but --

17 Q Yes, there is also an acute drug-induced psychosis,  
18 isn't there?

19 A There is an acute psychosis and a chronic one; an  
20 acute being a short term, usually a matter of hours, a chronic  
21 one lasting days, weeks, and sometimes months.

22 Q Let's confine ourselves to chronic psychosis; how  
23 would you define that?

24 A As somebody who has a combination of persistent  
25 hallucinations, delusions, feelings of unreality or depersonal-  
26 ization, which means that they feel strange about their body  
27 and identity and feel they may be somebody else or, at least,  
28 feel very anxious about themselves, a person who is to some

1 extent unable to function, easily frightened, somewhat  
2 immobilized.

3 These would be various attributes of a chronic  
4 psychosis. A given individual might have some of them and not  
5 have others.

6 Q Assuming that Mr. Watson believed that he was Mr.  
7 Manson from time to time, would this be some evidence, or  
8 would this be a symptom, let's say, of chronic psychosis?

9 A If Watson believed that he was Manson, that would  
10 be described as a delusion; and then one would need to look  
11 into the fixity of that; that is, how embedded that was in  
12 his personality and how it manifested itself; but, as you  
13 described it, it would be called a delusional belief.

14 Q Assuming Mr. Watson at the time of these homicides  
15 heard Mr. Manson's voice, although he wasn't there, telling  
16 him what to do; would this be an indication of an auditory  
17 hallucination?

18 A Yes, that would be an auditory hallucination, if  
19 he heard that voice.

20 Q Psychedelic drugs can produce both auditory and  
21 visual hallucinations, can they not?

22 A They can; most commonly they just produce percept-  
23 ual changes, sometimes delusions and occasionally hallucina-  
24 tions.

25 Q So we are straight, what is your definition of a  
26 delusion?

27 A A delusion is a false belief and an hallucination  
28 is a false perception.

1 For example, if somebody -- if there were no chair  
2 there and somebody believed they saw a chair, that would be a  
3 visual hallucination; on the other hand, if there is a sort of  
4 table or stand there, that is, some objective thing, and they  
5 see that as a chair, that would be called an illusion.

6 There is some basis for their seeing something  
7 there, even though they don't see it correctly.

8 Q If I told you, Doctor, that I was Napoleon and I  
9 really believed it, that would be a delusion, wouldn't it?

10 A That's right; it would be described as a delusion  
11 of grandeur.

12 Q And if Mr. Watson told somebody, "I'm the devil  
13 here to do the devil's work," that's a delusion, too, isn't  
14 it, assuming he really believed it?

15 A If he really believed it, that's right, that would  
16 be a delusion.

17 Q Doctor, it is your opinion that Mr. Manson played  
18 an extremely significant role in bringing about these homi-  
19 cides or causing them, isn't it?

20 A A significant role, yes.

21 Q And in your opinion, wasn't his personality, as  
22 imposed on his followers, the most significant factor in bring-  
23 ing about these homicides?

24 A I wouldn't say so with Mr. Watson. As you know,  
25 my testimony for one of the female defendants in the penalty  
26 phase of her trial, I stressed the influence that Manson had  
27 had on her, specifically, and on the other members of the  
28 family; but when we are talking about the person who actually

1 carried out the killings, who actually killed the people, I  
2 feel that the influence is certainly there and is strong, but  
3 cannot be said to really be more dominant than the person's  
4 influence who carried out the killings; that is, Watson, him-  
5 self, that both played a key role in it.

6 Q Well, Watson played a key role, because he had a  
7 knife and a gun and he used them; no doubt about that, is there?

8 A Key role, as you describe it, and in making  
9 decisions that led up to that and following that.

10 Q When you say making decisions, you are basing that  
11 answer or that observation primarily on Linda Kasabian's  
12 testimony which you read, are you not?

13 A No; basing it on the combination of what Watson  
14 told me directly and on all the other materials and documents  
15 that I described reading and studying.

16 Q Well, you have told us that you didn't believe  
17 Watson in certain areas --

18 A In certain areas, that's right.

19 Q -- but you did Linda Kasabian?

20 A I also said that I believe some of the things that  
21 Watson told me.

22 One has to check the consistency, the internal  
23 consistency, whether there are any conflicts in what the per-  
24 son being examined says to you and the conflicts between the  
25 totality of what they say in your examination and what  
26 independent observers say.

27 Q Did you believe everything that Linda Kasabian  
28 testified to?

1 A I didn't study a number of the things she testi-  
2 fied to that had no bearing on Watson's behavior of the things  
3 she described.

4 Q Did you believe everything she testified to con-  
5 cerning the two nights of homicides?

6 A Yes.

7 Q Did you believe that she was a completely unbiased,  
8 impartial witness?

9 A I didn't just accept that without question. I  
10 cross-checked it with the Susan Atkins' testimony and with  
11 Watson's own statement and with other statements that he made  
12 to other doctors and other depositions that were available.

13 Q Did you learn that Susan Atkins recanted her testi-  
14 mony in toto before the Grand Jury?

15 A Yes; you, yourself, described that to me at the  
16 time I testified for you.

17 Q Were you aware that Linda Kasabian was granted  
18 immunity during the time she testified at the first Manson  
19 trial, immunity from any prosecution whatsoever?

20 A Yes, I was aware of that.

21 Q And it is still your belief that she was an  
22 unbiased, impartial witness with no ax to grind whatever?

23 A It was my belief that the statements she made  
24 about Watson's behavior on the days and nights of the killing  
25 were accurate and were verified by other testimony.

15R-1

1 Q You told us that -- you weren't answering my  
2 question -- did you believe that she was a completely unbiased,  
3 impartial witness with no ax to grind in her own behalf?

4 A When you add the word "completely," I would say  
5 that I did not believe she was completely unbiased, but I  
6 believed her to be relatively unbiased and with only a very  
7 small ax to grind.

8 Q Only a small ax to grind?

9 A Yes.

10 Q When she was given completely immunity in return  
11 for her testimony?

12 A An ax --

13 Q Now living in New Hampshire free of any possibility  
14 of prosecution?

15 A Well, your question "ax to grind" to me means  
16 bitter about something and being biased because one is angry,  
17 hostile, or bitter.

18 Q No, I didn't mean that. I didn't mean to have you  
19 interpret that phrase in that manner. I will use a different  
20 phrase.

21 Did you believe that she was completely unprejudiced  
22 or unbiased? Not asking you to find or believe that she held  
23 any hatred or illwill toward anybody.

24 A I did not believe she was completely unbiased, but  
25 I thought that the essence of what she had to say was suffi-  
26 ciently verifiable by other sources as to be quite believable  
27 and authentic.

28 Q Doctor, there is no question in your mind, is there,



1 that the use of LSD and speed and belladonna was a contributing  
2 factor in causing Watson to do what he did?

3 A If you are talking about the changes in his life  
4 and possible influences on his character prior to the actual  
5 killings, there is no question in my mind. I do not believe  
6 that the drugs were specifically involved when he carried out  
7 the -- when he killed these people.

8 Q You just flatly reject the idea that Mr. Watson  
9 could have ingested any dangerous drugs --

10 A No, I don't.

11 Q Let me finish my question -- ingested any dangerous  
12 drugs on the day before the killings or the day of the killings.  
13 I should say?

14 A I don't flatly reject it, no. There just was no  
15 specific indication either from what he told me or what others  
16 have testified to that he was under the influence of any drugs  
17 on those days.

18 Q You know or have learned, Doctor, haven't you, that  
19 as we have discussed that drugs were used extensively at the  
20 Spahn Ranch?

21 A That is right.

22 Q And you have also learned that Manson encouraged  
23 the use of drugs for whatever purposes he may have had in mind?

24 A Yes, right.

25 Q And you know from your experience an expertise  
26 that drugs such as LSD can alter the mind of people who have  
27 weak underlying personality structures?

28 A Yes.

1 Q Is that right?

2 A Yes, they can alter.

3 Q And the use of LSD can facilitate a ready acceptance  
4 of new beliefs never before entertained, again bearing in mind  
5 all the factors that interact on the use of drugs?

6 A I would say a person is more likely to accept new  
7 beliefs under the influence of LSD.

8 Q I am not talking about just the acute effect of  
9 LSD. Now I am talking about the chronic long-term effects of  
10 LSD?

