In Memoriam of Dr. Selig Finkelstein (1916 - 2008)

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My earliest memories are shaped as the daughter of Dr. Finkelstein - dentist

Dad’s office was his benevolent kingdom. He was in charge to help people, to kibitz, to listen. If you needed antibiotics for a procedure, he didn’t give you a prescription, he gave you a 10-day supply. If a family was struggling financially, there would be no charge. If a serious illness struck a long-term patient, Mom would be notified to cook and he would deliver the meal.

He was dedicated to quality in his work. He was practical, mindful but generous with his time and would regale his patients with stories of myself and my sister while he drilled and filled. He used formal hypnosis to manage anxiety and alter physiological responses – controlling pain & bleeding. His favorite induction was simple and direct: “Take in a deep breath, and as you let it out, relax very deeply. Take in a second deep breath, and as you let it out relax twice as deeply as you are now. Take in a third breath, and as you let it out, relax more deeply than you’ve ever been before.” He would wash his hands or gather instruments as he gave these instructions. If someone was visibly anxious, he would hold their hand and add a hand squeeze on the exhalation: “When I squeeze your hand, you will become even more deeply relaxed.” Bringing a patient out of the formal trance, he would frequently say: “We have completed our work. When your eyes open, you can look forward to feeling wonderful because you are.”

His patients enjoyed coming to him for their dental work. Always gentle, his use of the hypnotic modality transformed his experience as a practitioner. He reported: faster blood clotting after extractions, achieving hypnotic analgesia with those who had allergies or serious medical problems that ruled out any chemical anesthesia, helping patients eliminate the side effects of Novocain rapidly, and being able to calm the most anxious or terrified child or adult. Practicing up to the age of 92, I asked one of his patients if she felt he was still up to speed. Her reply: “Oh, it’s the experience I go for. I have no idea how well my teeth are being cleaned.”

Dad was a proponent of rapid inductions. This meant 30 to 90 seconds, but he was willing to go longer and be less direct if the person was particularly anxious. For quite a while, he used Joe Barber’s “rapid induction” technique which can take 10 minutes. He considered it long rather than rapid but it was effective. Over the years he developed his own 10 minute induction procedures. He would set up a tape recorder & ear phones for a patient to listen in one chair while he worked on another patient in his second chair.

A good example of his skill in crisis intervention was his treatment of an 8-year-old who was hit in the mouth with a baseball bat. The child came into his office
bleeding and screaming; his mother was holding his two front teeth. The mom and my dad got the child into the dental chair. It was clear at the onset that Novocain was out of the question. One, because nerves were exposed and dangling, Novocain would simply drip out. Two, pain was a significant variable – even if Novocain would have worked, there was no way Dad would inflict more pain on this child since hypnosis was an option. Instead of any chemical anesthesia, dad asked the boy to imagine his left hand was in a bucket of ice cubes. The child was startled enough to comply. “Now raise your left hand when it feels numb from the cold.” The child raised his hand. “Now, transfer the numbness from your left hand to your right hand. Raise your right hand when it’s numb.” The child complied. “Now transfer the numbness from your right hand to your mouth. Let me know when your mouth is numb by nodding your head yes.” Dad re-implanted his two front teeth. As they were leaving the office, he overheard the boy tell his mother: “That was weird.” Regardless, it was mission accomplished.

My memories of Dad are also shaped as a psychologist influenced by a dentist.

In the late 1960’s, I was teaching modern dance to college students. During a discussion with dad I discovered that techniques I had leaned as “ideo-kinesis” were identical in principle to what he had learned as formal hypnosis. When my dance career was over in 1976, dad made the connection between what I had loved doing with my students and what is taught at hypnosis meetings. He suggested I join him and mom to attend the ASCH scientific session in 1976. I heard a panel on medical hypnosis with Dabney Ewin, Bertha Roger and Erik Wright. I was sold. I wanted to do what they did. Dad was well established enough at ASCH to introduce me to Mel Gavitz, Ph.D., then President of the society. Dr. Gravitz took me seriously. He said: “You’ll need to get a Ph.D. in psychology.” Never having taken even a single undergrad course in psychology, his gravitas and clarity started me on a path that I never doubted for an instant.

As startling as this may be to the psychologists, psychiatrists and social workers trained in psychotherapy, dad supervised me on all my early cases: professional golfers, tennis players, performance anxiety, cancer patients undergoing chemotherapy, surgical preparation and pain management. He was totally undaunted to be supervising a psychology student and I, quite frankly, didn’t think of this as peculiar. As I continued in my doctoral program and was working bedside covering all units in a medical hospital for reactive and secondary effects of diagnosis and treatment, the ‘dental approach’ made sense. Connect quickly and manage whatever the patient considered to be the problem. When I had my degree and directed a training program in medical hypnosis at the Albert Einstein College of Medicine, he came as a guest lecturer. He was proud to be referred to as “Doc’s Dad” at Montefiore Medical Center.

Dad was a Guest Lecturer on Hypnosis at Columbia University School of Dentistry, New York, NY and was a Consultant in Hypnosis for the Neoplastic Disease Division of New York Medical College in Valhalla, NY. For decades, he was active on the teaching faculties for ASCH, SCEH and the New York Society of Clinical Hypnosis. He published numerous articles in hypnosis journals and held elected offices in ASCH, SCEH and NYSCH. He received awards for his contributions to the field of hypnosis as a teacher and researcher, including the Milton H. Erickson Award for Excellence in Scientific Writing from ASCH. He was a Fellow of both ASCH and SCEH and helped revive the dental sections for both societies.

At the end of his life, his mind stayed clear as his body began to give out. For some time he was in congestive heart failure and his kidneys weren’t working well. He closed his office in November, days after his 92nd birthday. Six months after he closed his office, he died comfortably at home. He will be dearly missed by his family, friends, colleagues, patients and students.