

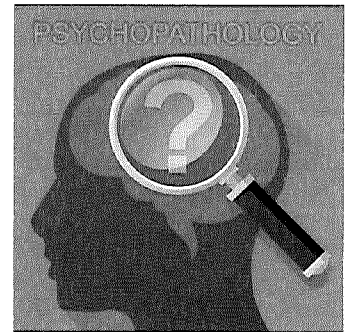
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Charles Manson's psychopathology complicated and fascinating

By Alan F. Friedman, Ph.D., et al

A recently published journal article examines the last psychological evaluation of Charles Manson and includes a contemporary analysis of his psychological test findings along with clinical observations of his personality, both from the original testing and past interviews from video recordings.

Tod Roy, Ph.D., the clinical psychologist now retired from Pelican Bay State Prison in California, conducted an extensive assessment on Manson in 1997. He obtained permission to publish test findings after Manson's death in 2017. Roy invited Joni Mihura, Ph.D., David Nichols, Ph.D., Reid Meloy, Ph.D., and me to participate in reexamining Manson's data in order to potentially cast new light on his enigmatic personality.



Manson was convicted on seven counts of murder. Among the victims were actress Sharon Tate, the wife of Roman Polanski, and her friend, coffee heiress Abigail Folger. The killings and legal case captured international attention and raised questions about Manson's personality, diagnoses, ideology and motives for masterminding these horrific murders. The public has continued to be fascinated by the gruesome nature of the crimes, and a recent (2019) film by Quentin Tarantino (*Once Upon a Time in Hollywood*) has drawn wide audiences and rekindled interest in the "Manson family" crimes.

The death penalty Manson received in 1969 was invalidated in 1972 by the U.S. Supreme Court. He instead served out a life sentence in the California Department of Corrections until his death at the age of 83.

Over the course of his nearly half-century of confinement, Manson received multiple evaluations, resulting in diagnoses ranging from severe character disorder to schizoaffective disorder to schizophrenia. The recent study of the data collected by Roy allowed experts in the fields of psychopathy (Meloy), the Rorschach (Mihura), and the MMPI-2 (Friedman and Nichols) to reassess the original findings with contemporary scoring measures.

Mihura, a co-developer of the Rorschach Performance Assessment System (R-PAS) published in 2011, reinterpreted Manson's 1997 Rorschach results using R-PAS to expand the original interpretation based on the 1995 version of Exner's Comprehensive System (CS). The original Rorschach findings concluded that there were signs of psychoticism and other indicia of disturbance.

Mihura asked three people with R-PAS coding proficiency to re-code Manson's Rorschach responses, blind to the original scoring as well as to the identity of the case. A major focus of her analysis was using the Rorschach data in a contemporary manner to help answer the decades-old controversy as to whether Charles Manson qualified for a diagnosis of schizophrenia. Roy's conclusions from the Rorschach CS did not conclude that he had schizophrenia but, instead, Psychotic Disorder NOS.

At the same time, his Rorschach CS results were used to conclude he had loose associations and tangentiality. These interpretations were based on the CS WSum6 index. That same R-PAS index (renamed WSumCog) was also elevated. However, R-PAS has more nuanced interpretations of that scale based on which of its components are elevated. Specifically, Manson was not elevated on the linguistic codes in that index that Mihura's recent research shows targets disorganized thinking.

Instead, Manson had unrealistic and odd visual combinations (e.g., "2 KKK men with wings"), which is not empirically associated with disorganized thinking.

Mihura was curious, after reexamining Manson's Rorschach data, what the report referred to as his "metaphorical and disjointed way of communicating" that led many to conclude he had disorganized thinking, which had led to a schizophrenia diagnosis. Lacking access to the 1997 clinical interview by Roy, she reviewed video clips freely available online from 1970, around the time of his trial, plus an interview with Diane Sawyer in 1993 that occurred closer in time to his 1997 examination.

Manson did not display anything close to disorganized thinking in the 1970 video clip. But in the Sawyer interview, as lucidly detailed in their journal article, Mihura concluded that what appeared to be disorganized speech was actually a highly skilled psychopathic attempt to control the interview – specifically, to avoid answering Sawyer's pointed and persistent questions as to whether he instructed the members of the family to kill.