11 A Yes.

12 Q Were you the one that coined the phrase "Mind-  
13 altering drugs"?

14 A I think so.

15 Q This wasn't just a flight of your imagination, was  
16 it?

17 A I hope not.

18 Q That is what LSD and the other hallucinogenics  
19 do, isn't it?

20 A But "Mind-altering drug" was coined by me as a  
21 broad concept to include all the drugs whose primary effect is  
22 on consciousness of the mind, including alcohol, sleeping  
23 pill, stimulants, as well as narcotics, LSD, et cetera.

24 It had no specific emotional connotation or  
25 specific connotation of LSD or of psychedelics or hallucinogens.

26 Q Doesn't LSD affect the central nervous system or  
27 can it not affect the central nervous system?

28 A If one assumes that thinking is mediated through

1 the nervous system, which we have to assume, and certainly it  
2 does affect the central nervous system, but its primary effect,  
3 and what is talked about is the psychological effect, not the  
4 neurological effect.

5 Q Doctor, when you say LSD cannot cause brain damage,  
6 are you making that statement categorically?

7 A I don't believe I said that. I believe I said it  
8 has not been shown to cause brain damage.

9 Q You didn't mean to say it could not categorically  
10 cause brain damage; is that right?

11 A No, I didn't -- I don't believe I said that and I  
12 would not say that, because anything is conceivable.

13 In terms of research since 1943, which is quite a  
14 long time ago, probably in excess of a million people have used  
15 the drug in this country alone and there is no evidence that it  
16 produces permanent brain damage.

17 Q Even bearing in mind that street LSD is more often  
18 contaminated with other substances than not?

19 A Yes, particularly bearing in mind that most often  
20 it is contaminated with amphetamines.

21 Q Are there any reported cases where amphetamines  
22 have caused permanent brain damage?

23 A Only in rats, not in human beings.

24 Q What you are saying is that the research on the  
25 issue of whether or not these dangerous drugs can cause brain  
26 damage has not yet been decided by research?

27 A No, I am not saying that. I am saying that a great  
28 deal of research has been done and there is no finding that

1 it produces brain damage.

2 The effects are psychological, either temporary or  
3 otherwise, but not permanently physical.

4 Q Did you read the report of Dr. Walter, the UCLA  
5 neurologist?

6 A Yes, sometime ago.

7 Q And he reported, did he not, that he found mild  
8 brain damage in Mr. Watson as a result of his examination and  
9 studies of him?

10 A Well, I think with that one I would like to look  
11 at the report in order to be sure to give the most accurate  
12 answer. Do you have it handy?

13 Q I have it, but I will have to look for it. I have  
14 got it.

15 A Okay.

16 MR. KEITH: May I approach the witness, your Honor?

17 THE COURT: Certainly.

18 Q BY MR. KEITH: Here is the report of Dr. Richard  
19 Walter, which I am giving you.

20 A Okay. Yes, he does say "Classical signs of  
21 organic brain disease."

22 Q Is it your opinion that that impression of Dr.  
23 Walters is erroneous?

24 A No. I would say it goes beyond the data, goes  
25 beyond his own findings and makes no distinction between acute  
26 or temporary changes that may occur after prolonged use or  
27 in association with prolonged use of drugs, or for other  
28 reasons -- no definite differentiation between that and chronic

1 or permanent brain damage.

2 It also does not allow for changes over time and  
3 it does not bring out the imprecision and ambiguity of the  
4 electroencephalography. It goes well beyond what the EEG is  
5 capable of showing, because these kind of changes can be found  
6 with many different causes and may well clear up in time and  
7 do not specifically show organic brain disease or prove it.

8 Q Are you a neurologist, Doctor?

9 A I do not claim to be a neurologist. I claim only  
10 to have had the ordinary medical training in EEG plus two  
11 special courses in it while I was in medical school.

12 Q And you were in medical school when?

13 A I graduated in 1954. You will note on the report  
14 he also uses psychological test findings to reach his con-  
15 clusion, which is not in keeping with the practice of neurology.

16 Q Are you telling us in your opinion, Dr. Walter  
17 based his impression on erroneous data?

18 A No. I am simply saying that if you are stressing  
19 neurological data and a neurological expertise insofar as some-  
20 body bases a finding of organic brain disease on a conclusion  
21 of difficulty in recent memory as evidenced by a test story and  
22 test phrase, that that is not specifically a neurological find-  
23 ing or an EEG finding.

24 Q I am not here to spend the afternoon arguing back  
25 and forth about the correctness of Dr. Walter's findings, but  
26 I did want to bring out that you were aware that Dr. Walter  
27 did make a diagnosis of chronic brain syndrome?

28 A Yes. And I am aware of the basis or lack thereof

1 for that diagnosis.

2 Q And in your opinion, he did not have sufficient  
3 basis to reach the impression that he did; is that right?

4 A That is correct, and also I noted that he did not  
5 say that it was in any way related to drug use.

6 Q Quite true.

7 Doctor, is it possible for someone such as you  
8 found Mr. Watson to be to acquire through the use of LSD and  
9 through the influence of a leader like Mr. Manson, a new value  
10 structure?

11 A Through that influence and through the use of LSD  
12 combined with whatever positive or negative or absence of  
13 values they had through their past life, family, school and  
14 other experiences, certainly new value systems would develop,  
15 but not only through a person's influence or through the drugs.  
16 It would be an interaction again as I have described it before.

17 Q Yes, it is an interaction between Manson, No. 1?

18 A Yes.

19 Q His charisma or personality?

20 A Uh-huh.

21 Q No. 2, Manson's own thought system that he inculcated  
22 in his followers. That is a factor?

23 A Uh-huh.

24 Q The drug use is a factor?

25 A Uh-huh.

26 Q And the social isolation of the Manson family is  
27 a factor?

28 A Uh-huh.

1 Q Is it not?

2 A And Watson's own values, character, and personality.

3 Q I was going to get to that -- and the life style  
4 of the Manson family itself is a factor, too, isn't it?

5 A Certainly.

6 Q And the isolation is a factor, I take it, the  
7 isolation of the Manson family at the Spahn Ranch and in the  
8 desert is a factor, because none of the family members had any  
9 opportunity to listen to, let's say, a critique of Manson's  
10 thought system and philosophy?

11 A Or to have an alternative moral value stress to  
12 them or demonstrated to them by a dominant personality.

13 Q The family was sort of a captive audience, wasn't  
14 it?

15 A Yes.

16 Q That Mr. Manson was able to manipulate?

17 A Yes.

18 Q By reason of all the interaction of these forces  
19 we have been discussing; is that correct?

20 A That is correct.

21 Q You have studied the subject of thought control,  
22 have you not?

23 A To a limited extent.

24 Q Haven't you had a considerable interest in the  
25 manner in which thought control is exercised by some of the  
26 far eastern countries?

27 A Yes. When I was in Asia for the World Health  
28 Organization, as I described this morning, among other things --



1 this was not an official part of my mission, but I was able  
2 to, in Hong Kong, interview a number of people who had exper-  
3 ienced this process in China and many other who had worked  
4 with these people and sort of made a specialty of it.

5 Q And did you find as a result of your experience  
6 and studies that a dominant person can manipulate the thoughts  
7 of others, can brainwash them?

8 A A dominant person as a result of these studies, a  
9 dominant person certainly does play a key role, but most of  
10 the influence comes from the entire peer group culture, the  
11 small organization or subculture within the border society,  
12 where each attempts to daily influence the other's life and  
13 condition them to think a certain way.

14 So it is more complicated than just one person  
15 doing it.

16 Q It is also combined with the factor that we have  
17 been discussing, the social isolation of the subculture as  
18 exemplified by the Manson family at the Spahn Ranch?

19 A Yes. That would be one type, but I must add that  
20 the way it is done in the People Republic of China is in some  
21 senses the opposite.

22 That is where the official philosophy of the mass  
23 society is communicated through various leaders, group dis-  
24 cussion leaders in villages, towns and cities, and this peer  
25 group influence that I mentioned is created to try to inculcate  
26 and perpetuate that so it is not isolation in the same sense as  
27 it existed in the Spahn Ranch.

28 Q But in your opinion, the isolation of the group



1 at the Spahn Ranch was one of the enabling features in Manson's  
2 program to capture the thoughts of his followers?

3 A Yes, I do believe that.

4 Q And you learned that they all went around saying  
5 "helter-skelter" to each other and it wasn't just Manson saying  
6 "helter-skelter" to them?

