The Last Psychological Evaluation of Charles Manson: Implications for Personality, Psychopathology, and Ideology

Tod A. Roy1, Joni L. Mihura2, Alan F. Friedman3, David S. Nichols4, and J. Reid Meloy5

1 Phoenix, Arizona, United States
2 Department of Psychology, The University of Toledo
3 Department of Psychiatry and Behavioral Sciences, Northwestern University
4 Oregon State Hospital, Salem, Oregon, United States
5 San Diego Psychoanalytic Center, San Diego, California, United States

Charles Manson gained notoriety and infamy for orchestrating the “Tate–LaBianca” murders of seven individuals in August 1969. In 1971, he received the death penalty for his involvement in these killings. The death penalty was invalidated in 1972 by the U.S. Supreme Court. He served out his life sentence until his death in November 2017 in the California Department of Corrections at the age of 83. During the course of his confinement, Manson was evaluated many times by psychiatrists and psychologists. His diagnoses ranged from various personality disorders to schizophrenia, undifferentiated type. In August 1997, Manson was transferred to Pelican Bay State Prison to serve a Secure Housing Unit (SHU) term for a serious rule infraction. A comprehensive psychological evaluation was conducted there using the following instruments: the Rorschach Psychodiagnostic Test, the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2), Wechsler Adult Intelligence Scale–Revised (WAIS-R) Similarities and Vocabulary subtests, the Test of Non-Verbal Intelligence, Version 2 (TONI-2), the Wide Range Achievement Test–Revised (WRAT-R) Reading subtest, and the Psychopathy Checklist–Revised (PCL-R). This 1997 evaluation and related test results only became publicly available after Manson’s death in 2017. Therefore, this study contains the first publication of psychological test data from Charles Manson. Noted assessment professionals recently rescored and interpreted the MMPI-2 and Rorschach (i.e., R-PAS). The results are presented and discussed in the context of his personality, noted psychopathology, the question of psychosis, and the threat of current extremist ideology referred to as “accelerationism.”

Charles Manson gave the first author permission to publish these findings at some future date. The California Department of Corrections gave permission to publish these findings after Manson’s death. Joni L. Mihura thanks Gregory J. Meyer, Jessa Dmytryszyn, and Maarten Vanhoyland for conducting the blind scoring of Charles Manson’s Rorschach. She also thanks Kim Görner for transcribing Manson’s online interviews to evaluate for the presence of formal thought disorder. The opinions expressed in this study are solely those of the authors and do not necessarily reflect the opinions of their affiliations. The authors wish to dedicate this study and its findings to the victims of Manson’s crimes in the hope that such clinical insights might help prevent similar future tragedies.

Joni L. Mihura is a part owner of a company that publishes the Rorschach Performance Assessment System (R-PAS) test manual (Meyer et al., 2011) and associated products. J. Reid Meloy is the owner and developer of the TRAP-18 (Terrorist Radicalization Assessment Protocol) and derives income from his exclusive license to Multihealth Systems, Inc. (mhs.com) for trainings and publications.

Correspondence concerning this article should be addressed to J. Reid Meloy, San Diego Psychoanalytic Center, 4455 Morena Blvd., San Diego, CA 92117, United States. Email: reidmeloy@gmail.com
Public Significance Statement
This study is an analysis and interpretation of a 1997 evaluation, utilizing psychological tests and measures, of Charles Manson, probably the most notorious criminal of the 20th century. The significance of this original evaluation and the contemporary interpretation of the data is its challenge to the traditional belief that Manson had schizophrenia, the elaboration of his mental and personality disorders, and its relevance to his emergence as a role model for neo-Nazi and other extreme right-wing terrorist groups over the past decade in the United States.

Keywords: Rorschach, MMPI-2, PCL-R, threat assessment, terrorism
Supplemental materials: https://doi.org/10.1037/tam0000197.supp

No other criminal in the 20th century captured the imagination of the American public as did Charles Manson. Even though he did not physically participate in the killings he orchestrated with members of his “Family” in August 1969, which took the lives of seven individuals over the span of 2 days, the words “helter-skelter,” and the names “Tate–LaBianca” continue to resonate in the criminological and forensic psychological and psychiatric literature. Even today, Manson has become a hero of the extreme right, including the neo-Nazi groups Atomwaffen and the Base, known for their desire to accelerate a global race war. Manson himself wrote of the race war he imagined that his killings would initiate; yet, as in most cases, his grandiose fantasies fell short in the face of the reality of his crimes, horrible as they were.

The Murders and His Sentencing
Charles Manson was convicted of seven counts of murder in the first degree and one count of conspiracy to commit murder in Los Angeles, California, in 1971. The victims were 8.5-month-pregnant actress Sharon Tate, the wife of Roman Polanski, and her friends, coffee heiress Abigail Folger, Polish writer Wojciech Frykowski, celebrity hairstylist Jay Sebring, and Steven Parent, a friend of the property’s caretaker. Rosemary and Leno LaBianca were murdered the following evening. The additional sheer brutality and bizarreness of the murders carried out by a hippie cult arguably on lysergic acid diethylamide (LSD) captured global attention. The power and control Manson had over his followers, as well as his bizarre antics and grandiose need for attention, contribute to the status and appeal that he holds even today.

In 1971, Manson was sentenced to death along with his five codefendants. However, in 1972, the U.S. Supreme Court decision in Furman v. Georgia 408 U.S. 238 (1972) invalidated all death penalty cases in the United States. Manson’s sentence was commuted to life imprisonment with the possibility of parole in 1977. Manson died on November 19, 2017, of cardiac arrest and complications from colon cancer and respiratory failure at the age of 83.

Context of the Evaluation
In August 1997, Charles Manson, 63 years old, was transferred to Pelican Bay State Prison for drug trafficking charges while in prison. He was suspected of LSD and cannabis use in the previous few months. Pelican Bay—otherwise known as California’s “Super Max” prison—housed the most dangerous inmates who were serving life or long sentences (i.e., 25 to life with the possibility of parole). The secure housing unit (SHU) was constructed specifically as a disciplinary unit to house inmates found guilty of committing crimes while in prison. Being housed in the SHU meant being locked in solitary confinement in a cell for nearly 24 hr a day, 7 days a week. Yet, at the time, Pelican Bay was under a federal court mandate (Madrid v. Gomez 90-3094 N.D. Cal) to clear its SHUs of inmates with mental illness. Manson could not be housed in the prison’s hospital clinic because the health care manager viewed him as a threat to females, and the staff was predominately female. Therefore, Manson, having previous diagnoses of a severe mental disorder, was placed in a converted cell block that had become Pelican Bay’s Psychiatric Services Unit (PSU).
The PSU was the treatment program for those inmates found to be suffering from a severe mental disorder that interfered with their ability to function and “program” in a prison environment. The court-ordered treatment mandated 10 hr out of cell time per week, individual and group counseling, recreation time with a recreation therapist, and monthly psychiatric visits to monitor medication effectiveness. Group treatment rooms contained stainless steel cubicles (cages) 30” × 80” × 36”, with Plexiglas installed on all sides, their adjacent sides butted together. Each had a welded steel plate bench to sit on. Each door was made of steel mesh and covered with Plexiglas, with a cut in cuff port. Charles Manson was seen in one of these interview cells for each phase of the evaluation.

In sum, the 1997 evaluation was to determine if Manson had an active Axis I disorder, which would allow him to be housed in the psychiatric unit rather than the SHU. Pelican Bay, however, did not have psychological test materials. Fortunately, the first author had just been hired in June of that year to develop an assessment team to meet the court’s mandate to evaluate inmates to determine the appropriateness of SHU housing. He was given permission to use his own materials with the stipulation that he would not release the assessment findings or raw test materials until after Manson’s death.

Manson Personal History

Manson was born in November 1934, to 16-year-old Kathleen Maddox, a runaway from a religiously oppressed home environment. Manson’s biological father appears to have been Colonel Walker Henderson Scott, Sr., against whom Kathleen Maddox filed a paternity suit that resulted in an agreed judgment in 1937. Manson may never have known his biological father. His mother was described as having an alcohol use disorder. She supported herself as a sex worker. Manson’s early childhood through his preadolescent years was marked by multiple abandonments by his mother and rescue by his maternal grandparents.