In addition, consistent with his complex Rorschach responses and the behavioral observations in the report, she also ruled out the negative psychotic symptoms of asociality and inexpressivity, which contemporary research shows are the two other major components of schizophrenia. In contrast, Manson was highly social and talkative as well as verbally, emotionally and behaviorally expressive.

Friedman and Nichols rescored the 1997 MMPI-2 data and examined various items, indices, scale components and scales to expand upon an earlier automated clinical interpretation by the Caldwell Report. Using the Structural Summary of Nichols and

Greene (1995) the MMPI-2 data were organized into categories to re-interpret and expand upon the original MMPI-2 analysis. Validity scale interpretation revealed that Manson's response style reflected specific areas of symptomatic disturbance rather than an effort to malingering or exaggerate psychiatric disability.

Manson's responses were deemed valid for interpretation. He produced a two-point code pattern of 6-8/8-6 with secondary elevations on Scales 1 (hypochondriasis) and 9 (hypomania).

Manson's MMPI-2 test results strongly suggested areas of psychotic ideation, although not necessarily to a level of manifest decompensation. Not surprisingly, he endorsed items reflective of delusions of control and persecutory ideas, along with other endorsements referring to spotty sensory oddities. Additionally, multiple cognitive complaints affecting memory, concentration and initiative were admitted.

Manson's mood at the time of testing appeared euphoric and grandiose, but also irritable. His profile pattern and multiple responses suggested mania, consistent with his reactivity and his animated and intense style as an imposing and flamboyant figure, with over-talkativeness and episodes of intense excitement and impulse pressures leading to actions without sufficient deliberation or restraint.

The MMPI-2 reanalysis notably reveals a mixed diagnostic picture, including a primary diagnosis among the mood disorders. He tested as being vulnerable to a psychotic decompensation with one or more concurrent personality disorders based upon his strong psychopathic, antisocial, schizotypal and narcissistic trends.

Meloy examined Manson's Psychopathy Checklist-Revised (PCL-R; Hare, 1991) and concurred with Roy's interpretation of Manson's score of 36 reflected markedly severe psychopathic personality traits. Meloy expanded the interpretation of psychopathy by describing how Manson used psychological manipulation and physical aggression to achieve his goals. He points out that Manson manifested the "dark tetrad" of psychopathy, narcissism, Machiavellianism and sadism in his interpersonal and criminal history.

Meloy draws connections between the PCL-R and the MMPI-2 data in a way that displays their convergent validity. The authors further present a comprehensive discussion of the DSM systems used over the years to diagnose Manson and describe a hybrid model of personality assessment, using both a categorical and dimensional approach.

Meloy describes Manson and his "family" as a terrorist cell which was politically motivated to target non-combatants. This is especially interesting as it addresses the concept of accelerationism through his "helter-skelter" fantasy. Manson is currently a hero for neo-Nazis worldwide, wherein acceleration is understood as a violent means to advance the collapse of existing social and economic order. Meloy delineates the nexus between Manson's severe psychopathology and ideology, which helps explain the motivational context for the Manson family killings.

Readers interested in the psychological functioning and motives of Charles Manson will also find Roy's historical review of Manson's adverse upbringing important and can read about how the original assessment of this high-profile mastermind criminal/terrorist occurred within a prison setting. This article should help clinicians understand the psychopathology of one of the most notorious criminals of the Twentieth Century.

The abstract may be found at: doi.org/10.10731/TAM000197

Tod A. Roy, Ph.D., is a clinical and forensic psychologist who practiced in California and Arizona. He has been retired since 2016.

Joni L. Mihura, Ph.D., ABPP, is a professor at the University of Toledo. She specializes in assessment, psychosis and test validity meta-analyses. She co-developed the new Rorschach system (R-PAS) for which she presents lectures and training internationally.

Alan Friedman, Ph.D., is a faculty member at Northwestern University Medical School. He is the senior author of three MMPI textbooks. He specializes in risk and hiring assessments for public safety agencies and is a litigation expert/consultant in civil and criminal cases.

David S. Nichols, Ph.D., is a retired clinical psychologist whose career has focused on personality assessment, both in psychiatric hospital and graduate education settings. He has published extensively on the MMPI and MMPI-2.

Reid Meloy, Ph.D., ABPP, is a board-certified forensic psychologist and consults on criminal and civil cases. He has been a consultant to the Behavioral Analysis Unit, FBI, for the past two decades. His email address is reidmeloy@gmail.com.