7 A Yes.

8 Q All of the members of the family talked about  
9 "helter-skelter" among themselves and the other believers that  
10 Manson inculcated in them?

11 A That is my impression, although I have direct  
12 information on only a few members of the family.

19f.

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1 Q Doctor, let's assume this, that after the homicide  
2 -- not too long after the homicides, two or three weeks at the  
3 most -- Mr. Watson, from Olancho, California, called his  
4 mother in Texas, whom he hadn't seen or talked to for a long  
5 time and they had a long distance conversation over the tele-  
6 phone and that all Mr. Watson talked about was helter-skelter,  
7 et cetera, and the bottomless pit and how they were going to  
8 find it and how helter-skelter was coming down fast; he didn't  
9 even ask his mother how she was; wouldn't this lead you to  
10 believe that Mr. Watson really did accept Mr. Manson's beliefs?

11 A Yes, that would lead me to believe that.

12 Q Doctor, are you aware of the definition of first  
13 degree murder by deliberation and premeditation, the legal  
14 definition?

15 A Yes, I have them written down and I looked at  
16 them. I probably could not repeat them to you word for word.

17 Q Is it your understanding of that word "deliberate,"  
18 that legally it means this, and I am quoting from an instruc-  
19 tion: "The word deliberate means formed or arrived at or  
20 determined upon as a result of careful thought and weighing of  
21 considerations for and against the proposed course of action.  
22 The word premeditate means considered beforehand."

23 Does that refresh your recollection?

24 A That was the understanding of those words that I  
25 had in my mind in my testimony.

26 Q And were you aware, going on further, were you  
27 aware of this definition contained in the same instruction:  
28 "The law does not undertake to measure in units of time the

length of the period during which the thought must be pondered before it can ripen into an intent to kill, which is truly deliberate and premeditated; the time will vary with different individuals and under varying circumstances. The true test is not the duration of time but rather the extent of the reflection. A cold, calculated judgment and decision may be arrived in a short period of time, but a mere unconsidered and rash impulse, even though it include an intent to kill, is not such deliberation and premeditation as will fix an unlawful killing as murder of the first degree. To constitute a deliberate and premeditated killing, the slayer must weigh and consider the question of killing and the reasons for and against such a choice, and having in mind the consequences he decides to and does kill."

Does that refresh your recollection of what you --

A The first part of what you read, I had not previously read or heard; the last few sentences I have been familiar<sup>with</sup>/and did use in my thinking.

Q The part about the slayer must weigh and consider the question --

A Yes.

Q -- of killing and the reasons for and against?

A Yes.

Q And you had learned, as I believe we discussed, that Mr. Manson advised his followers that there is nothing wrong in killing and that establishment people were already dead?

A Yes, in somewhat different words, I had learned

1 that.

2 Q But, in substance?

3 A Yes, that's correct.

4 Q It is also your opinion, is it not, that, I believe  
5 you told us, that Mr. Watson accepted the beliefs of Manson?

6 A Yes, at least most of them. He had some question  
7 when I talked with him about how much he believed or continued  
8 to believe, but basically he accepted --

9 Q I am talking about at the time back at the Spahn  
10 Ranch, not now.

11 A Yes, it was my judgment that he did accept the  
12 basic beliefs of Mr. Manson.

13 Q And were you aware or did you learn that Manson was  
14 in the habit of having evening lecture periods and songfests  
15 where his philosophies were discussed amongst the group and that  
16 Mr. Manson led the group in these discussions?

17 A No, I hadn't heard about that specifically. I  
18 heard about occasional lectures and meetings on sort of an  
19 impromptu basis, but not the nightly kind of thing you describe.

20 Q Well, I didn't mean to convey the impression it  
21 was nightly; but often, in the evening --

22 A I didn't know.

23 Q -- had you learned that Mr. Manson --

24 A I didn't know about those evenings --

25 Q -- that Manson did conduct group therapy sessions,  
26 so to speak?

27 A No, I had heard and read more about the so-called  
28 sexual therapy sessions, but not these group therapy sessions.

1 Q Is it your opinion, Doctor, that the constant  
2 interchange of Manson's ideas and thoughts amongst his  
3 followers had an effect on, you might say, reinforcing amongst  
4 the followers Manson's ideas? I think we discussed that?

5 A Yes, I definitely think it did reinforce them.

6 Q I may be redundant, but have we discussed, Doctor,  
7 the prolonged effects of LSD on a person such as represented  
8 by Mr. Watson?

9 In other words, these changes in personality and  
10 thought and ideation in someone such as Mr. Watson aren't the  
11 result of an acute LSD episode, but more likely the result of  
12 a prolonged period of ingestion of the drug, together with all  
13 the other forces of which we have been speaking?

14 A Yes, that would be true and we would also want to  
15 keep in mind the phenomenon of tolerances I mentioned this  
16 morning, the uncertainty of dosage and the fact that with  
17 prolonged, heavy use, the body adapts to it so that a larger  
18 dose is really not having any more of an effect than a very  
19 small dose.

20 Q Are you talking about the acute effect now --

21 A Chronic.

22 Q -- or a long-term effect on the mind of the user?

23 A I thought you were asking me about the long-term  
24 or prolonged effects --

25 Q Yes.

26 A -- that's what I was responding to.

27 Q I will ask you, isn't it your opinion that the use  
28 of LSD by Watson did have an effect on him as a result, not

1 only of the drug but the interaction of the ether forces and  
2 factors that we have been discussing?

3 A Yes, it is my opinion that it had some effect on  
4 him.

5 Q And it is your opinion that it had a harmful effect?

6 A Yes.

7 Q It is your opinion, Doctor, that if Mr. Watson did  
8 not have the type of personality structure that you found, but  
9 that he had a strong personality and was well-adjusted and  
10 goal oriented, that he probably would never have joined Hanson  
11 and his family, or if he had joined them, would have left after  
12 a short period of time?

13 A Yes, I would agree with that.

14 Q Is it your opinion, Doctor, that at the time of  
15 these homicides, Mr. Watson was suffering from no mental dis-  
16 order of any type or description; that he was a perfectly  
17 normal, healthy, mature individual?

18 A No, I do not think he was<sup>a</sup>/perfectly healthy and  
19 mature individual; but it is my opinion that he was not suffer-  
20 ing from the kind of mental disorder I have testified about  
21 earlier; that is, he definitely was not suffering from schizo-  
22 phrenia, from the psychotic depression or from organic brain  
23 damage.

24 The categories of psychiatry are so broad that they  
25 sometimes can be used to describe almost anybody as abnormal  
26 or having some type of mental disorder.

27 Q But would you think it unusual in the abstract  
28 that a person such as Mr. Watson would not, as a result of his



1 own underlying personality and all the forces that we have  
2 been discussing, suffer from some mental disorder, whatever it  
3 may be, at the time of these homicides?

4 A If you are --

5 Q Bearing in mind his background and history, too?

6 A Yes; yes, if you are referring to such things as  
7 passive dependent personality or other diagnoses that fall  
8 within the framework that is usually called "character dis-  
9 order," then he certainly falls within that category.

10 If, on the other hand, you were referring to what  
11 is called psychosis or schizophrenia or psychotic depression  
12 or organic brain damage, he does not fall into those categories,  
13 in my judgment, and did not at the time of the crimes.

14 Q In your opinion, wasn't Mr. Watson suffering from,  
15 at the very least, a thought disorder?

16 A His thinking, to me, as manifested by his behavior,  
17 was certainly grossly abnormal and antisocial; but thought  
18 disorder in psychiatric language is another word for schizo-  
19 phrenia, and I specifically do not think he was suffering from  
20 that thought disorder known as schizophrenia.

21 Q When we are discussing schizophrenia, is schizo-  
22 phrenia implied or manifested at times by delusional behavior?

23 A That is one aspect of it, frequently.

24 Q Can it be manifested, also, or can it be a symptom  
25 of schizophrenia if someone does a very bizarre, strange thing  
26 or acts, completely out of keeping with their past personality  
27 or character or history?

28 A It can be, but I'd have to qualify that in two

1 ways: One, if it stems from schizophrenia, then there would  
2 ordinarily and almost always have been a background of  
3 schizophrenia out of which that would clearly be seen to have  
4 come; and the other statement that I have to make on it is  
5 that most bizarre behavior and most things that are anti-  
6 social and destructive occur for reasons other than schizo-  
7 phrenia or the direct effects of drugs; and it is because of  
8 our desire to find a simple explanation for complex behavior  
9 that we often think that such a person who does such a terrible  
10 thing must be either crazy, meaning schizophrenic, or under  
11 the influence of a particular drug.