When Manson was 5 years old, his mother was arrested for armed robbery and sentenced to 5 years in prison. He lived with his mother’s sister and her husband, and it was during this time that his documented criminal history began. His mother was released from prison when he was 8, and he lived with her for the next few years. When he was 12 years of age, his mother went to court to claim hardship and an inability to care for Manson. He was placed in the Gibault School for Boys in Terre Haute, Indiana, his first placement in an institution of the many that were to follow. This final abandonment and rejection left Manson permanently emotionally scarred. Despite his many attempts to reunify with her, she would always return him to Gibault. After his last escape, he was then placed in Father Flanagan’s Boys’ Town, but within 4 days, Manson left and started his life of serious crime: car theft, armed robbery, and later pandering. He was 13 years old when he entered the juvenile justice system.

His life in juvenile institutions was abusive. He was raped and beaten throughout his many placements, resulting in transfer to ever more secure and stricter institutions. As he progressed through these institutions, he became the aggressor. At 19, he was released from what was then the National Training School in Chillicothe, Ohio. Within a year and a half, his parole was revoked, and he was returned to prison. This time he was sent to McNeil Island Federal Penitentiary. In March, 1967, when Manson was 32 years old and 2 years before the murders, he was to be released from prison. However, he had become completely institutionalized and accustomed to living in prison. He requested permission to stay. His request was denied.

Manson’s release from prison at 32 years old coincided with cultural upheaval in the United States, which included both the civil rights and anti-Vietnam War movements. He made his way to California; first to Berkeley, then to San Francisco, and on to Los Angeles, collecting along the way his devoted, mostly female, followers, in a cult known as the “Manson Family.”

Summary of Offenses

Manson’s first encounter with police occurred when he was 7 years old. He had stolen some neighbor children’s Christmas toys, piled them up, and set them on fire. By age 12, he was living alone in an apartment paid for by thefts and selling what he stole. He was caught stealing a bicycle at 12. One escape from a juvenile hall found him driving a stolen car at 13, and also his first violent offense, armed robbery. He raped a fellow inmate at 16 and committed spousal battery by age 20. Manson was convicted of the Dyer Act (transporting a vehicle across state lines), mail fraud,
forgery, violating the Mann Act (transporting a woman for the purposes of prostitution), and pimping. When on the streets, he supported himself by stealing and the illegal use of credit cards.

While in prison, Manson averaged three disciplinary citations per year of incarceration. They ranged from trafficking in drugs, possession of contraband (cell phones), and threatening, to assaulting staff. On the remote chance that he was released from prison, the U.S. Secret Service was to be notified due to threats toward their protectees. Manson was considered a threat to the President of the United States.¹

The 1997 Evaluation

When evaluated at Pelican Bay State Prison, Manson had spent 46 of his 63 years behind bars. Of those years, 25 were in the California Department of Corrections for the Tate–LaBianca murders. Of the 17 years he was not incarcerated, six constituted “free” time on the streets as an adult. The other 12 years were his childhood, which can be characterized as privation and suffering, in addition to the trauma of multiple abandonments and general neglect.

While incarcerated in the California Department of Corrections and Rehabilitation (CDCR), Manson was evaluated multiple times by psychiatrists and psychologists. He had been diagnosed variously on Axis II as schizotypal personality disorder with underlying paranoid and narcissistic features and antisocial personality disorder, based on his history and behavior as an adolescent and adult. Axis I diagnoses included schizophrenia: residual, undifferentiated, and paranoid, all found to be in “good remission.”

In 1976, his medical file documented that a psychologist had administered a battery of psychological tests that included the Rorschach, House–Tree–Person, and the Graham–Kendall Memory for Designs Test. No raw data were included. However, the psychologist concluded Manson functioned intellectually in the above-average range, was rambling and over productive in his Rorschach responses, and that his free associations to the blots and percept organization were diagnostic of schizophrenia. He noted that his emotional functioning was uneven and extreme. He diagnosed Manson with schizophrenia, paranoid type, in partial and fluctuating remission.

Psychological Evaluation Results and Interpretations

This evaluation began with the review of a videotape of Charles Manson being escorted to his cell in the Pelican Bay B Yard between 2:30 and 3:00 a.m. He was accompanied by three custody officers—one on each side, one following—and a fourth operating the video camera. Manson was shackled at the waist and ankles, wore an orange jump suit, and hobbled along, talking nonstop to the accompanying officers. He was resentful of his restraints, asked questions about his housing, and any facts he could elicit from them about his new surroundings.

Manson was showing his age; his gray hair was worn long and matched a full beard and mustache. The image of Manson as a waif-like figure when he was arrested had changed to a man with noticeable abdominal fat, yet he remained a man of small stature compared to the influence he had on American culture and his contribution to the annals of crime. Acutely aware of his notoriety and impact on those he came in contact with, he could be engaging in conversation and reality oriented, then imperceptibly shift into tangential associations of his mistreatment at the hands of custody and the public in general that sought to use him for its own purposes.

For those who have not experienced a prison environment, the setting for administering a psychological evaluation is not ideal. There are many distractions: inmate movements, loud noises, and intrusions by custody officers to determine staff safety and general security. Thus, test protocols had to be modified. For example, as previously noted, Manson was tested while in a steel mesh interview cage with his hands and feet shackled.

Manson’s initial meeting with the first author occurred about 7 hr after his arrival at the PSU unit. He was escorted to an interview room that contained a steel-mesh interview cage. When he saw the first author, he called out to him by name. He wore white underclothes and long underwear prison attire. Manson made direct eye contact, was affable, but frustrated by being placed in an interview cage. His mental functioning varied; his speech was clear and coherent, thoughts were

¹ A member of the Manson Family—Lynette “Squeaky” Fromme—did attempt to assassinate President Gerald Ford in 1975, for which she spent 34 years in prison. She was paroled in 2009 and wrote an autobiography.
goal-oriented, but with lapses wherein he became tangential and circumstantial, presenting his ideas in a loose, pressured manner, interrupting the examiner’s questions. Mood and affect varied, evidencing a broad range, shifting from affability to intimidation, to keep this examiner mindful of his power. In this regard, his omnipotence and grandiosity went far beyond his cell. He claimed responsibility for changes in CDCR custody procedures through to world events, referencing the Truman/MacArthur argument and tying himself to the McGivney Scotch Whiskey Empire.

Midway through the evaluation process which extended over 5 days, Manson changed his appearance. He shaved his hair from the middle part of his forehead, exposing a tattooed swastika just above the midpoint of his eyes. Manson was cooperative throughout the evaluation. He had moments when he would digress into specialized topics of his own interest regarding race, politics, and the environment. He was particularly imbued with the idea that some people can place their thoughts into the minds of others and control their behavior, and he felt that he was a victim of this phenomenon, and ironically denied taking any part in the Tate–LaBianca murders.

Manson was very aware of his own notoriety, if not being a character unto himself, which he used whether he had an audience of one or many. In effect, he viewed himself as a victim, making others rich while he remained poor and incarcerated. He harbored a wishful fantasy that he would be released from prison some day and that he would return to his beloved desert.

Manson’s mental status and presentation did not differ from documented presentations in his medical record throughout his 25 years in the California Department of Corrections. No significant changes, improvements, or deterioration were noted from previous examinations. Past examiners noted his odd speech and use of language described as figurative or literal, and that he spoke in magical mythical phrases. He was viewed as manipulative, crafty, and seductive, with a good grasp of human motivation. One evaluator described him as “intentionally mendacious.”

The 1997 Test Results

Previous cognitive testing in Manson’s files showed that he was tested at the National Training School for Boys in 1951. Although no raw data or records of the instruments used are available, he was found to have an intelligence quotient (IQ) of 109. A second assessment was conducted while he served time at Terminal Island, in San Pedro, California, in 1956; an IQ of 121 was reported. Again, no list of instruments used was available.

