

COALITION FOR THE ABOLITION OF ELECTROSHOCK IN TEXAS
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May 2, 2006

Sister Helen Brewer
Chair, Seton Board of Trustees
3501 Mills Avenue
Austin, TX 78731

Dear Sister Brewer,

We had our first public event, a rally to protest the use of electroshock at Seton Shoal Creek Hospital, on Monday, April 24th. We had a good turnout and a great rally.

I am writing to share with you something I discovered that Monday morning, and shared during my talk at the event. In researching about Saint Elizabeth Ann Seton, I learned more about this remarkable woman who became the first American-born Catholic saint because of her deep her caring and devotion to the poor and suffering. I discovered that Mother Seton had experienced great anguish and emotional distress in her life, and suffered a period of great depression in her later years.

As you know, the treatment rationale for electroshock is called depression. I shared this and the following quote from Mother Seton's own journal:

"This wretched reasoning—laudanum—the praise and thanks of excessive joy not to have done the 'horrid deed'--the promise of eternal gratitude."

Have you ever heard of a saint who did not experience a "dark night of the soul"? I imagine that Mother Seton's friends and family—and certainly the relevant medical professionals—were strongly encouraging her to take this opium derivative to treat her depression. By NOT having done the horrid deed, she was able to experience excessive joy and eternal gratitude. It seems a tragic irony to me that Mother Seton's legacy includes electroshocking our brothers and sisters because they are "depressed."

There is a vast, impassable distance between LOVING CARE—nurturance, compassion, healing—and ELECTROSHOCK—brain damage, memory loss, death. Electroshock is an egregious affront to the Seton mission. I do not doubt the sincerity of the Seton mission; I believe you are using electroshock because of misinformation and because the practice has become entrenched in American psychiatry. I have no doubt that you will discontinue the practice once the truth has been sorted out, and the value of more benign alternatives is seen and embraced.

I would still like to sit down with you personally and discuss the use, and possible discontinuation, of electroshock at Seton Shoal Creek Hospital.

Respectfully Yours,

John Breeding, PhD
Coalition for the Abolition of Electroshock in Texas