12 In most instances, they are neither.

20f.



10R-1

1 Q You are aware or you have learned, have you not,  
2 Doctor, that Mr. Watson didn't know any of the people that he  
3 killed?

4 A That was my general impression.

5 I vaguely recall one allusion in one of the testi-  
6 monies or depositions that he had in addition to some knowl-  
7 edge of the building or house and grounds, some knowledge of  
8 one of the people.

9 Q You were aware that the person he knew, that at  
10 one time lived there, had moved and that he knew he had moved --  
11 A man by the name of Terry Melcher?

12 A Yes. I am aware of that and was aware of it.

13 Q Did your information disclose that the motive, if  
14 any, for these homicides was not personal gain, in a sense a  
15 monetary gain, I should put it?

16 A It is my impression that if that was a motive at  
17 all, certainly not a major motive. I recall some money being  
18 taken.

19 Q Allegedly some money was taken?

20 A Yes, and a wallet, I believe.

21 Q But you have been informed that that wasn't by any  
22 means the primary motive, assuming there was a motive?

23 A I wouldn't say I have been informed of that. I  
24 concluded that myself after reading all the materials and  
25 talking with Mr. Watson.

26 Q And is it your opinion that there was no motive  
27 of revenge or jealousy as we often see in domestic relation  
28 matters where husband or wife or girl friend or boyfriend --

1           A       You are referring to in Watson's mind?

2           Q       Yes.

3           A       It is my opinion that there was no such motive.

4           Q       You would describe these killings as senseless,  
5 would you not?

6           A       Yes.

7           Q       Did you also take into account the manner of the  
8 homicides themselves, the manner in which the people met their  
9 death, the multiple stab wounds and multiple gunshot wounds,  
10 what you might call an overkill?

11          A       Yes. Along with that, I took into account the  
12 number of people involved in carrying out the killings.

13          Q       In other words, you have either read or been  
14 informed about the autopsy results?

15          A       Yes.

16          Q       Doctor, bearing in mind all the things we have  
17 discussed this afternoon, is it still your opinion that Mr.  
18 Watson, to use the term of the instruction, weighed and con-  
19 sidered the question of killing and reasons for and against  
20 such a choice and having in mind the consequences, did it?

21          A       It is my opinion for all the reasons I mentioned  
22 this morning, the enormous number of supporting details before,  
23 during, and after the crimes.

24          Q       When we talk about weight and consider, the  
25 reasons for and against killing, we are talking about reflective  
26 thought, are we not, not just as opposed to primitive concrete  
27 thinking?

28          A       You are certainly implying a lot less, a minimal

1 degree of reflection, certainly?

2 Q What evidence is there, Doctor, that you have found  
3 that Mr. Watson was not only able to but actually did weigh  
4 and consider the question of killing and the reasons for and  
5 against such a choice, bearing in mind the drugs, Manson's  
6 thoughts, Watson's acceptance that there is nothing wrong with  
7 killing and all the other aspects in this case that you know  
8 about and that you have been questioned about through Mr. Kay  
9 and myself.

10 A All of these different factors that I myself  
11 stressed, and that you have again brought out this afternoon,  
12 culminate in at the point where Watson received instructions to  
13 kill and then decided himself to set forth to kill.

14 If you would like me to go through the list of all  
15 the factors I took into account, I'm willing to do that again.  
16 It would be essentially the same list, perhaps in a somewhat  
17 different order as I gave this morning.

18 All of those to me confirm that he was able to  
19 reflect and to know what killing meant, to know how to kill,  
20 to know when to use a gun and knife it would end somebody's  
21 life, to know that if he was caught doing so he would be  
22 punished for it, to attempt to hide what he was doing before-  
23 hand and afterwards.

24 Q Knowing how to use a gun and knife is not neces-  
25 sarily a concomitant of reflection on weighing and considering  
26 the pros and cons against on the subject of killing?

27 A I think I said using a gun and knife to kill as  
28 opposed to an abstract concept of what a gun and a knife are.

1 Q Now, you found that Mr. Watson intended to kill  
2 the people that he --

3 A Yes.

4 Q -- participated in killing?

5 A Yes, definitely.

6 Q That doesn't mean legally, does it, as you under-  
7 stand the law, that because he may have formed an intent to  
8 kill that he deliberated and premeditated the killing?

9 A I have considered each of these points individually.  
10 I realize that no one of them by themselves means the same as  
11 the other one.

12 Q There is a difference between having an intent to  
13 kill, isn't there, under the law, and deliberately and with  
14 premeditation killing?

15 A They are separate concepts, yes, but some of the  
16 same factors that tend to show that one existed are also  
17 relevant to show that another existed.

18 Q All Mr. Watson was doing, wasn't he, was following  
19 Mr. Manson's instructions, following the man he believed was  
20 some kind of a deity, his instructions; isn't that right?

21 A No, it is not right. That is certainly one com-  
22 ponent but what he was doing was much more than that and went  
23 well beyond what could be expected of the influence of one  
24 human being on another.

25 Q He was told to go out and kill everybody at the  
26 Tate house, wasn't he?

27 A Yes, he was.

28 Q And he did it, didn't he?

1           A     Yes.

2           Q     And in that sense, he followed Mr. Manson's instruc-  
3     tions to the letter, did he not?

4           A     Yes, but that is not all that happened.

5                 He also made a number, innumerable, so many steps  
6     along the way that could determine his own thinking and his  
7     own responsibility.

8           Q     Let's assume for the sake of discussion that he  
9     did drive the car to the Tate residence?

10          A     Okay.

11          Q     Okay?

12          A     Yes.

13          Q     This is a mechanical act, more or less, is it not?  
14     It is not necessarily a function of premeditating murder?

15          A     It is much more than a mechanical act, but by  
16     itself it certainly is not diagnostic of premeditative murder.

17          Q     Let's assume he took a knife and gun with him?

18          A     Uh-huh.

19          Q     That factor isn't of itself diagnostic of premedi-  
20     tated murder, is it?

21          A     No.

22          Q     And let's assume, as we know, that he killed every-  
23     body in the house.

24          A     Yes.

25          Q     This indicates an intent to kill but it doesn't  
26     necessarily indicate premeditation and deliberation, does it?

27          A     In terms of the legal definition, the fact that he  
28     killed them does not in and of itself indicate those things.

1 The other factors indicate them.

2 Q Let's assume just for the sake of this discussion  
3 that he did tell the girls afterwards to wipe fingerprints off  
4 the knives and throw them out the window and did tell them to  
5 throw the clothing out the window.

6 A Yes.

7 Q We are just assuming this?

8 A Yes.

9 Q And let's assume, in other words, that he did do  
10 certain things that indicate an intention on his part to con-  
11 ceal the identities of the perpetrators.

12 Let's also assume that Mr. Manson's own thoughts  
13 were operating on Mr. Watson's mind -- and I am thinking  
14 specifically of helter-skelter, where, you know, the blacks  
15 were supposed to be blamed for these homicides.

16 A Yes.

17 Q Isn't Mr. Watson's activities after the homicides  
18 consistent with his acceptance of Mr. Watson's --

19 THE COURT: Mr. Manson's.

20 Q BY MR. KEITH: -- Mr. Manson's exhortations or  
21 thought processes that the blacks were to be blamed for these  
22 homicides and not the Manson family or any member of them?

23 A I don't think so. If he really believed that and  
24 assumed they would be blamed for it, then he would need to take  
25 no steps whatsoever to conceal his own involvement in it.

26 Q But I am assuming that Mr. Watson believed, or  
27 was following Mr. Manson's precepts that the blacks were to be  
28 blamed by society for these homicides?

1 A Uh-huh.

2 Q And therefore, thereby precipitate this so-called  
3 black-white revolution?

4 A Yes. And my point was if he really believed that,  
5 then he would not have needed to carry out the steps before,  
6 during, and after the killing that he did.

7 Q What do you mean? I don't follow you.

8 A That if a person has a delusional belief -- you were  
9 asking about delusions earlier -- if they actually have the  
10 belief that a certain racial group or religious group or  
11 cultural group is going to be blamed for a certain crime, then  
12 operating on that believe, they would in no way see themselves  
13 as being blamable or have anything to be worried about.