In the 1997 evaluation, to get an estimate of his intellectual functioning, the Wechsler Adult Intelligence Scale–Revised (WAIS-R), Vocabulary and Similarities subtests were administered. The Test of Non-Verbal Intelligence, Version 2 (TONI-2), a nonverbal intelligence measure, was also administered, followed by a testing of the limits procedure. He was also administered the Wide Range Achievement Test–Revised (WRAT-R) Reading subscale to get an estimate of his reading ability to take the MMPI-2.

Table 1 shows that Manson’s intelligence test results were in the average range. This includes his understanding of orally presented vocabulary and abstract verbal reasoning on the Weschler Adult Intelligence Scale–Revised (WAIS-R) and his nonverbal reasoning on the Test of Nonverbal Intelligence–2 (TONI-2). In contrast, consistent with his formal education level of third grade, his ability to read and comprehend the written language was substantially below average. His Wide Range Achievement Test (WRAT-R) Reading subscale was a third grade equivalent (GE) and at the first percentile (i.e., 99% of adults had better reading ability than Manson).

MMPI-2

The Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) was administered orally due to his reading comprehension difficulty and the lack of an audiotape of the test questions. Oral administration of this test also allowed for the advantage of observing Manson and noting any hesitancies, emotional responses, confusion, or indecision. In general, few significant differences are found between the standard and oral administrations of the MMPI-2 (Edwards et al., 1998; Friedman et al., 2015).

The following Table 2 presents the clinical scale T score elevations of this MMPI-2 administration in August 1997. LFK are the three validity scales, and the rest are clinical scales, 1–0.

The MMPI-2 raw data were submitted to the Caldwell Report for scoring and interpretation. This report suggested that the code pattern of Manson’s MMPI-2 profile was consistent with a diagnosis of paranoid schizophrenia and noted that
the overall profile might have evidenced borderline validity. However, the first author, Dr. Roy, concluded that Manson’s rare responding was due to probable comprehension and linguistic difficulties that were caused by his limited educational background and problems in thinking that were also exposed in his Rorschach protocol.

Dr. Roy’s analysis and interpretation of Manson’s MMPI-2 profile took into account his rare responding due to a possible thought disorder, which may have led to problems in comprehending the specific items. The obtained profile was coded 6-8-1-9, representing the highest four scales. The profile evidences a psychotic slope with a Goldberg Index (1965; Rule III Index) of 94. The profile displays a psychotic “V” seen in the relationship between Scales 6 and 8 higher than Scale 7 and reflecting relatively severe psychopathology.

### Rorschach Comprehensive System

The Rorschach was administered by the first author and originally scored and interpreted using the Exner Comprehensive System (CS: Exner, 1997) and pathognomonic scores developed by Kwawer (1980) and Gacono and Meloy (1994). See Table 3 for Manson’s Rorschach responses.

No attempt was made in this first interpretation to determine motivation or analyze personality organization; the purpose of the evaluation was to rule in/out a mental illness that would determine placement in a disciplined unit of the prison or a treatment program mandated by recent Supreme Court decisions regarding 8th Amendment cruel and unusual punishment prohibitions.

Manson was positive on the Schizophrenia Index (5), the Hypervigilance Index (6), and was elevated on the cognitive Special Scores (Wgted Sum6 = 43). A general summary of the results found significant problems in thinking and perceptual accuracy, with a strong suggestion of schizophrenia evident in the protocol, if not an actively psychotic profile. His personality was organized at a psychotic level. Psychopathy (Gacono & Meloy, 1994; Hare, 2003) appeared evident. Manson was positive on 3 of the 5 variables originally associated with these traits (T = 0, Egocentricity Index > .45, PER > 3) according to Gacono and Meloy (1994) using RIAP.

From what could be gleaned from his protocol, it was evident that Manson lacked the usual and normative affectional needs experienced by most individuals. He experienced little if any anxiety, was pathologically self-focused, and felt omnipotent to defend his grandiose self-image. Manson was able to control his affect, express it expeditiously, and used it to control others. However, his percepts revealed loose and tangential elaborations as well as a distorted perception of reality, and a diffuse, unintegrated identity. There were indications of an ongoing delusional process seen in his passive human movement responses that

### Table 1

**Charles Manson’s 1997 Cognitive Testing Results**

<table>
<thead>
<tr>
<th>Scale metric</th>
<th>WAIS-R</th>
<th>TONI-2</th>
<th>WRAT-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vocabulary</td>
<td>Similarities</td>
<td>First Adm.</td>
</tr>
<tr>
<td>Raw score</td>
<td>49</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Standard score</td>
<td>105</td>
<td>105</td>
<td>93</td>
</tr>
</tbody>
</table>

*Note.* Standard scores (SS) have a mean of 100 and SD of 15. WAIS-R subtest scores were converted to SS for direct comparison to TONI-2 and WRAT-2 results. %tile = percentile equivalent; GE = grade equivalence; TTL = testing of the limits; WAIS-R = Wechsler Adult Intelligence Scale–Revised; TONI-2 = Test of Non-Verbal Intelligence, Version 2; WRAT-R = Wide Range Achievement Test–Revised; Adm. = Administration.

### Table 2

**MMPI-2 Validity and Clinical Scale T Scores**

<table>
<thead>
<tr>
<th>MMPI-2 scales</th>
<th>L</th>
<th>F</th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1997</td>
<td>65</td>
<td>95</td>
<td>45</td>
<td>70</td>
<td>57</td>
<td>64</td>
<td>64</td>
<td>60</td>
<td>75</td>
<td>57</td>
<td>75</td>
<td>69</td>
<td>55</td>
</tr>
</tbody>
</table>

*Note.* MMPI-2 = Minnesota Multiphasic Personality Inventory, Second Edition.
Table 3

<table>
<thead>
<tr>
<th>Cd no.</th>
<th>R no.</th>
<th>OR</th>
<th>Response</th>
<th>Clarification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1</td>
<td>A bat.</td>
<td>Cause the wings, the center, the way it has the claws from the pussy shape thing. There is a bat face. (?) Bat’s faces are wrinkled. (?) Those two things sticking up, their tail.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>A pussy. (D4)</td>
<td>Looks like that. Two mounds protruding. Womb. (?) Because that is the way a woman looks. It assimilates (sic) looking down. Female legs spread apart or facing it … looking right at it. Womb holds fascination in a man’s mind.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Two KKK men with wings, sitting on top of the heads of two Negros (Dd35) with a boot (Dd 31) on the bottom of it. (W)</td>
<td>KK Klan Negros, simultaneous, wings. Has to have something to do with him. [CM describes Two KKK’s with hoods, robes.] (robes?) [CM describes shape.]</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>4</td>
<td>Two Chihuahua’s rubbing noses. (D6)</td>
<td>Here is their long pointy snouts, short Chihuahua ears, their butts turned toward each other along with their noses.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Two guys yelling at each other. (D2)</td>
<td>Their lips hanging over, bits of spit coming out.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>A supersonic jet airplane. (D85)</td>
<td>It’s got spray (D3). It’s a jet motor. Different colors make it look in motion.</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>7</td>
<td>Two dancers with female breasts and male genitals (D9) with hands on top of a male skinhead with sunglasses (D7)</td>
<td>Heavy shades. Round shape looks like space goggles. (Skinhead?) Don’t have hair this round.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>… and a butterfly with two hearts (D3). Wings. Two hearts on a butterfly.</td>
<td>Butterfly heart. (?) A butterfly with two hearts as wings. [Illegible word] shape and color red …</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>9</td>
<td>Goofy. (D2)</td>
<td>[CM describes shape of head.] A big robot with a helmet on … arms not showing. It’s a Borg like on Star Trek, remember? (Pussy?) It’s the same thing, get the effect when you fold the paper. The split suggests the womb.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Uterus, pussy on top of a robot’s head (W).</td>
<td>That’s Batman. (?) Like in the movie. The antennas of a bat, the tail, the wings. Looks like a fiction. More like a Batman character than a real bat …</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>11</td>
<td>A Batman (W).</td>
<td>Here are the jaws … The hair. (?) Because it’s broken lines on a mustache and beard.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Two alligators (D10s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>Two Rip Van Wrinkles asleep (D4).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td>14</td>
<td>Each one looks like a pussy. Two dogs looking out from the lips of a pussy. (D1 [Dd24 = dog noses])</td>
<td>[No recorded inquiry]</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Looks like two frogs (Dd31) talking to each other, two goofy-like rodents talking to each other.</td>
<td>[No recorded inquiry]</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>Looks like the top of a dick with a French tickler (D3). Definitely phallic.</td>
<td>[No recorded inquiry]</td>
<td></td>
</tr>
<tr>
<td>VII</td>
<td>17</td>
<td>Two females staring at each other (D1). Don’t get much out of it. Looks like two of something.</td>
<td>Jaw stuck out. Looks like Broadway Play Unsinkable Molly Brown. Got that pixie look. (?) Pekinese-like look.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>Two clowns, court jesters (D3). Hat, eyes, nose, slunk back … just two of them, looking away from each other.</td>
<td>[No recorded inquiry]</td>
<td></td>
</tr>
</tbody>
</table>

