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Tribute to a Pioneer: Dr. LeClair Bissell

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What I can say is that over the years I have found I must speak my own truth and take the consequences if I am to stay comfortable. In my case, that has been saying that I am an atheist who does not believe in a god with ears and that I'm a lesbian in a committed relationship since 1959. I see no need to enter a room and at once declare these facts. Even "Good morning, I'm Jewish" would be out of place.... That has cost me some acquaintances but is a whole lot better than slinking as if there was something to hide.

LeClair Bissell, M.D. Sanibel, FL
(2004)

On August 20, 2008, the addiction treatment field lost one of its modern pioneers, Dr. LeClair Bissell. In her eightieth year, she had lost none of her wit or wisdom. I was one of many people in our field blessed by her knowledge and her encouragement. It is only proper that we pause and offer tribute to her life's work and legacy and reflect on some of her observations about addiction and recovery.

LeClair received a Masters in Library Science from Columbia University and worked as a librarian for the New York Public Library before returning to Columbia in 1963 for medical school. That decision was prompted by the influences of her life partner, Nancy Palmer, and LeClair's participation in the Yale School of Alcohol Studies. After completing her medical degree, LeClair pursued certification as an addictions counselor on the grounds that physicians needed far more than medical knowledge to effectively treat alcoholism and other addictions.

The remaining decades of LeClair Bissell's service to our field were filled with many roles. She was a leading clinician and administrator at such prestigious institutions as the Smithers Alcoholism Treatment & Training Center at Roosevelt Hospital in New York City. She was a skilled researcher, making landmark contributions to the study of addicted professionals. She was a skilled teacher and lecturer, traveling throughout the world speaking on addiction- and recovery-related issues. She was a distinguished author, writing and co-writing such classic texts as *Alcoholism in the*

Professions, Ethics for Addiction Professionals and even a children's book entitled *The Cat Who Drank Too Much*. LeClair was also a prime mover within the addictions field through her leadership roles (e.g., president of the American Society of Addiction Medicine and member of the Carter Mental Health Commission's Task Force on Alcoholism) and through her outspoken advocacy on major issues the field confronted over the past five decades.

LeClair Bissell received wide acknowledgement from the field, including awards from the American Society of Addiction Medicine and the Elizabeth Blackwell Award from the American Medical Women's Association—their highest honor for outstanding contributions to the cause of women and medicine. She was also acknowledged for civic contributions to Zonta; the Democratic Party; the Unitarian Universalist Church; Parents, Families, and Friends of Lesbians & Gays; the Gay, Lesbian, Bisexual & Transgender Coalition; Planned Parenthood; and for her devotion to rescuing dogs. (It is hard to think of LeClair without accompanying images of her beloved Chihuahuas). LeClair was the consummate activist who pursued this role, not from a position of arrogance, but in a spirit of humility and service.

As the material at the close of this article will attest, LeClair was personally and professionally quite open about her involvement in A.A. and what A.A. meant to her as a person in recovery and as a physician, woman, lesbian and atheist. She is part of a generation whose passing marks the last of those who had close relationships with A.A.'s founding pioneers. (Marty Mann was one of LeClair's sponsors and LeClair would occasionally give Bill Wilson as a personal reference to professionals she was recruiting for her research studies.)

This brief biographical sketch fails to convey what LeClair meant to so many of us blessed by her mentorship. She played a significant role in my own career. In my first decade in the field, LeClair introduced herself to me at a conference and praised an article I had written—one of my first—and

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told me the field needed people who could think and write clearly. Her encouragement marked a turning point for me—the first inkling that I might serve the recovery cause as a writer. Years later, I praised LeClair for her work with James Royce co-authoring *Ethics for Addiction Professionals*. She responded that the field still needed a book of ethical case studies and that I should write it. Her challenge set the stage for my subsequent work on *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction*. That was so typical of LeClair—deflecting praise and inviting others to greater levels of service. Many owe their contributions to the addictions field to LeClair's challenges and encouragement.

In discussing with others how to best convey the many faces of this most remarkable woman, it was suggested that perhaps this could best be expressed through her own words. Those words are available through her published books and articles, but the persona of LeClair Bissell is revealed much more candidly through her regular posts on the field's internet discussion groups. Here is a sampling of LeClair's reflections taken from her posts on Add_Med—an online discussion group on addiction medicine and addiction science.