14 THE COURT: Doctor, may I ask you a question, sir?

15 THE WITNESS: Certainly.

16 THE COURT: From the time that Manson gave Watson the  
17 knife and the gun and told him to go to the Tate house and  
18 kill everybody there until the time Watson set out to do  
19 exactly that, do you feel he deliberated and weighed Watson's  
20 order?

21 MR. KAY: Manson's orders, you mean.

22 THE COURT: Manson's orders -- I beg your pardon.

23 THE WITNESS: Yes, your Honor, I do in terms of the  
24 legal definition as I understand it.

25 I am assuming in that determination that following  
26 the receipt of an order, a person within their own thinking,  
27 out of their own background and values and in terms of their  
28 own knowledge or lack thereof of consequences, et cetera, makes

1 their own decision as to whether they are going to do what  
2 somebody else either suggested or ordered that they do, and  
3 during that period of time is where the determination would be  
4 made about the legal standards we are discussing.

5 THE COURT: And you think he did go through these mental  
6 gyrations?

7 THE WITNESS: Yes, I do.

8 THE COURT: Would this be a good time to have a recess?

9 MR. KEITH: Yes.

10 THE COURT: Ladies and gentlemen, we will have our  
11 afternoon recess at this time.

12 Again, please heed the usual admonition.

13 (Recess.)

21f.



1 THE COURT: People against Watson.

2 All jurors, all counsel and the defendant are  
3 present.

4 Mr. Keith, you may proceed.

5 MR. KEITH: Q Doctor, what is your definition of  
6 mature reflection on a course of conduct?

7 A Well, mature, roughly defines, would indicate  
8 somebody who is of at least average intelligence; defined in  
9 terms of I.Q. level, from 90 to 110, who is able to generally  
10 relate within the society to other human beings, have some  
11 degree of give and take, some sense of society's rules and  
12 standard, some awareness of the prevailing ethics of the  
13 society.

14 There is no, I must say, no commonly accepted  
15 definition of "maturity." It is mistakenly, often, believed  
16 to go with a certain age; and there is a lot of vagueness about  
17 the concept.

18 But I would roughly define it in the manner I have  
19 described.

20 Q This, Mr. Watson didn't have; isn't that right?  
21 He didn't have that capacity, did he?

22 A No, I think within the summary --

23 Q The way you described it --

24 THE COURT: One at a time, Mr. Keith.

25 THE WITNESS: Yes, I think the way I defined it, he  
26 would fit in that definition of maturity.

27 I certainly don't consider him the most mature or  
28 responsible person I have met or talked with, but within the

1 broad definition, within a very complex heterogeneous society,  
2 I think he fits that definition.

3 Q BY MR. KEITH: Well, didn't you say in your report,  
4 Doctor, "Although his specific and general behavior," referring  
5 to Watson, "and life style are not such that they would be  
6 considered normal, mature or healthy in terms of psychiatric  
7 standards, Watson probably had no mental illness at the time  
8 of the crimes that would prevent him from forming this specific  
9 intent to perform murder"; didn't you say that?

10 A I did say that, but you didn't ask me what the  
11 psychiatric standards were. You asked me for my own definition  
12 of "maturity."

13 Q And you say in your report that Watson probably  
14 had no mental illness at the time?

15 A That is one part of that sentence, as you read,  
16 that it goes on to say that "would have interfered with" --

17 Q Are you telling us that Watson could have suffered  
18 from some mental disease or disorder at the time of the homi-  
19 cides?

20 A Yes, I have already mentioned what that could be:  
21 If somebody chose to deal with the character disorders or those  
22 definitions within psychiatry that are called passive-aggressive  
23 or passive-dependant people, mentally ill, then that person  
24 could be described by "mentally ill" by that definition; but  
25 not mentally ill if you are defining it more precisely in  
26 terms of schizophrenia, psychotic depression or the other  
27 things I have already described.

28 Q How do you describe the term "meaningful," if you

1 have such a definition?

2 A Well, I'd roughly --

3 Q In the sense of "meaningfully reflect on the  
4 gravity of his contemplated act."

5 A Understandably reflect or with some knowledge-  
6 ability reflect -- again, I think both legally and scientific-  
7 ally, it is a concept that has some ambiguity about it.

8 Q But definition, the opposite of "meaningfully" is  
9 "meaningless"; isn't it?

10 A If you see it in "either/or" ways, it could be  
11 a continuum where some people have greater or lesser degrees  
12 of meaningfulness.

13 Q And a synonym for "meaningless" would be "sense-  
14 less" wouldn't it; wouldn't that be one synonym?

15 A That would be one synonym for it, certainly.

16 Q And you have already told us these homicides were  
17 senseless, haven't you?

18 A By my standards, certainly.

19 Q By any normal person's standards, they are sense-  
20 less, aren't they?

21 A I think so.

22 Q Did you say in your report, Doctor, "As I pointed  
23 out in my testimony for the defense in the Manson family trial,  
24 have former brainwashing or reconditioning (reeducation) of  
25 the girls and Watson was carried/<sup>out</sup>by Manson through a combina-  
26 tion of social isolation, creation of strong dependency on  
27 him, extensive use of LSD type drugs and moral corruption."

28 You said that in your report?

1           A       Yes, and I have also said it in my testimony today.

2           Q       You don't differentiate between Watson and the  
3 girls, do you, as far as everyone's mental states were con-  
4 cerned at the time of the homicides participated in them?

5           A       Oh, yes, I do at the time of the homicides differ-  
6 entiate their mental states.

7           Q       But you don't differentiate the reconditioning or  
8 brainwashing process that went on between Manson and his  
9 family?

10          A       No, I would not differentiate at that point.

11          Q       Didn't you say at the last trial, Doctor, "That  
12 Manson's influence was the most significant factor of all  
13 which is involved in producing the antisocial conduct, and  
14 in particular the homicides that we are concerned about here"  
15 -- I will show you your testimony --

16          A       No, I'm sure you read it correctly. I certainly  
17 recall -- I didn't recall the exact words, but I certainly did  
18 say that and would say it; and I was saying, as I am sure you  
19 agree, in the context of one of the female defendants in a  
20 previous trial, in the penalty phase of that trial, and was  
21 not being asked specifically about the influence on Watson or  
22 any of the testimony or depositions or transcripts; and at  
23 that time I had not examined Watson and therefore was not in  
24 any way able to take those factors into consideration.

25                   My testimony there was based upon primarily Leslie  
26 Van Houton, who you were representing.

27          Q       Do you believe that Manson's influence on Leslie  
28 was greater than it was on Mr. Watson, now that you have --

1           A     Yes, I think so, for the additional reason I  
2 mentioned this morning: That in the Manson family, particularly,  
3 women played a strictly subservient and inferior role, and a  
4 woman, therefore, and specifically Leslie, would have been  
5 more dominated by the peer group influences which were expressed  
6 not only by Manson but by all the other males in that group  
7 living at Spahn Ranch.

22f.

22R-1

1 Q Have you learned, Doctor, that not only the girls  
2 but the men, too, with few exceptions, were subservient  
3 to Manson?

4 A That Manson was dominant, I have learned, but I'm  
5 saying that the women were at the bottom of the pyramid of  
6 which he was at the top and the men were in between.

7 Q Did anybody ever tell you that Watson gave any  
8 orders to Manson or that Watson ever disobeyed what Manson told  
9 him to do? Nobody ever told you that, did they?

10 A I seem to recall one instance, his leaving the  
11 ranch in effect disobeyed Manson's orders, that when he left  
12 for Texas, that was in violation of Manson's orders.

13 Q Did you learn that at one point Mr. Watson became  
14 frightened of Manson and frightened of losing his identity,  
15 so in the early part, or early part of '69 or late part of '68,  
16 he left the Manson family and lived with a friend of his named  
17 David Neale and David Neale's brother for a period of a month  
18 and a half or so?

19 A Yes. I remember that.

20 Q And then he went back to the family?

21 A Yes.

22 Q Isn't it your opinion, Doctor, that Mr. Watson --  
23 or rather Mr. Manson, succeeded in causing Mr. Watson to lose  
24 his identity as a result of Mr. Manson's manipulations of Mr.  
25 Watson's mind and the other factors we have been discussing?

26 A He succeeded along with already existing character  
27 weaknesses and value system and so forth of Mr. Watson and the  
28 influence of the chronic heavy use of the variety of drugs we

1 have talked about today.