(table continues)
have been associated with unmet dependency needs or desires. His protocol was replete with significant special scores that are the hallmark of a primitive if not psychotic personality organization (Acklin, 1997a). There were other revealing pathognomonic scores as well: symbiotic merging, malignant internal processes, and narcissistic mirroring (Kwawer, 1980). Higher order defense responses were observed and are associated with psychopathy and borderline pathology: devaluation, projection, massive denial, splitting, and primitive idealization.

Psychopathy Checklist–Revised

The Psychopathy Checklist List–Revised (PCL-R; Hare, 1991) was administered based on historical data in his medical record, public domain material from previously published works (Bugliosi & Gentry, 1974), and the clinical evaluation. This standardized observational instrument yielded a PCL-R score of 36, denoting severe psychopathic personality traits at a 95% confidence interval (Hare, 1991, 2003). His Factor 1 (interpersonal/affective) score and Factor 2 (impulsive/antisocial) score were both 15. His overall psychopathy score on the PCL-R placed him at the 98th percentile for male prison inmates and the 99th percentile for male forensic psychiatric patients (Hare, 2003).

1997 Diagnostic Impressions and Conclusions

Dr. Roy diagnosed Charles Manson on the DSM-IV Axis I with psychotic disorder NOS. This diagnosis was based on his Rorschach CS results described in the report as “severe thought disorder.” Also, based on his Rorschach results, narcissistic and borderline features were added to his standing Axis II diagnosis of antisocial personality disorder—primary psychopath, based on the PCL-R. Given Manson’s drug trafficking charge that resulted in his transfer to PSU, he was also given Axis I diagnoses of cannabis abuse, confirmed, and hallucinogen abuse, suspected, within the past 6 months.

Contemporary MMPI-2 and Rorschach Scoring and Interpretation

Drs Friedman and Nichols were invited as co-authors to conduct a separate analysis of Manson’s MMPI-2. Their interpretation is as follows:

The analysis of an MMPI-2 protocol is best served by reconciling the profile code pattern interpretation with the results of an inspection.
of a variety of scales, scale components, and individual items (Erard et al., 2018). Understanding the conditions under which the examinee was administered the test and the population to which they may belong is especially important in a forensic evaluation.

The current analysis of the Manson MMPI-2 data rested, in part, upon the MMPI-2 Structural Summary of Nichols and Greene (1995), an automated interpretive narrative from the Caldwell Report, and an examination of various scores and indices. It should be noted that complete reliance upon automated computer-based test interpretation (CBTI) is ill-advised. The accuracy of a computer-based interpretation is only as good as the interpretive skills of the authors of the program and the psychologist consumers of the report. Because both forensic and clinical situations are complex, it is seldom the case that all relevant personal and contextual data will be considered by any automated interpretive product (Friedman et al., 2015; Chapter 12). CBTI is best viewed as a supplement, not a substitute, for clinical judgment.

Validity and Response Style

His elevated Variable Response Consistency Scale (T-80) score appears to be a function of both moderate problems of attention, concentration, and memory, and his completion of the MMPI-2 having to be divided over two test sessions. He omitted responses to 16 test items, but these were sufficiently diverse in content and scoring to leave his overall performance on the MMPI-2 unaffected. His scores on F, FB, and Fp all exceed his Dissimulation (Ds; Gough, 1954; see Greene, 2000, p. 558; Friedman et al., 2001, p. 535) score, suggesting relatively specific areas of symptomatic disturbance, rather than an effort to malinger or exaggerate psychiatric disability (Nichols, 2011).

Test-Taking Attitude

His responses to measures of test-taking attitude were mixed, at once seeking to convey a guarded adherence to high personal standards and the denial of moral flaws, while also admitting to multiple, and at times relatively severe, symptoms of concern, if not disability, including symptoms suggesting delusional ideation. Overall, however, the pattern of responses to the validity and response-style scales permits a valid interpretation of his MMPI-2 results.

Symptoms and Personality Characteristics

His two-point code pattern is 6-8/8-6, with secondary elevations on Scales 1 and 9. Combined with an inspection of subscales, content scales, and the content density of his individual item endorsements, his test results strongly suggest areas of psychotic ideation, although not necessarily to a level of manifest decompensation. His item endorsements consistent with psychoticism include delusions of control (Items 144, 216, 228, 336, and 361) and persecutory ideas (Pa1 T-88), many of which are endorsed with considerable frequency among forensic populations in general (e.g., 113, 145, 259, 337, 266F). Other endorsements refer to spotty sensory oddities that may not rise to the level of hallucination, including his soul leaving his body, peculiar odors coming to him, skin numbness, feeling that “things are not real,” seeing visions, and having peculiar and strange experiences. Additionally, multiple cognitive complaints emphasizing memory (168, 308, 533, 165F), concentration (299), and initiative (233) are admitted.

His elevation on Scale 1 (Hs) reflects a variety of physical symptoms, but most are normal range, age-related complaints of weakness and fatigue (175, 10F, 152F, 173F), aches and pains (47F, 57F, 224F), and poor general health (33F, 45F). Current mood appears inflated but also irritable. Although his score on Scale 9 (Ma) exceeds that on Scale 2 (D) by 12 T-score points, this difference tends to understate his level of inflated mood, partly because the Scale 2 score is primarily driven by items reflecting cognitive infirmity rather than those describing dysphoric mood (e.g., compare D1 at T-53 with D4 at T-67). In addition, themes of euphoria (e.g., Items 226, 244, 267, 304, 330, 366, 529) and grandiosity (e.g., Items 49, 61, 239, 262, 318, 345, 350, 73F, 360F, 503F) are prominent in his item responses and consistent with other scores suggesting manic/hypomanic symptoms (e.g., Sc2 = T-40, Ma4 = T-69). Thus, he would be seen as reactive, animated, and intense, as imposing and fervent, and perhaps as flamboyant or possessed, with overtalkativeness, episodes of intense excitement, periods of great restlessness, and impulse pressures leading to acting without sufficient deliberation or restraint. While anger and hostility appear to be well within normal limits (ANG, HOS,
AGGR), his elevated scores on Pd2 (authority problems, T-80) and ASP2 (antisocial practices, T-74) reflect a strong history of antisocial if not criminal conduct. When combined with the manic/hypomanic features described above, these trends would suggest a long-standing pattern of nonconformity, insubordination, legal entanglements, and the exploitation of others. Therefore, the presence of psychopathy is strongly suggested.

The elevation on Scale 8 (T-75) would raise the question of damaged identity/self-esteem underlying the mask of self-confidence and self-assurance that he seeks to project. That is, his interpersonal presentation and manner would be described as relatively bold and aggressive. He would be seen as present and entitled if not grandiose, and as more angry, alienating, and hostile than he sees himself. Thus, his insight into how others are put off and alienated by his self-centeredness would be compromised and unreliable. His relations with others would tend to be exploitive, brusque, and antagonistic, leaving them to often feel attacked and manipulated. While he appears capable of expressing warmth when it suits him, at the time of this evaluation he would more characteristically be seen as unpleasant and disagreeable.

He would be emotionally stingy in his interactions with others, keeping his distance and avoiding intimacy. His orientation toward others is one of suspicion and distrust, tending to regard their motivations as self-serving. Others are likely to see him as more angry, alienating, and hostile than he sees himself, thus he is likely to have few or no enduring close friendships. Therefore, the presence of psychopathy is strongly suggested.