On the Need to Play

I wonder if you/we need to learn new ways to celebrate and to reward ourselves? Work is easy but play...? LeClair Bissell, M.D. Sanibel, FL (1998)

On Stigma

There have been some great comments on this and on chronic disease in general, but we can't forget the difference made by stigma. I have Addison's Disease as well as alcoholism. I also have MENS. That means that endocrine residents enjoy me as a rare find and others read my MedicAlert with interest. The contrast between that and how folks respond to my alcoholism is obvious. I don't have to spell it out for this group, do I? LeClair Bissell, M.D. Sanibel, FL (1998)

On Alcoholism Fads

One advantage of being over 70 and involved in various ways with alcoholism since 1953 is that one sees fads come and go. In the 50's, the treatment of choice among AA's doing 12th Step work was fructose, so shaky newbies had honey spooned into their mouths. Later the cure all was an amino acid. Then it became stylish to do 5 hour GTT's to demonstrate hypoglycemia, then treat it with diet. Then we went into a period of alcoholism being partly caused by inadequate niacin, so there was quite a lot of flushing in AA circles and elsewhere for a time. Then we went back to hypoglycemia and sugar "addiction," but by that time many excessive behaviors were being called process addictions. So it goes. Wonder what the next decade will bring?
LeClair Bissell, M.D. Sanibel, FL (1998)

On the Mann Test for Alcoholism

What we often heard was the so-called Marty Mann test in which one is urged to drink three measured drinks a day, never more, never less, for three months. The idea was that if you could do that you were not alcoholic, since one could have just enough to set the trigger but not enough to satisfy. Most of us flunked it within the first week. Any alcoholic can stay dry for a while, but to be only a wee bit wet...?
LeClair Bissell, M.D. Sanibel, FL (1999)

On Recovery and Dying

My fix on this is a bit different from some. I am currently on chemo for breast cancer. I find I am not the least bit afraid of dying but I am scared of helplessness and falling into the hands of colleagues who are worried about my becoming addicted. I'm careful about addictive drugs but, really, who cares if my last months are spent as a medical addict or not? What I find is that we try to find universally applicable policies when what we really need is horse sense and to individualize treatment. I am a Unitarian and
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a Hemlock Society member of long standing. We're all different.

LeClair Bissell, M.D. Sanibel, FL (2000)

From A Joint Statement with Dr. Anne Geller following Attacks in the Popular Press on Dr. Alex DeLuca

How many of you were prepared to accept what was said in the Post, a biased report of a brutally edited article, without doing any further research? Is that how you normally get your medical information? This seems to have turned into a religious war without the use of any medical, scientific or even collegial common sense. We are ashamed of all of you who rushed into comment without checking your sources and hope that you will remember this episode when it's your turn to be the recipients of media distortion....It is enormously depressing to us, both now in retirement to witness the same mindless zealotry that so beset our field 30 years ago again raise its head to make us a laughing stock in the medical scientific community. We have repeatedly stated that we wish to be in the medical mainstream, to have addictions treated as any other medical illness, to base our treatments on the science and to examine the data carefully. In your attacks on DeLuca you did none of this. You behaved like a bunch of religious fanatics with Satan in sight. Shame on you.
Anne Geller, M.D. and LeClair Bissell, M.D. (July 2000)

On Undeserved Praise

I appreciate the effort to cast credit to me for Smithers [Alcoholism Treatment & Training Center], but the truth is that what was good about it came from a whole lot of people...I think we credit the physicians who are at the top of the ladder and tend to forget many of the others....I think that the AA friend who used to keep harping on the notion that one could do all sorts of things if one paid no attention to who got the credit was on the right track. It's nice to be praised and I enjoy it, but there are dozens of unsung Smithers

staff members who should share it. Happy new year everyone and don't stop writing to Congress about what needs to be done for funding treatment.

LeClair Bissell, M.D. Sanibel, FL/ (2000)

On AA, Atheism and Recovery

As a member of AA since 1953 and still an atheist, I have found that one can avoid a lot of the religiosity by selecting groups to attend and picking out fellow spirits among the members. Yes, I am a Unitarian now and find a non-creedal "religion" works just fine for those of us who'd like community with which to share in doing good works that AA cannot by its traditions undertake....I write this not to get into the same old tired arguments but simply to say that many folks can be comfortable and sober within AA without buying into a particular belief system beyond agreeing that people can help one another and that together we can do what individuals may find impossible.