2 Q So that in your opinion, didn't Watson actually  
3 believe that Manson was within him, was a part of him and that --

4 A No. In my opinion, and in terms of what he told  
5 me directly and in terms of the other depositions and trans-  
6 cripts available to me, he did not believe that Manson was  
7 within him. He was acting on his own volition.

8 Q What is the basis of that opinion?

9 A I meticulously discussed this whole area with him  
10 in the two hours I spent with him.

11 He did not even suggest that Manson was telling him  
12 directly what to do but only that Manson had had this influence  
13 on him in the past and at the time the killings were ordered.

14 He described hearing no voices whatsoever.

15 Q I didn't quite mean it that way. Wasn't it part of  
16 Manson's program, didn't he reiterate time and time again to  
17 his family, as a result of what you have learned, that everyone  
18 in the family was sort of a part of everybody else, that I am  
19 you and you are me and we give up this identity of ours as  
20 individualism and become one and all?

21 A No. My impression is somewhat different than that.

22 It is similar to what you describe but different  
23 in that Manson was not one and not equal with the rest, but  
24 communicated that he had -- that he was a superior being.

25 Q That is true.

26 MR. BUGLIOSI: Is that testimony or a question?

27 MR. KEITH: I haven't formulated the question yet.

28 Q Was it your opinion, or is it your opinion, that



1 all the members of this family, through Manson's conditioning  
2 program, succeeded in losing their individual identity?

3 A I would say they succeeded -- they changed their --  
4 their identity was changed and did change but they did not  
5 completely lose their identity.

6 Q But their ability to see themselves as individuals  
7 was seriously impaired, wouldn't you say?

8 A I would say that.

9 Q And wouldn't you say that Mr. Watson's thought  
10 processes were seriously impaired by all the interacting forces  
11 that we have been discussing?

12 A It depends on what you mean by thought processes.

13 Q The ability to think for himself, to make his own  
14 decisions?

15 A I think it is correct to say, or I would say, as  
16 you put it, that his thought processes were impaired, but I  
17 believe that he had a less than desirable ability to think for  
18 himself before he came under the influence of Manson, and this  
19 was intensified by his relationship with Manson and by the  
20 peer group influences and the other things I have talked about.

21 Q So that at the time of the homicides, Mr. Watson,  
22 wouldn't you say, was incapable of reacting critically to any-  
23 thing that Mr. Manson told him or reacting with any insight?

24 A I would not say he was incapable. I still -- I  
25 think he still retained the capacity of making an independent  
26 decision on killing.

27 Q Would you say that it would be difficult for him  
28 to make an independent decision?



1           A       I would say that he had some impairment of the  
2 ability to make a fully independent decision, but he still had  
3 that to a significant extent, still had that capacity or  
4 ability.

5           Q       I believe you told us that without the interaction  
6 of the factors under which Mr. Watson was operating, Mr. Watson  
7 would have never engaged in the course of conduct he did on  
8 these two nights of homicides; isn't that right?

9                   In other words, if Mr. Watson had never met Mr.  
10 Manson, he wouldn't be in this predicament now?

11           MR. BUGLIOSI: That calls for a conclusion, your Honor,  
12 speculative. It is a hypothetical, not based on the facts.  
13 It is irrelevant.

14           THE COURT: Sustained.

15           Q       BY MR. KEITH: Incidentally, Doctor, Watson never  
16 sent and got a change of clothing, did he? It was Hanson that  
17 had the girls get a change of clothing; isn't that right?

18           A       I don't know whether it is right. I do know in  
19 terms of what was told to me by Watson and the deposition and  
20 transcripts, that he carried a change of clothing, but I do  
21 not know who got it.

22           Q       Wasn't the changes of clothing already in the car,  
23 so far as you know, at the time they set off for the Tate  
24 residence?

25           A       I don't know whether they were in the car or who  
26 put them in the car, but to me, the key factor about the change  
27 of clothing was that he changed his clothing following the  
28 killings and saw to it that others changed their clothing and

1 washed themselves off, et cetera.

2 Q You read, didn't you, that Linda Kasabian assisted  
3 Watson to change his pants while Watson was driving down the  
4 street in the car?

5 A I believe it was to change his entire clothing.  
6 She steered the car while he did so.

7 Q Watson didn't tell any other girls to do something  
8 witchy before they set out on this mission, did he? It was  
9 Manson that told the girls that. You are aware of that, aren't  
10 you?

11 A Yes.

12 Q And are you also aware, or did you learn that prior  
13 to these homicides, Linda Kasabian and Susan Atkins on occasions  
14 went on what they call creepy-crawly missions where they went  
15 in houses and stole credit cards or burglarized automobiles?

16 MR. BUGLIOSI: That is assuming facts not in evidence.  
17 Linda Kasabian didn't testify to that, your Honor, that she  
18 ever entered any home. I can only remember once involving a  
19 car, so I think it is a mischaracterization of Mrs. Kasabian's  
20 testimony.

21 THE COURT: I think somebody testified that somebody did  
22 that.

23 MR. BUGLIOSI: Linda testified on one occasion a car  
24 was involved.

25 Q BY MR. KEITH: Let's assume then that Susan Atkins  
26 and Linda Kasabian on at least one occasion went out on what  
27 Linda termed a creepy-crawly mission for the purpose of  
28 stealing something.

1           Let's also assume that all the girls at the ranch  
2 from time to time panhandled, in other words, begged for some  
3 money to support the family down in the city.

4           Let's assume they also went on garbage runs where  
5 they would obtain groceries from the backs of supermarkets,  
6 in addition to doing certain chore around the ranch.

7           Doesn't this indicate to you, assuming these facts,  
8 Doctor, that the girls, although subservient to Manson generally,  
9 did perform functions on their own which required a certain  
10 amount of thought, a certain amount of conduct, and activity  
11 on their part that wasn't directly supervised by Manson?

12           A     Well, my reading of the testimony would lead me  
13 to conclude that the actions you described were direct examples  
14 of the women's subservience to Manson and to males in general,  
15 that they were ordered to do those things to help support the  
16 family.

23R-1

1 Q And you, of course, were never at the Spahn Ranch?

2 A No, I was never there.

3 Q So none of us really know for a fact whether or  
4 not one or more of the girls from time to time would take a  
5 more domineering attitude than you think existed?

6 A My conclusions are based on my general experience  
7 with communes of that type and on the basis of all the testimony  
8 made available to me to study in this case.

9 Q Did you learn anything about Susan Atkins' character  
10 or personality as a result of your information, the information  
11 furnished you about this case and your own study?

12 A Yes, I learned that she retracted --

13 THE COURT: No, just yes or no.

14 THE WITNESS: Yes; yes, your Honor.

15 Q BY MR. KEITH: Did anybody ever tell you that she  
16 was rather the bossy type and recalcitrant?

17 A No, nobody has told me that.

18 Q Did you tell us, in your opinion, that Mr. Watson,  
19 before he had ever met Manson and started taking LSD, had a  
20 sort of a latent predisposition to kill somebody?

21 You told something about predisposition this  
22 morning?

23 A I don't recall using that word.

24 THE COURT: I used that word.

25 Q BY MR. KEITH: Is that your opinion, now that we  
26 are on the subject?

27 A Is what my opinion?

28 Q That Mr. Watson had some predisposition to kill  
a fellow human being without regard to all the other factors

1 that entered into his ultimate commission of these homicides?

2 A If you mean by "predisposition," a hereditary or  
3 constitutional thing, no, I do not think he had such a pre-  
4 disposition, that he was doomed by his hereditary to do this  
5 kind of thing.

6 Q Nor do you think he was doomed by his constitution  
7 to do this sort of thing, either, did you?

8 A Constitutional factors, as used in medicine, refers  
9 to physical changes in the body or physical infirmities or  
10 genetic limitations or something like that; so I don't think  
11 that his constitution doomed him to committing these killings.

12 Q Incidentally, did you ever visit a commune that  
13 was on the same order as Charlie Manson's commune, run the same  
14 way, with the same thought system, same captive audience?

15 A Not as far as I know. I mean by that that I have  
16 not visited a commune where the philosophy was spelled out as  
17 clearly as I have been able to determine about the Manson  
18 commune.

19 Q In your report, Doctor, didn't you say towards the  
20 end, "He," referring to Watson, "demonstrated the mental capacity  
21 to deliberate, to premeditate, to harbor malice and to meaning-  
22 fully reflect upon the gravity of his action to the extent that  
23 he knew what the result would be for his victims and what it  
24 could be for himself if caught"?