Rorschach Performance Assessment System

In 2021, Dr. Mihura coordinated a contemporary scoring of Manson’s Rorschach utilizing the Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011) and interpreted the results following R-PAS guidelines. The report follows:

Controlling for Bias

To reduce bias in the interpretation of Manson’s R-PAS results, three people with R-PAS coding proficiency were asked to code his Rorschach responses blind to the original CS codes, each other’s coding, and the identity of the case. The coders discussed and resolved coding discrepancies prior to generating the final results. Dr. Mihura’s R-PAS interpretation was conducted blind to the CS results, MMPI-2 results, and Dr. Roy’s interpretation of the results in his report. Dr. Mihura was not privy to behavioral observations and off-task communications (other behaviors during the Rorschach administration) that might influence her interpretations given she did not administer the Rorschach.

Relevant History

Dr. Mihura had some knowledge of Manson’s case through the media, although she had never closely followed it. She was aware of his previous
psychosis and antisocial personality diagnoses and that he was deemed to be psychopathic. To familiarize herself with Manson’s history, she read four books about his case and life history (Bugliosi & Gentry, 1974; Emmons, 1988; Guinn, 2013; O’Neill, 2019).

R-PAS Protocol Interpretation

Given the Rorschach’s strong meta-analytic support for assessing psychotic symptoms (Jørgensen et al., 2001; Mihura et al., 2013) and whether Manson’s “digressive, illogical, and metaphorical” speech represented the disorganized thinking of schizophrenia—the main focus was to use R-PAS results to evaluate Manson for psychotic symptoms. The primary four psychosis dimensions are reality testing (hallucinations and delusions), disorganization (thoughts and, to a lesser degree, behavior), and the negative symptoms of inexpressivity and avolition/asociality (Kotov et al., 2016). Negative and disorganized symptoms, cognitive impairment, and reduced role functioning form the core latent variables of schizophrenia (Rathnaiah et al., 2020). Manson’s R-PAS results were also interpreted (see Figure 1) in the context of the Alternative Model of Personality Disorders (DSM-5) Criterion A—self and other—and the Rorschach’s unique use of visual imagery in its method of assessment. Figure 1 of R-PAS Page 1 (vs. Page 2) results contain the scores best supported by systematic reviews and meta-analyses. Results are plotted in standard scores (SSs) as used with other performance tests like IQ testing. SSs have a mean ($M = 100$) and standard deviation ($SD = 15$). Also, like with IQ tests, the interpretation bands are in units of 10 SSs and denoted in the R-PAS profile with icons in different colors and shapes. For example, black filled-in icons indicate 3 or more $SD$s from the mean.

Are Results Valid for Interpretation?

Manson produced an average number of responses ($R = 26, SS = 107$) that were significantly above average in their complexity (complexity, SS = 123). Some portions of the inquiry phase were missing, however, which could slightly lower his complexity and cognitive code scores. As recommended with high-stakes forensic cases, the interpretation focuses on R-PAS Page 1 results, which contain the scores most supported in systematic reviews and meta-analyses (Bornstein, 1999; Diener et al., 2011; Graceffo et al., 2014; Mihura et al., 2013, 2018; Monroe et al., 2013).3 Please see Viglione et al. (2022) for a recent article on the legal admissibility of the Rorschach using R-PAS.

Was Manson Malingering Psychosis?

Critical contents—which includes sexual, bloody, anatomical, morbid, and aggressive images—is an R-PAS scale that is often elevated when a respondent attempts to fake psychosis or appear “crazy” (Kiss et al., 2022). Critical contents can also be elevated when a respondent attempts to shock the examiner, has trauma imagery intrusions, or engages in a type of thinking seen in severe personality disorders or psychosis (Meyer et al., 2011). We know that in everyday life, Manson had a rich imagination that included sex and aggression, liked to shock people with his ideas and behaviors, and reported a history of physical and sexual trauma. His critical contents were elevated, largely due to images of sex and aggression (Sex, SS = 138; AGM, SS = 121). Kiss et al. (2022) found that respondents attempting to malinger insanity report images of blood, morbidity, damage, and aggression more so than sexual images. Only 2% of the malingerers’ critical contents were sex responses. If Manson’s sexual responses were within the average range, his critical contents score would not be elevated. Therefore, this score’s elevation is less likely due to an attempt to malinger psychosis than a part of Manson’s typical mental and behavioral repertoire.

Major Question: Schizophrenia or Other Psychotic Disorder?

The main meta-analytically supported R-PAS psychosis scores are form quality minus (FQ)—visual misperceptions or highly unusual images

---

1 Because R-PAS R-optimization administration procedures were not used, prompts and pulls—measures of task engagement—could not be scored. Card turning, scored in R-PAS but not the CS, could also not be scored because, for safety reasons, Manson was in a cage when the Rorschach was administered. Those portions of the R-PAS results printout are omitted.

2 This section was written when R-PAS was in the process of preparing its second edition. Therefore, the current Page 2 critical contents were interpreted as well as interpreting the human content scores together.
to blot areas) and cognitive codes (disordered thinking or odd ideas; Mihura et al., 2013). We should not be surprised to find that Manson views his world very differently than most people (FQ=−%, SS = 133). We also see that Manson took pride in seeing unique images (R26, “First one ever seen … I can see anything I want”), so that his unique responses may be more volitional than due to a perceptual deficit.

Manson’s cognitive codes were extremely elevated (WSumCog, SS = 148; SevCog, SS = 144). However, this elevation was not due to the linguistic cognitive codes that are conceptually and empirically associated with formal thought disorder or disorganized thinking (DR2; Mihura et al., 2021)—that is, derailments, tangentiality, loose associations, and loss of goal—and that are seen in schizophrenia. Manson had none of these R-PAS scores (DR2, raw score = 0). His recorded speech sample from the Rorschach administration also did not contain psychotic-level neologisms (DV2, raw score = 0). Instead, Manson’s cognitive codes included one instance of illogical reasoning, which is rare and, therefore, results in an elevated score (PEC, SS = 121). Illogical reasoning can occur in delusional thinking (Kleiger, 2017). The record indicated “incomprehensible statement” in the clarification phase of his last Rorschach response. It is impossible to know what happened there, but we turn back to this situation when discussing recorded interviews with Manson available online. But linguistically, no disorganized thinking or neologisms were in Manson’s Rorschach record with one instance of illogical thinking.

The cognitive codes that most characterized his protocol were visual combinatory codes (e.g., FAB1, SS = 145, FAB2, SS = 148): responses with unrealistic associations between images or their component parts. Examples from Manson’s protocol are, “Two KKK men with wings sitting on top of the heads of two Negroes with a boot on the bottom of it” (R3) and “Two blue elves waving green flags coming out of yellow morning glories. The yellow flowers are blooming from a lobster claw” (R26). These imagery-based cognitive codes

Figure 1
R-PAS Results: Code Sequence, Summary Scores, and Profiles

<table>
<thead>
<tr>
<th>R-PAS Code Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-ID: Case 99 · P-ID: 2555 · Age: N/A · Gender: Male · Education: N/A</td>
</tr>
<tr>
<td>Cd</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>I</td>
</tr>
<tr>
<td>I</td>
</tr>
<tr>
<td>I</td>
</tr>
<tr>
<td>II</td>
</tr>
<tr>
<td>II</td>
</tr>
<tr>
<td>III</td>
</tr>
<tr>
<td>IV</td>
</tr>
<tr>
<td>IV</td>
</tr>
<tr>
<td>IV</td>
</tr>
<tr>
<td>V</td>
</tr>
<tr>
<td>V</td>
</tr>
<tr>
<td>V</td>
</tr>
<tr>
<td>V</td>
</tr>
<tr>
<td>VI</td>
</tr>
<tr>
<td>VI</td>
</tr>
<tr>
<td>VI</td>
</tr>
<tr>
<td>VII</td>
</tr>
<tr>
<td>VIII</td>
</tr>
<tr>
<td>VIII</td>
</tr>
<tr>
<td>IX</td>
</tr>
<tr>
<td>IX</td>
</tr>
<tr>
<td>IX</td>
</tr>
<tr>
<td>IX</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