LeClair Bissell, M.D. Sanibel, FL (2000)

On Meeting People Where They Are

Someone once said that addiction is like a tiny furry animal under a dresser. Sometimes the tail sticks out, sometimes a foot, sometimes only eyes and a whisker. We have to grab whatever we can and pull gently. If that's going to be only telephone or email conversation for a while, that's OK with me. We have to get the patient ready to be a patient. I'm sure we've all had many phone calls at an AA answering service or similar when it took several contacts before the body actually appeared. You make some very good points and I agree that we have to be careful not to let the person think s/he's "in treatment" before that's really the case.

LeClair Bissell, M.D. Sanibel, FL (2001)

On Acknowledgement of Mistakes

I remember that when we first were starting the Smithers rehab unit in the mid 70's, we seriously considered starting up smoke free. Problem was that I needed to attract

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referrals. I discussed the issue with the delightful man who ran the NY Times EAP. He said that he had quite enough trouble persuading his people into treatment. If I forbade smoking, he'd use another facility. I chickened out and did not do it. Some years later, this man was dying of cancer of the lung. I think I was wrong.

LeClair Bissell, M.D. Sanibel, FL (2003)

On Personal Bias

I'm not saying how many days of residential treatment Rush Limbaugh might need. Can't unless I know the man a whole lot better than I do. My own feeling is that treatment should be individualized. Some folks just need a referral to AA with a follow up to be sure things are going well. Others need a variety of outpatient approaches. Others need residential care, sometimes a very few days, others a lot longer than the 28 day formula. I don't like this guy. I'm a liberal Democrat and one of the "feminazis" he used to yap about, so what I'd recommend for him would be way biased.

LeClair Bissell, M.D. Sanibel, FL (2003)

On Online Recovery Support and Isolation

One of my first experiences with being online was to realize how different it was to know only the persona shown in emails with other members of a dog rescue group. Three examples: one young person who was wheelchair bound from brittle bone disease who mentioned she could have only a very tiny dog as a pet or risk another fracture when picking it up, another who said he'd have to be AFK (away from keyboard) for a few minutes to walk a seeing eye dog and one very insightful man to whom I turned for advice before learning he was only fourteen. If I had met any of them in person before we got to know each other online, I'd have been struck first by the physical attributes and would have had to deal with those barriers. Embarrassing to me as a physician to have to face my own feelings yet again....If I'm not posting a lot right now, it's in part because

I'm primary caretaker of my 90 year old life partner whose dementia is progressing rapidly and whose care keeps me rather isolated.

LeClair Bissell (2006)

Reflections on Dementia

I plan to read the Horton book and, now that my life partner has died, that's possible. The last couple of years were my first hands on experience of being a care taker for someone with severe dementia. I learned a lot, including that time to read without interruptions is a real luxury....Now I find that just about everyone I meet here in a resort/retirement part of Florida has had someone with Alzheimer's in the immediate family. It seems that many of us are being saved for dementia and that scares me. I hate to think about all the boomers and folks my age (I'm 79) who are going to create problems for a medical system ill prepared to deal with us. Addictions are easy to manage compared with what I fear lies ahead.

LeClair Bissell, Sanibel, FL (2007)

On Laziness

I'm overweight and nearly 80. Exercise is not always all that convenient but there are things one can do that require very little time. Anne Geller told me that she works on her balance by standing on one leg while waiting in the grocery queue. How long does that take? One of my tiny dogs can't manage stairs on her own so that's at least 3-4 flights

of stairs a day. No, it does not get my heart rate up but it supplements the exercises I do in bed before getting up. So it goes.

LeClair (2007)

On Physician Discomfort

I think that teaching doctors how to identify problem drinkers is not very complicated. In my experience, the difficulty is that they don't want to know because that involves them in conversations that make them uncomfortable.

LeClair Bissell, Sanibel, FL (2008)

I hope these excerpts from LeClair Bissell's casual communications to the field offer a glimmer of the person behind the reputation. John French, a long-time colleague and friend of LeClair, recently lamented that LeClair's contributions to the field could be forgotten because of her own humility and other-serving style. I hope this will be the first of many ongoing tributes to her that will prevent that from happening.

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About the Author: William White (bwhite@chestnut.org) is a senior Research Consultant at Chestnut Health Systems and author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.