

**APPENDIX D TO STEPHEN WEST'S  
RESPONSE TO STATE'S MOTION TO  
SET EXECUTION DATE**

**REPORT OF WILLIAM D. KENNER, M.D.  
DATED 5/17/10**



6. Major depressive disorder with psychotic features, as diagnosed by Dr. O' Toole, is characterized by a disturbance of mood and loss of interest or pleasure in everyday activities. Symptoms may also include weight loss or gain, sleep disturbance, fatigue, inability to concentrate, feelings of worthlessness, thoughts or attempts of suicide. This disorder is not directly caused by a general medical condition or the use of substances, including prescription medications. The severity of these symptoms can range from mild to severe, with Mr. West experiencing moderate to severe symptoms.
7. Chronic paranoid schizophrenia, as diagnosed by Dr. Sarasti, is diagnosed in individuals who first qualify for the schizophrenic label and then have symptoms that put them into the paranoid subgroup. Schizophrenia is a group of psychotic disorders characterized by disturbances in thought, perception, affect, behavior, and communication that last longer than 6 months. Symptoms include delusions, hallucinations, disorganized or incoherent speech, severely disorganized or catatonic behavior. The paranoid type indicates Mr. West was preoccupied with threatening auditory hallucinations; as documented by the prison medical staff.
8. Current findings in schizophrenia research suggest that some prenatal or obstetrical insult damages the brain that then develops normally until the neuronal pruning process of adolescence occurs.<sup>1</sup> When that happens, particularly to genetically vulnerable individuals, normal brain development goes off its rails in adolescence such that by the end of adolescence, schizophrenic brains have decreased volume compared to healthy brains. As Paul J. Harrison wrote in *New Oxford Textbook of Psychiatry* (2003) about the structural changes in the brains of schizophrenic patients:

*Despite the many uncertainties, there are now established facts about the neurobiology of schizophrenia. There is ventricular enlargement and decreased brain volume. Although the cellular correlates remain poorly understood, they involve the size, density, and organization of neurons and their synaptic connection. In vivo studies show differences in cerebral metabolism and other parameters of cerebral function, with a pattern indicative of aberrant connectivity between brain areas. (p 610)*

9. To shed light on how the brain disorder is experienced by someone suffering with this severe mental illness, we can turn to a noted legal scholar, who has struggled with schizophrenia since her late adolescence. Professor Elyn R. Saks (University of Southern California Gould School of Law, San Diego) in her autobiography

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<sup>1</sup> Bloom, FE. Advancing a neurodevelopmental basis for schizophrenia. *Archives of General Psychiatry*. 1993;50(3):224-227.

*The Center Cannot Hold, My Journey Through Madness* (2007) described how her paranoia began, as her thoughts became frightening and disjointed:

*Once, there'd been a time in my life when thoughts were something to be welcomed, and pored over, like pages in a favorite book. Just to idly think about things—the weather, the future, the subject of a paper I needed to write for a class, the friend I was going to meet for a cup of coffee—these things felt so simple, so taken-for-granted. But now thoughts crashed into my mind like a fusillade of rocks someone (or something) was hurtling at me—fierce, angry, jagged around the edges, and uncontrollable. I could not bear them, I did not know how to defend myself against them, and I could not bear to be near anyone when I was experiencing them. “You are a piece of shit. You don’t deserve to be around people. You are nothing. Other people will see this. They will hate you. They will hate you and try to hurt you. They can hurt you. They are powerful. You are weak. You are nothing.” (p. 83)*

10. To understand Mr. West’s latest diagnosis, schizoaffective disorder, it helps to picture someone with the disordered brain and symptoms of schizophrenia, hallucinations and delusions, at the same time he is riding the rollercoaster of bipolar disorder. Dr. O’Connor took a careful history from Mr. West that traced his auditory hallucinations at least to his adolescence. If those symptoms did start at that time, then that timing would fit with the usual onset of his illness, and his severe mental illness would have started years before his capital offense. In my opinion as a practicing psychiatrist, schizoaffective disorder is a severe mental illness.
11. In his years between adolescence and his incarceration, Stephen West’s schizophrenic process had been hidden behind his self-medication with alcohol and marijuana. The confusion in his diagnosis and delay in recognition of his schizoaffective illness is also typical for both schizoaffective and bipolar disorders. Even in the free world, a decade often passes before an individual’s manic symptoms will be recognized. If Dr. O’Connor had not done a careful chart review, Mr. West might still not be on mood stabilizing drugs.
12. In an attempt to control his severe mental illness, doctors working on behalf of the prison, have prescribed Mr. West a number of psychotropic medications. Beginning in 2001 and continuing to the present, Mr. West has been prescribed a number of different antidepressant and antipsychotic medications at normally prescribed levels that are used to treat severe mental illnesses. Those agents have included Haldol and Thorazine, both old line, or first generation, antipsychotic drugs, which have been described as “chemical straightjackets,” not drugs to take



**MY COMMISSION EXPIRES:**  
**September 25, 2010**

Notary Public

My Commission Expires: \_\_\_\_\_