(figure continues)
Figure 1 (continued)

<table>
<thead>
<tr>
<th>Domain/Variables</th>
<th>Raw Scores</th>
<th>Cplx. Adj. %ile</th>
<th>Standard Score Profile</th>
<th>Abbr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin, Behaviors and Obs.</td>
<td>60 70 80</td>
<td>90 100 110 120 130 140</td>
<td>R-Optimized</td>
<td></td>
</tr>
</tbody>
</table>

Complexity 113 94 123 60 70 80 90 100 110 120 130 140 60 70 80 90 100 110 120 130 140 Complex
R (Responses) 26 69 107 26 90 60 70 80 90 100 110 120 130 140 R
P% [Lambdas=0.37] (Simplicity) 27% 20 88 56 102 60 70 80 90 100 110 120 130 140 P%
Blend 4 56 102 4 73 60 70 80 90 100 110 120 130 140 Bln
Sy 16 98 130 83 115 60 70 80 90 100 110 120 130 140 Sy
M 14.0 94 124 68 106 60 70 80 90 100 110 120 130 140 M
MC 14.0 94 124 68 106 60 70 80 90 100 110 120 130 140 MC
MC-PPD 4.0 92 121 95 124 60 70 80 90 100 110 120 130 140 MC-PPD
M 11 99 133 90 120 60 70 80 90 100 110 120 130 140 M
M/MC [11/14/1] 79% 90 120 87 117 60 70 80 90 100 110 120 130 140 M/MC
(CF+C)/SumC [2/4] 50% 49 100 49 100 60 70 80 90 100 110 120 130 140 CF

Note. R-PAS = Rorschach Performance Assessment System. See the online article for the color version of this figure.
are not associated with clinician-rated measures of disorganized thinking (Mihura et al., 2021). Instead, research suggests they may be most common in patients with mania (Mihura & Gömer, 2022) or lower levels of personality organization (Kleiger, 2017). Manson was known for speaking dramatically. Yet, it is still unusual to have such bizarre visual combinatorial codes. Research suggests that histories of chronic LSD usage can result in long-term visual aberrations (Baggott et al., 2011) and increase the arbitrary combination of images on the Rorschach (Tucker et al., 1972), although not usually to this degree.

**Negative Symptoms and Cognitive Impairment**

Consistent with his abilities and interpersonal skills in his everyday life, Manson’s R-PAS protocol showed clear evidence of cognitive resources, for example, mental complexity and verbal expressivity (Complexity, SS = 123), and meta-analytically supported evidence of the ability to analyze and synthesize situations (Sy, SS = 130) and to mentalize and anticipate others’ thoughts and behaviors (M, SS = 133; Mihura et al., 2013). This verbal expressivity and task engagement are inconsistent with the negative psychotic symptoms of inexpressivity. These cognitive resources are also inconsistent with the extensive cognitive impairment that occurs in schizophrenia more frequently than in any other psychiatric disorder (Abramovitch et al., 2021; East-Richard et al., 2020). At the same time, his score on a scale meta-analytically supported for assessing one’s general level of psychopathology (Diener et al., 2011) was extremely elevated (EII-3, SS = 143). If not for Manson’s cognitive resources, this level of psychopathology would likely render him significantly impaired in functioning.

**Self and Other: Level of Personality Organization**

People are on Manson’s mind much more frequently than for most people, suggesting a strong preoccupation with others (SumH, SS = 139). However, most of his mental representations of humans were part- (NPH, SS = 121) rather than whole-object representations (Pure H, SS = 98), suggesting that he did not view people as whole persons, but instead for their functionality in relation to him. Manson’s protocol was also coded for a new R-PAS score called grandiosity and narcissism variables (GNV; Meyer et al., 2018) that have empirical support for their relationship to clinician-rated and experimental measures of narcissism (Gritti et al., 2018, 2021). Manson elevated three grandiosity components of the GNV: omnipotence (“I can see anything I want”), exhibitionism (“dancers,” “broadway play, Unsinkable Molly Brown,” “court jesters”), and magic (“witch’s head”).

Most of Manson’s mental representations of humans were accompanied by images of sex and aggression as well as visual combinatorial codes, consistent with a lower level of personality organization (PHR/GPHR, SS = 120). At times, his understanding of human actions or intentions qualified as a significant misinterpretation (M, SS = 129). Not surprisingly, Manson had an elevated number of aggressive images in his mind (AGC, SS = 127) but also elevated implicit dependency needs (ODL, SS = 114). He also reported more instances of cooperative interactions than most people (COP, SS = 120); however, they were not mature human interactions (R4 “Two chihuahua’s rubbing noses”; R15 “two gooky-like rodents talking to each other”; R25 “Two dancing beetles on top of the caterpillar’s head holding up the Eiffel Tower”). We know that in Manson’s life with his “family,” he was exceedingly successful in getting people to cooperate with his wishes, obtained through his manipulation of their weaknesses.

**Mental Imagery**

On the last four cards, Manson reported mostly childhood-related images—“clowns,” “dinos,” “little bluebirds,” “a dragon,” “a witch’s head,” “two caterpillars similar to the one sat on a toad-stool smoking a pipe,” “dancing beetles,” “blue elves”—and, in contrast to previous responses, these were not accompanied by images of sex or aggressive actions. R-PAS has no formal guidelines to interpret childlike images or such stark changes in imagery over the course of the task. However, one could speculate that when Manson was confronted with a highly ambiguous visual environment over which he had no control, he had the propensity to regress to such a time in his life.

**Summary and Conclusions of Manson’s R-PAS Results**

Did Manson’s speech represent the disorganized thinking or formal thought disorder of
schizophrenia? The R-PAS answer to this question is “No.” Manson’s R-PAS results were also inconsistent with two other key characteristics of schizophrenia: cognitive impairment and the negative symptoms of inexpressivity. Role functioning and the negative symptoms of avolition/asociality would be assessed by history. However, the degree to which Manson had human images in his mind suggests a preoccupation rather than a lack of interest in other people. All in all, Manson’s R-PAS results are inconsistent with a diagnosis of schizophrenia. His scores were most consistent with persons with a lower level of personality organization and/or with manic tendencies who perceive the world substantially different than others do. His visual misperceptions and misinterpretations are more consistent with the reality-testing dimension of psychosis, a dimension that also includes the grandiose sense of self seen in the core narcissistic features of psychopathy and mania.

**Adding a Missing Assessment Component: The Interview**

After Dr. Mihura determined that Manson’s R-PAS results did not show evidence of disorganized speech or formal thought disorder, she wanted to better understand the nature of his speech that has been referred to as circumstantiality, tangentiality, or loose associations in documented records. Conceptualizing his speech as “thought disorder” has strongly contributed to previous diagnoses of schizophrenia by psychiatrists. However, others who observed him closely in the prison setting judged it to be willful. Although we do not have the raw data from Dr. Roy’s clinical interview, fortunately, several interviews of Charles Manson are freely available online. To conduct an independent contemporary analysis of his speech, Dr. Mihura chose a brief clip from an interview when Manson was on trial (1970) and one closer to the time of this assessment with ABC television journalist Diane Sawyer in 1993. The transcripts of these interviews are posted as online supplements (Supplemental Materials 1 and 2).

Manson’s speech in the 1970 interview shows no psychotic disorganization, illogicality, or neologisms. The interview with Diane Sawyer provided examples of what has been referred to in Manson’s prison records as metaphorical and tangential speech. However, what becomes clear in observing his speech is the function of distraction and confusion that it plays for him when Sawyer persists in her direct questioning about his role in the murders after his initial attempts to divert the dialogue are unsuccessful. As can be seen in lines 32–47 in that transcript, as Sawyer persists in trying to ask the question, “What did they [members of the Family who committed the murders] think they were doing for you?” Even though the interview had started, Manson turns to ask the camera crew, “Are we ready?” and ignores Sawyer’s question. When she returns to repeat her question, he yells at her in an angry loud voice, “War! War, we are at war now!” Sawyer continues unruffled by his antics. Manson starts singing Beatles’ lyrics.

