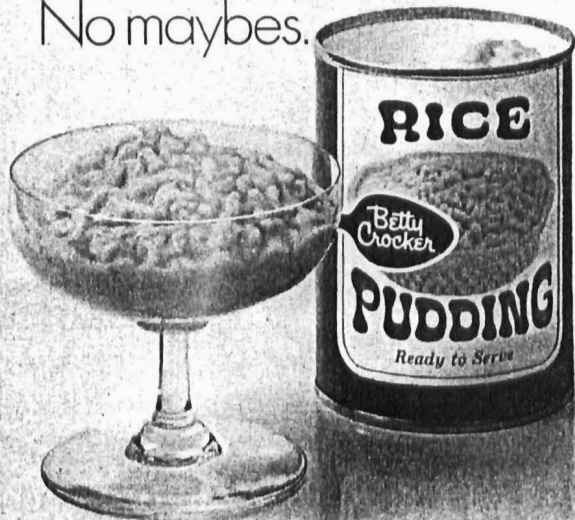


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YOU AND YOUR SLEEP

By Bob Gaines

YAWN BOX: A loud, healthy yawn is nature's way of pumping oxygen into the tired brain. But yawning (or "pandiculation," as it is properly called) can have other uses, too.

At the University of California (Irvine), doctors have developed a "yawn box" for patients who have undergone abdominal surgery and are afraid to breathe deeply. The resulting shallow breathing frequently leads to lung complications, such as pneumonia.

The yawn box is kept by the patient's bed and he is instructed to reach over and inhale through the mouthpiece a dozen or so times an hour. When he has sucked in sufficient air, a "reward" light goes on. To keep the light lit, the patient must continue to inhale at a sustained rate. The California doctors report their yawn box has reduced lung complications after abdominal surgery by half.

INSOMNIA: If you can doze off on a train, you've mastered the art of falling asleep. In *The Art of Selfishness* (Cornerstone Library), Dr. David Seabury explains that after many nights on the lecture circuit, he finally learned how to drop off in a Pullman sleeper. Here are some of his techniques:

1. *The full-body rub.* Start with your head and massage your scalp. Now your neck and shoulders. Gently knead your stomach and continue working down over your hips, thighs and calves to your feet.

2. *Eye pressure.* Press the eyes gently until you can feel the weight of your fingers. Now ease up and gently rub about the eyes.

3. *A favorite dream.* It could be a landscape, a South Sea island beach, a New England lake by moonlight. Let your mind wander through the landscape: smell the scented air, float on the water. Lie back and listen to the gentle lap of the waves.

4. *Psychic deafness.* Dr. Seabury calls this his "old reliable" when all else fails. Make a mental image of being unable to hear. Say to yourself, "I'm hanging up the telephone. I'm shutting off the radio. I'm not going to hear anything more." Practice this for a week and you can close your ears—and eyes—for a good night's rest.

ABORTIONS: Subconsciously, many women who seek abortions want the child and can be persuaded to have the baby. But how can a physician determine this? At the University of Chicago, the review committee on abortion applicants is making use of unusual criteria—the mother's daydreams.

While an expectant mother's night dreams are frequently anxious (even the happiest mothers-to-be worry over things like birth defects), her daydreams are usually optimistic. She speculates about the sex of the child, tries out different names, wonders what he will do with his life.

But the woman who is genuinely unhappy with her pregnancy blocks out these reveries. Discussing her pregnancy with her physician, she has no recollection of daydreaming about the child. According to Dr. Edward Senay, a member of the university's review committee, the woman who refuses to day-

dream about her unborn child certainly be considered an abortion candidate. If the normal pregnancy daydreams are present, he believes, mother should have her baby.

ESP: Dr. Jan Ehrenwald, a consultant psychiatrist at Roosevelt Hospital, New York City, talks about the usual dream reports.

In the first episode, a patient, the cough rattling at Dr. Ehrenwald, doing a favor for another patient, happened to be Jewish.

"This is just what you hear, Nazis whispering about," the man snapped. The ugly implication the words were obvious: a Jew helps another Jew, but no one else.

But the patient's accusation had a social significance for Dr. Ehrenwald. Though he rarely dreamed about patients, the previous night he dreamed about this young man. In the dream, the two had been traveling the platform of a European train through what seemed to be Germany. Suddenly, the young man attacked the doctor with all the force of a Nazi Storm Trooper.

Both the session and the dream presented striking departures from the patient's customarily polite and unobtrusive behavior.

In the second episode, the young man lay on the couch, having a dream of the previous night. He was fixing a room. He was looking out the window to let in fresh air.

Dr. Ehrenwald looked up at the patient. At that moment, his mind was wandering. He was thinking about an air-conditioning unit that he would install in his office the next day.

For Dr. Ehrenwald, these dreams are a minute part of his collection of reports in which patients and he have seemingly had some kind of telepathic communication without words.

Dr. Ehrenwald believes that telepathic communication occurs often when there is a close relationship, for example, the bond between child and parent or patient and doctor. He theorizes that telepathic communication occurs most often in the first two years of life, when the infant is relatively helpless and dependent on the parent. There have been several hundred episodes of telepathic communication with the infant ESP on file.

These early telepathic communications usually occur in the form of a waking message or the need for comfort from the doctor. As the child's babbling is replaced by speech, he emerges from the "partial communications" stage and earlier telepathic patterns of communication become rudimentary.

But the telepathic function does not completely disappear, says Dr. Ehrenwald. Under special circumstances, abandoned tracks can be reactivated. In the psychoanalytic situation, the analyst tries to reactivate his patient's infantile past. The analyst becomes the parent, and the patient's daydreams lay open the tracks on which telepathic communication began.

"The psychiatrist should be aware that his thoughts and dreams can be telepathically impinging upon his patient's mind," concludes Dr. Ehrenwald.

1 p1482 LHS 3/71