25 You said that, didn't you?

26 A Yes, I did.

27 Q Before --

28 A Yes.

1           Q       In other words, it is your opinion that he could  
2 reflect on the gravity of his actions to the point where he  
3 would know that if he stabbed somebody in the chest or shot  
4 somebody in that area, they'd probably die and that he also  
5 realized that if he had gotten caught, he'd be possibly facing  
6 the gas chamber, as he is?

7           A       Yes. It was my opinion that those things were  
8 true, but that the sentence you quoted from was not seen to  
9 be exhaustive. It was in anticipation of also being able to  
10 supplement my written testimony -- or, my report, with the  
11 testimony I am giving directly in the courtroom today.

12          Q       You said in your report that he could -- you didn't  
13 even use the term "naturally" in your report, did you, in that  
14 particular sentence; you just said "meaningfully reflect";  
15 isn't that correct?

16          A       That's my recollection, yes.

17          Q       And "meaningfully reflect," only to the extent that  
18 he knew what the result would be for his victims: Death, in  
19 other words?

20          A       I again point out or reiterate what I just said,  
21 that I did not mean that to be "just," but that was a summary  
22 and an attempt to be concise, and with the understanding that  
23 the conclusions would be supplemented by far more exhaustive  
24 testimony here in the courtroom.

25          Q       Well, it was your intention to be precise as  
26 possible in your report, didn't you, because you knew it was  
27 going to be used by the prosecution and the defense; in other  
28 words, be available to them?

1           A       Yes.

2           Q       And now you are telling us that you weren't as  
3 precise in your report as you might have been?

4           A       I didn't say that. I think I was as precise as  
5 one should be in commenting specifically on each of the ques-  
6 tions the Court asked of me and giving my conclusions on that.

7           The concept you seem to be talking about was, was  
8 I as detailed as you would like me to be in giving each and  
9 every reason for each of the conclusions which I did give in  
10 the report; and I chose not to do that because I had covered  
11 it in the body of the report in several different ways.

12          Q       Well, apparently, then, Doctor, you equate "nature  
13 and meaningfully reflection on the gravity of one's acts" with  
14 the concept that Watson knew that if he stabbed people repeated-  
15 ly, they'd die?

16          A       I don't equate them; I had in front of me at that  
17 time the legal definitions and had it well in mind; that is,  
18 the separate definitions of each of those concepts.

19          Q       Is it your opinion that in between the time that  
20 Manson told Watson to kill everybody in the house and to do  
21 it as gruesomely as possible and the time he got in the car,  
22 that Watson at that time -- or between those periods of time,  
23 however long it may have been -- maturely and meaningfully  
24 reflected upon the gravity of his contemplated act; and after  
25 doing so, he decided to do it?

26          A       Yes, that is my opinion.

27          Q       Do you have an opinion as to the extent of Mr.  
28 Watson's reflection during that period of time?



1 Do you think it was deep and meaningful and he  
2 weighed the pros and cons and he cogitated and that he thought,  
3 "Gee, I wonder if I ought to go through with this or not? It  
4 is a terrible thing to do, but having everything in mind, I  
5 think I will go ahead and do it anyway?"

6 Do you really think he sat down or --

7 A I have no way of ascertaining. I attempted to do  
8 this with him and in studying all the information available,  
9 no way of ascertaining the exact details that you were attempt-  
10 ing to reenact there, but I felt there was certainly sufficient  
11 grounds, on the basis of all the information available, to  
12 fulfill the legal standard, as I understood it, of mature and  
13 meaningfully reflect, and I again state that he was and did  
14 maturely and meaningfully reflect on these killings.

15 Q Well, Mr. Watson, himself, told you he more or  
16 less acted like a robot, didn't he -- I mean, in substance,  
17 not in those words?

18 A He brought that up in the context of a very long  
19 and detailed examination by me, where a good deal of the time  
20 -- in fact, most of the time -- what he said did not indicate  
21 he was acting like a robot and most of the time he did not  
22 claim to be acting like a robot.

23 These were brief mentions in the total picture and  
24 did not dominate the interaction or dominate the impression  
25 he sought to give me.

26 Q Well, Doctor, isn't that really the way it came  
27 down?

28 A That he was a robot?



1 Q That he was a robot, really and truly; that that's  
2 the way he reacted to Manson's order to go out and kill; that  
3 he just did it without any thought, without any reflection,  
4 mature and meaningful reflection, as you understand the term?

5 A Not at all. I believe there is ample evidence that  
6 he did not act as a robot; but on many different bases, showed  
7 that he was acting as an individual and was far from being an  
8 automaton.

9 Q Many different bases?

10 A Are you referring to his ability to drive the car  
11 to the location, assuming that he did do so?

12 A I wouldn't single out and have not singled out any  
13 one thing. The driving of the car, the climbing of the tele-  
14 phone pole, the cutting of the wires --

15 Q Let me --

16 A -- and the whole sequence of things I have des-  
17 cribed are all part of the basis for my conclusion.

18 Q But how does, Doctor, does cutting telephone wires  
19 and driving to the scene and using the knife and the gun, how  
20 does that comport with necessarily, with meaningfully and  
21 mature reflection or deliberation or premeditation, weighing  
22 the pros and cons?

23 A I don't see the connection between doing these  
24 physical acts that you have told us about weighed on you  
25 heavily in reaching your decision or your diagnosis, and  
26 mature and meaningful reflection.

27 I don't see the juxtaposition there.

28 A Well, I have stated that I feel there are certain

1 inadequacies in the definition of "maturity" and "meaningful-  
2 ness." And after all, that is a legal definition.

3 I'm sure there will be some discussion of it here  
4 in the courtroom, but in terms of the information available to  
5 me on how it has been defined by the courts, I felt these  
6 acts, the ones that you summarized, plus the stopping of Mr.  
7 Parent's car, the deliberate shooting four times in the head,  
8 the moving of the car afterwards and each and every one of the  
9 other things I have summarized, do speak directly to that  
10 question and to the other questions that I was faced with  
11 answering as best as I could.

24f.

MAR-1

1 Q Didn't the shooting of the Parent boy, as you know  
2 how it happened, create the feeling in you that Mr. Watson  
3 just automatically, without any thought or feeling or emotion  
4 whatsoever, just went up to the car and pumped four bullets  
5 into this young man?

6 A No, quite the opposite. He is telling the girls  
7 to hide, the means he used or the way he carried out the  
8 stopping of the car, his action in hiding the car and after  
9 killing Mr. Parent, I think all indicate that he was not  
10 acting in any robot-like manner, but was able to plan, premeditate,  
11 carry out the full intent as defined by the law.

12 Q You are assuming now that he actually did tell the  
13 girls to go hide in the bushes?

14 A Yes, but that is only one component as I just  
15 stated of my conclusion.

16 Q I understand that. Doctor, you don't know what  
17 Mr. Watson thought about, do you, from the time Manson ordered  
18 him to go kill to the time he got in that car, drove off, or  
19 got in the back and laid down, whichever the case may be?

20 You don't really know what he thought about, do  
21 you?

22 A No.

23 Q If he thought about anything?

24 A I just know what he told me and what others say  
25 he did during that period of time.

26 Q As a matter of fact, you really don't know whether  
27 Mr. Watson had any thoughts at all from the time Manson told  
28 him to go kill and gave him the knife and the gun to the time

1 he got in the car and drove off, do you?

2 A I don't know for a certainty, but since the mind  
3 is continuously functioning when you are not unconscious, I  
4 think it is safe to presume he had some thoughts.

5 Q It is fairly safe to assume, is it not, Doctor,  
6 in the light of all the circumstances of this case, that Mr.  
7 Watson said to himself, "By God, I am going to do just what  
8 Manson told me," boom, period. Isn't it safe to assume that?

9 A In part. I am sure that was part of his thinking  
10 but I think there was much more to it than that.

11 Q You really think, Doctor, that Mr. Watson gave the  
12 matter any further thought whatsoever between the time he was  
13 told to kill and the time he got in that car, beyond what we  
14 have just said?

15 A I am convinced that he did and that there are  
16 repeated evidences that he was considering throughout the  
17 journey there and while there and after the killings the nature  
18 of this act, the consequences, and all these other aspects.