Sawyer persists (starting line 47). Manson launches into a monologue, starting by yelling and talking over her, then when she stops talking, he speaks at a more typical volume. His narrative does seem disjointed at times, which could appear to be loose associations or circumstantial speech. When Sawyer follows up on her question, he continues an even longer monologue, at times yelling aggressively. All of this is in reaction to Sawyer trying to control the interview and asking Manson questions he does not want to answer. The function of his speech appears to be to overpower and control the interview by saying whatever comes to mind, giving her no way in. When Sawyer returns to this question (line 154) and asks, “Did you tell them to mutilate [Manson: Oh no.] so that it would be memorable …,” Manson just utters odd sounds, gibberish (line 157); again, the same when she asks if he wants to come back with more followers (lines 203–210). However, they are just distracting sounds whose function seems to be to confuse her, although it doesn’t work. The sounds are not neologisms, just odd sounds. Manson’s speech in these interviews does not represent formal thought disorder. In fact, he appears very deliberate during all of his verbal, emotional, and behavioral expressions.

**Psychopathy Checklist–Revised**

As previously noted, Manson’s PCL-R score of 36 indicated severe psychopathic personality traits at a 95% confidence interval, placing him at the 98th percentile for male prison inmates and the 99th percentile for male forensic psychiatric patients (Hare, 1991, 2003). Manson would
Discussion

Was Manson Psychotic?

One of the most debated topics surrounding Manson’s personality and psychopathology was whether he was psychotic; and, in particular, should he be diagnosed with schizophrenia. Key practical considerations in this diagnostic conundrum were the changes across the different versions of the DSM and the accumulating research on the dimensions of psychosis. The Tate–LaBianca murders occurred in 1969, and the trial started in 1970. The DSM-II spanned from 1968 to 1980, when the DSM-III was published. The DSM-II provided a rather loose narrative of possible symptoms for disorders, whereas precise criteria required to be met for psychiatric disorders began with the DSM-III. During the 1997 evaluation of Manson, the DSM-IV was used; the DSM-5-TR is the current edition (American Psychiatric Association, 2022).

To compare the diagnoses from the 1997 evaluation and currently, the DSM-IV and DSM-5-TR schizophrenia diagnostic criteria are almost identical. The DSM-IV requires that at least two of the following symptoms be present for at least 1 month—delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms—whereas the DSM-5-TR requires at least two to be present: delusions, hallucinations, and/or disorganized speech. We also evaluated Manson for bipolar disorder, mania, which can include psychotic features—delusions and/or hallucinations. The criteria for bipolar disorder, mania, are the same for the DSM-IV and DSM-5-TR. We also note that research shows that disorganized thinking also can occur in manic episodes; however, in contrast to schizophrenia, in which disorganized thinking is typically more chronic, in mania, it is typically only present during the manic episode and accompanied by pressured speech (Yalincetin et al., 2017). Diagnosing a manic episode also requires that the symptoms represent a “noticeable change from usual behavior.” Finally, significantly impaired functioning is required to diagnose schizophrenia and bipolar disorder.

Multimethod Assessment of Psychosis and Mania

In contrast to the DSM-5-TR, factor analytic models of schizophrenia (Kotov et al., 2016): (a) combine hallucinations and delusions into one reality distortion dimension; (b) include disorganized behavior with disorganized speech; and (c) separate negative symptoms into two dimensions: inexpressivity and avolition/asociality. Factor analysis of psychosis more broadly, including bipolar disorder with psychosis, includes dimensions of depression and mania (Reininghaus et al., 2019). We were interested in the possibility of bipolar mania, perhaps with psychotic features. Therefore, we organize the following sections in this manner.

Reality Distortions

Reality distortions include a variety of hallucinations and delusions, including odd and unrealistic beliefs like thought insertion, mind reading, and thought broadcasting. Although, occasionally, we can observe someone responding to their hallucinations, in a clinical setting the main method of assessing reality distortions is by self-report since the symptoms are subjective internal experiences (e.g., altered perceptions) and the content of thoughts that include one’s beliefs. The Rorschach also provides a performance-based method of visual misperceptions.

Hallucinations

Auditory hallucinations are the most common hallucination in psychosis. On the MMPI-2, Manson did not endorse any auditory hallucination items. He did report that he had seen a “vision” in the past but did not endorse items that would indicate that this was a visual hallucination. We also considered his excessive use of LSD and that it is not unusual to see illusions while taking LSD. As noted in Dr. Roy’s report, “Manson has denied any and all psychotic
ideations and symptoms in interviews.” On the Rorschach, Manson scored very high on a measure that can indicate visual misperceptions or misinterpretations. However, he also bragged that, “I can see anything I want”; therefore, it is unclear how much he was willfully trying to provide very unique responses. Whether willful or not, it does indicate that Manson sees the world very differently than most people, but we have no evidence that he was experiencing hallucinations in any perceptual modality.

**Delusions**

Manson’s MMPI-2 responses and his self-report during interviews show grandiose and persecutory themes. The persecutory themes are largely, however, common in forensic populations and consistent with his real-life situation in prison. He does not endorse being plotted against or having enemies that wish to harm him. He does endorse “being followed”; however, being followed and having followers has a different context for Manson and is a key theme in his real-life drama. Manson also did not have a paranoid reaction to Dr. Roy.

Regarding grandiose delusions, Manson billed himself to his followers as Jesus and the Devil. However, this was not an enduring belief but most likely a way to manipulate adoration and dominance of his followers. Manson elevated an MMPI-2 scale of ego inflation and endorsed such items, believing he could do things that would be a “great benefit to the world” and that people were often jealous of his ideas. On R-PAS, Manson elevated the omnipotence, exhibitionism, and magic components of a new grandiosity and narcissism scale. This grandiosity characterized his dreams of being a famous musician, and his misinterpretations identified by R-PAS surely impaired his ability to access that situation accurately. It is unclear, however, the degree to which this represented severe narcissism regarding special talents rather than true delusions. He was certainly extremely skilled at manipulating others, was successful at doing so, and did gain worldwide infamy.

**Disorganized Behavior and Speech**

On R-PAS, Manson’s speech showed no instances of psychotic disorganization. We reviewed interviews of Manson posted online to understand the reports of his metaphorical and odd speech. Rather than confused and tangential directionless speech, Manson’s speech in one interview with a journalist appeared to be specifically aimed at dominating and confusing the interviewer who persisted in questions that Manson did not want to answer; she remained unruffled in the face of his strange antics. At times, he uttered nonword sounds as an affront to the interviewer. Otherwise, his speech was not disorganized. Disorganized speech is highly associated with impaired functioning; it is not just the person’s speech that is disorganized, but their thinking, which affects their ability to comprehend and plan ahead. In contrast, Manson’s ability to comprehend and plan ahead in his manipulation of others was outstanding. In Manson’s history, there are reports that he used this confusing odd speech in prison to sound “crazy” to ward off fellow prisoners who threatened him. A better understanding of the organization of his thinking is seen in the earlier interviews rather than later in life, when he was known for dramatizing and acting “crazy” to draw attention to himself.

**Negative Symptoms**

**Inexpressivity**

Inexpressivity consists of poverty of speech, flat affect, decrease in spontaneous movements, and lack of expressive gestures. In multiple contexts, the interview with Dr. Roy, the interview with Diane Sawyer, and during the administration of the Rorschach, Manson was very expressive in all modalities: verbal productivity, emotional expressiveness and range of affect, facial expressions, and spontaneous gestures. On R-PAS, Manson scored high on a measure of verbal and mental complexity. Manson did not show negative symptoms of inexpressivity.

**Asociality**

In Manson’s history (building and maintaining “the family”) and during the assessment with Dr. Roy (engaging and talkative), Manson was highly socially interactive. On the Rorschach, consistent with his history, he showed a general preoccupation with others. On the MMPI-2, he reported that he is a “very sociable person.” Manson did not show negative symptoms of asociality.
Mania

As previously noted, Manson displayed grandiose characteristics. Grandiosity can be due to mania, with or without delusions, and/or pathological narcissism. On the MMPI-2, the scale assessing mania was elevated due to inflated ego, not psychomotor acceleration. He did, however, endorse items about racing thoughts, being excited and not being able to sleep, and having periods of time that sleep didn’t feel necessary for days at a time. These self-reports, however, were not supported by any file data. He did not report feeling restless and having trouble sitting still. We have no evidence that Manson engaged in impulsive behaviors as an adult; in fact, his history suggests that he was highly in control of his behavior as well as able to direct that of others. In the interview with Sawyer, while energized and speaking rapidly, he seems very much in control of what he says and does so as a means to influence and control her. He also seems laser-focused on dominating the interview and is not distracted by the others around him. On R-PAS, Manson reported a high number of perceptual combinatory images that research has shown to be elevated in mania. To diagnose bipolar, mania, however, the symptoms must represent a noticeable change in behavior, which we have no evidence in his history. Bipolar mania also results in significant impairment in functioning during the manic episode. We have no documented evidence in Manson’s adult history of episodes of impulsive behavior associated with a poor judgment that led to impaired functioning. However, it is possible that Manson was on the bipolar spectrum with chronic hypomanic tendencies.

Personality Organization

Over the course of his career, Kernberg (1975, 1992) developed a clinical theory of personality wherein “levels” of organization were defined by the nature of part or whole self and object representations, reality testing capacity, and psychological defenses. Neurotic personality organization was characterized by whole object relations; the capacity to distinguish between reality and fantasy and accurately locate perceptual stimuli as either intra- or exteroceptive; and the use of mature defenses such as intellectualization, rationalization, sublimation, and idealization. Borderline and psychotic personality organization were characterized by part object relations; gross impairments in distinguishing (borderline) or the complete loss of separation (psychotic) between internal and external stimuli; and immature defenses such as splitting, denial, devaluation, projection, and projective identification. Implicit within Kernberg’s theory is the dynamic nature of such organization; both regression and progression can be clinically observed depending on the demands of the environment but always within the limits of the given personality. The Manson test data strongly suggest that Manson’s personality was organized at a severe borderline/psychotic level (Kernberg, 1975), and dynamic shifts between the two levels were observed, especially in the Rorschach (Acklin, 1997a, 1997b). Such a hypothesis helps explain both the many different diagnoses that Manson received throughout his years of incarceration, as well as the remarkable resilience of his personality as an adult to characteristically orchestrate multiple killings by his followers, withstand the rigors of a death penalty trial, and survive imprisonment most of his adult life until his death as an elderly man. Such resilience, however, does not diminish the tragedy of his life and the moral depravity of his crimes.

DSM-5-TR Diagnoses

The Manson case also illustrates the inadequacy of a simple and static categorization that focuses on one DSM-5-TR diagnosis (American Psychiatric Association [APA], 2022). His data suggest a complex diagnostic picture, and we opine that affective dysregulation diagnoses would be most fitting as clinical disorders, along with the severity of an antisocial personality disorder diagnosis when further assessed for psychopathy (Gacono, 2016). We use this hybrid model wherein both categories and dimensional measures are advanced; the current state of psychiatric diagnosis, through its slowly evolving official nomenclature, embraces more dimensional and domain approaches to understanding the workings of the mind (Eysenck et al., 1983), through Research Domain Criteria (Insel, 2014), and the Alternative Model for Personality Disorders in DSM-5-TR (APA, 2022).

Sexuality and Aggression

One of the remarkable findings in this study is Manson’s preoccupation with sex and aggression.
Gacono and Meloy (1994) formulated experimental aggression scores for the Rorschach, including aggressive content, later adopted as a score in the R-PAS due to extensive validation as an indicator of real-world aggression (Kivisto & Swan, 2013; Meyer et al., 2011). The original purpose of the extended aggression scores was to provide “a deeper understanding of intrapsychic aggressive drives and object cathexis, and interpersonal violence and object attachment” (Gacono & Meloy, 1994, p. 263). Regarding the sexual content, Manson’s history records the anal rape of another juvenile inmate when he was 16 years old, and both consensual and assaultive sexual activity toward the young women who comprised the Family during the several years (1967–1969) between his release on parole and his arrest for the Tate–LaBianca murders. His Rorschach sex contents are notable for their link to poor human representations 80% of the time. The PHR is described as a “distorted, unrealistic, illogical, damaged, aggressive, or incomplete human representation” (Meyer et al., 2011, p. 292) and suggests the part-object relations of borderline, if not psychotic, personality organization (Acklin, 1997a, 1997b; Gacono et al., 1992).

Manson and the Accelerationists

The psychological testing and assessment of a notorious figure such as Charles Manson is inherently interesting, but remains an esoteric undertaking in the absence of a broader understanding of Manson, perhaps the most infamous criminal of the 20th century, within our current social and political polarization. Manson, in fact, was also a terrorist who commanded an autonomous cell: The violence was, in large part, politically motivated, targeted noncombatants, and there was no external command and control of his “family.” His criminal acts find contemporary relevance in the context of accelerationist ideology a half century after these murders. Accelerationism refers to a range of ideas that advocate acceleration of existing economic and technological structures to cause radical social change. During the past decade, the term has been appropriated by right-wing terrorists to express the belief that violence should be utilized to collapse existing social and political structures, and in the United States, specifically the federal government. Recent Nazi-inspired terrorist groups, such as Atomwaffen, the Base, and the Order of the Nine Angles, and recent terrorists, such as Brenton Tarrant, the March 2019 attacker of two New Zealand mosques, and John Earnest, the attacker of both a southern California mosque and a synagogue a month later, explicitly referenced accelerationist beliefs in their manifestos (Kupper & Meloy, 2021). Manson has become a hero to some terrorists, particularly neo-Nazis who do violence to accelerate the birth of a White ethnostate; in Manson’s helter-skelter fantasy (HSF), he and the “Family” would emerge from a hole in the desert to lead the black community in their post-apocalyptic world, the violent revolution sparked by the Tate–LaBianca murders (Bugliosi & Gentry, 1974). Manson had been proselytizing a class and race war for some months before the August murders to his followers and others associated with him (O’Neill, 2019), most likely helped by the low dose of LSD he and his followers were ingesting on a regular if not daily basis, and the probable use of methamphetamine to lower the threshold for violence in the time period closer to the murders (O’Neill, 2019).

The nexus between his severe psychopathology and ideology is also apparent (Cotti & Meloy, 2019; Meloy, 2017) in this case. Womb imagery responses in his Rorschach provide a psychodynamic bridge between his primary process and the HSF, first in Manson’s conscious mind and then acted out by his followers (Gacono & Meloy, 1994; Kawayer, 1980): such a manifest fantasy in Manson may have disguised a primitive wish for symbiotic merging, rebirth, and acceptance by his mother, who was the documented source of continuous trauma and the absence of love and bonding in his childhood. The HSF has all the markings of a world destruction fantasy that is prevalent in emerging psychotic illness and disintegration of the core personality—although, in Manson’s case, the stability of his primitive organization over his adult life is impressive. On a characterological level, Manson is also the exception to the general empirical finding that most terrorists are not psychopaths (Corner & Gill, 2022).

The HSF, however, does not complete the motivational picture for the Manson family.
killings. Research indicates that targeted attackers such as Manson will also harbor a personal grievance 80% of the time (Meloy, 2017; Silver et al., 2018). Such grievances are typically composed of major loss, humiliation, anger, and blame. In the Manson case, the grievance appears to have been the rejection by Terry Melcher—a well-known record producer in Hollywood at the time and a close friend of Dennis Wilson, the Beach Boys’ drummer—of Manson’s desire to have his songs recorded. Manson and his followers had frequently associated with them in the year prior to the homicides (O’Neill, 2019). The house in which the Tate killings occurred, 10050 Cielo Drive, was the previous residence of Melcher and the location of a naev case: The nexus of psychopathy and ideology in a lone actor terrorist. Journal of Threat Assessment and Management, 6(3–4), 138–158. https://doi.org/10.1037/tam0000120


(Appendix follows)
Appendix

Mugshots of Charles Manson from 1956–1971

Note. In the public domain.
Photos of Manson at time of trial

Note. In the public domain.