19 Q But you can't tell us, of course, what he thought?

20 A No. I don't pretend to be a magician or a mind-  
21 reader.

22 Q You are really guessing, aren't you, about what  
23 Mr. Watson had in his mind?

24 A No. Guessing would be an incorrect term. I am  
25 making a judgment based on many years of experience in criminal  
26 psychiatry, with drug abuse, and with situations similar to  
27 this and on the basis of what I considered and optimal inter-  
28 view and examination with a very cooperative defendant and

1 on the basis of having an enormous number of depositions,  
2 transcripts, and independent cross-check on the testimony.

3 So I would call that much more than a guess.

4 Q You never have run into a case like this one  
5 before, have you, though?

6 A I have run into many people under the influence of  
7 many different drugs, many people charged with murder and with  
8 a variety of other crimes, but each case certainly must be  
9 considered individually and no one is exactly like another.

10 Q You didn't answer my question. You have never run  
11 into a case as weird as this one, have you?

12 MR. BUGLIOSI: Objection as calling for a conclusion of  
13 the witness and is irrelevant.

14 THE COURT: Sustained.

15 Q BY MR. KEITH: You have told us you, based your  
16 opinion in part of your previous experience -- have you ever  
17 been exposed in a professional capacity to a case before where  
18 the facts in any way approached the facts and circumstances  
19 of this case?

20 MR. BUGLIOSI: Immaterial and irrelevant.

21 THE COURT: I will allow him to answer that.

22 THE WITNESS: Yes. There are a number of cases that  
23 have aspects that are directly related to this case.

24 I have been involved as an expert witness in  
25 several cases of multiple murders and at least two of those  
26 cases had a history of extensive use of alcohol or other drugs  
27 that was brought into the testimony and required a lot of  
28 evaluation and I have been involved in cases that involved the

1 hippie subculture, in many different ways that bear upon this  
2 case, and communal living, other aspects that are relevant.

3 Q Incidentally, Doctor, did you record any of your  
4 interview with Mr. Watson?

5 A I recorded none of it and would not have thought  
6 of doing so without his permission.

7 Q Do you have in your report everything he may have  
8 told you?

9 A No. He talked a lot about the details of the food  
10 in the jail and a variety of other things similar to that that  
11 would have no relevancy to this case.

12 Q Doctor, do you consider the use of marijuana  
13 dangerous at all?

14 MR. KAY: That is irrelevant here.

15 Q BY MR. KEITH: I will withdraw it and put it this  
16 way: Did you consider the prolonged use of marijuana in this  
17 particular case of any significance in your overall finding?

18 A Yes.

19 Q It just adds to the other drugs that were taken  
20 by Watson and the other members of the family?

21 A No. I would say more specifically than that.

22 A person is more likely to have an adverse reaction  
23 to marijuana, if they have been a chronic heavy user of LSD  
24 or other psychedelic hallucinogenic drugs.

25 Q What is a psychological definition of immaturity?

26 A Not as separated from concepts of age. There is  
27 no independent judgment on maturity that does not bring in the  
28 person's age and education and station in life and so forth,

1 and that is why I stressed earlier, I think it is imperfectly  
2 defined in our society.

3 Q But one of the things you noted about Watson was  
4 that by ordinary definition he was an immature person?

5 A Which was another way of restating this dependent  
6 aspect and passive aspect of his character that we have talked  
7 about.

8 Q He wasn't a mature individual by psychiatric stan-  
9 dards either, was he?

10 A That can only be answered by saying that probably  
11 most psychiatrists would not feel he was mature, but immaturity  
12 per se is not a psychiatric diagnosis.

13 Q Did Watson tell you when he was in the car on the  
14 way to the Tate residence, he was fast asleep or he was sort  
15 of asleep or on a trip?

16 A He definitely did not say he was on a trip. He  
17 did say he slept during that journey by car to the Tate residence.

18 Q And he did tell you that he had taken dangerous  
19 drugs that day?

20 A Yes.

21 Q And also on the day of the La Bianca homicide?

22 A He told me that but he gave me no description of  
23 any symptoms that would be consistent with that.

24 Q You didn't believe him when he told you that,  
25 apparently?

26 A For that reason that there was no internally  
27 corroborative testimony from him. He did not describe any  
28 effect of any drugs as entering into his behavior or thinking



1 in the course of the day.

2 Q Did you ask him?

3 A I certainly did.

4 Q He didn't tell you anything that made you feel that  
5 he was suffering from a drug-induced episode?

6 A He believed that when he described or said that he  
7 was asleep that he was describing a drug related phenomenon,  
8 but he didn't tell me anything that on its own merits is a  
9 symptom of being under the influence of LSD, belladonna or  
10 speed.

11 MR. KEITH: I don't have any further questions.

12  
13 REDIRECT EXAMINATION

14 BY MR. KAY:

15 Q Just a very few questions, Doctor.

16 Doctor, did you take Mr. Watson's personality  
17 structure and the effects of chronic use of LSD on this person-  
18 ality structure into consideration in formulating your diagnosis  
19 of Mr. Watson's mental state at the time of these two nights  
20 of murder?

21 A Yes, I did.

22 Q And when you testified in the penalty phase of  
23 the Tate-La Bianca trial, the first trial, you testified only  
24 as to Leslie Van Houten; isn't that true?

25 A That is correct.

26 Q And you were called to be a defense witness by  
27 Mr. Keith?

28 A That is correct.



1 Q And did you learn from Mr. Keith when Susan Atkins  
2 recanted her testimony in front of the Grand Jury?

3 A Yes, I did.

4 Q And what did you learn from Mr. Keith?

5 A That she recanted it after she had changed lawyers  
6 and after she had talked with Mr. Manson.

7 Q Now, in reading the testimony of Linda Kasabian,  
8 and considering all the depositions and other transcripts and  
9 reports that you did in this case, did you feel that Linda  
10 Kasabian had any ax to grind with Tex Watson?

11 A None whatsoever. The testimony seemed to indicate  
12 some concern on her part for him.

13 Q In your interview with Mr. Watson, did you take  
14 extensive notes?

15 A Yes, I did.

16 Q Numerous pages of notes?

17 A I would say roughly 12 to 15 pages of single-spaced  
18 handwritten notes on legal-sized paper.

19 Q And from these 12 or 15 pages you took some  
20 excerpts from that to put in your report?

21 A I wouldn't say excerpts. I sensitized the entire  
22 thing and picked out the parts that I thought were directly  
23 relevant and significant and attempted to prepare a concise  
24 report that got directly to the questions raised by the Court.

25 Q Mr. Keith asked you to consider, say, the driving  
26 to the Tate house by itself or the carrying of the gun and  
27 knife by itself and he asked you does this show mature and  
28 meaningful reflection, or does this item show deliberation and

1 premeditation.

2 Did you consider items separately or did you look  
3 at the total picture of Mr. Watson's actions on these two  
4 nights of murder in formulating your opinion?

5 A The total picture, not an individual item by  
6 itself.

25f.

15R-1

1 Q In your opinion, did Mr. Watson display an intention  
2 to kill the victims on these two nights of murder?

3 A Yes, he did.

4 Q And did he display that intention before he killed  
5 them?

6 A Yes, he did.

7 Q And, in your opinion, did Mr. Watson show a  
8 willingness to kill the victims on these two nights of murder?

9 A Yes, he did.

10 Q And, in your opinion, did Mr. Watson show thought  
11 and calculation on these two nights of murder?

12 A Yes, he did.

13 Q And did he show thought and calculation before the  
14 time of the murders?

15 A Yes.

16 Q And, in your opinion, did Mr. Watson consider  
17 beforehand the idea of killing these people before he killed  
18 them?

19 A Yes, he did.

20 MR. KAY: No further questions. Thank you.

21 MR. KEITH: Nothing further.

22 THE COURT: Thank you, Doctor; you may be excused.

23 THE WITNESS: Thank you, your Honor.

24 THE COURT: Ladies and gentlemen of the jury, at this  
25 time we will recess until Monday morning at 9:30.

26 Once again, do not form or express any opinion  
27 in this case; do not discuss it among yourselves, let no one  
28 else talk to you about this case, keep your minds open.

1 And please, heed my admonition about listening to  
2 or reading anything in the news media. Thank you.

3 Monday morning at 9:30.

4 (At 4:00 p.m., an adjournment was taken until  
5 Monday, September 27, 1971, at 9:30 a.m.)  
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