Paper to the NLP Conference
Toronto, 1997

The Ontology of Malignancy and the Possibility to Turn It

by
Dennis K. Chong & Jennifer K. Smith Chong ©

(There is a certain body of implicate knowledge that the authors assume that a professional and NLPer already has. If the reader does not know and is interested the article will index the reference sources. The names cited in this paper are of live persons. We have their permission to use their names. The pronoun I or me refers to D.K.C. and the pronoun we refers to the two authors. The pronoun him, is to apply to either gender.)

The mystery of human ontology will continue to fascinate and tantalize researchers in such fields of Philosophy, Medicine, Psychiatry, Psychology, Hypnotherapy, Psychotherapy, General Semantics and, above all, Neuro-Linguistic Programming and Neuro-Semantic Programming. There is much to suggest that it is a mystery that will never be absolutely and completely unravelled. It is in such a reality that sets the stage for the compelling curiosity of continuing research.

Such is the drive for its elucidation that there has emerged what seems to be a desperate and frenetic haste to find its explication in divine and cosmic terms. In our view, this is something that will best be based upon first principles, freed of the features of the idiosyncratic, the airy fairy and sometimes new age drivel. Otherwise, the whole endeavour can become an illogical exercise and place the entire research into disrepute.

As an example, a first principle is that **God is unknowable**. This is grounded in Philosophy and Theology. If we accept this statement as true, then, logically, if a person takes some known scientific fact(s) and proceeds to verbally spin a connection with the spiritual, the cosmic and the divine, there is a high possibility of INACCURACY. Yet, what is clear is that such activity carries an incredible measure of plausibility despite the fact that such an exercise, by the logic from first principle, is potentially illogical.

The charm of NLP has always been its presupposition for ACCURACY and PRECISION and, above all, its presupposition for **sensory-based tests** to validate the accuracy of all assertions, evaluations and conclusions. It is for this, and this alone, that because the blueprint that was delineated in our book *The Knife Without Pain* has survived its scan of the tests in actuality and experience, we felt free to engage in the next piece of research. This research concerns the question of **whether there might exists a blueprint which upon its application that might turn a cancer**?

I have always retained some concerns and reservations about the logic, and hence the efficacy, of visualizing "goody phage" cells descending upon naughty cancer cells and devouring them up. The proposition is that in doing the cancer may remit. The idea that an act of visualization such as this could transmogrify, so profoundly and powerfully an ill-formed ontology as a cancer beggars my credulity. Despite this, we do not miss the potential and possible analogical transderivation by such an exercise. The question is how probable is it? And how consistent can it

be in yielding the desired results?

Would it not be far better for a cancer patient to visualize God coming to touch him and the cancer then remitting completely? Surely that would be more logical and realistic than visualizing a phage cell eating a cancer cell! For me, such an act would have more logical sense as it could match and therefore dovetail with the imprinted beliefs of the cancer patient. Every NLPer knows the value of the congruency in belief systems.

In their faith healing acts, Oral Roberts, Benny Hind et alia know this; and so too, lamentably, did Jim Jones and David Koresh.

Before, seriously and earnestly, undertaking this research, we took the opportunity to consult with our redoubtable friend and colleague, Roland Roye Fraser of Mystique, Connecticut. It was about the pattern of our failures. In his usual kind way, Roland advised us that there were others in this field of research. In sharing this information with us, we now felt like the co-researchers who finally cracked the DNA helical code and who knew, at that time, that they were in a race with others to achieve such a breakthrough - most notably, the Nobel laureate Linius Pauling. Now, to be in such a race, does not sit well with us. The issue of changing the ontology of a malignancy is such a worthy goal that we believe it would be far better to forego the *gloria omnia* and focus in solving the conundrum. For us, the Best Case Scenario (BCS) is to do this within a collaborative frame.

However, from what he shared with us, Roland seemed to suggest that this would be most unlikely since others will be well ahead of us. His inference may well be true and such an eventuality would be for us a most sad state of affairs. We can well understand the logic of this because in life there is no advantage or gain to help an acolyte when one is already a "master." Yet, if you knew that Bill Gates was to be who he has become, then in those days ANTE his emergence and you had helped him is some critical and powerful way, then would it not be probable that you will benefit in a way that you could not hope to on your own?

Roland went on to clarify some matters which, without question, were absolutely critical in the protocol of research to turn a cancer. One was the place of the Esdaile state within the protocol of research and, by inference, in the protocol of hypnotherapeutic work. Now, like many others, we have read Esdaile book. However, in all our clinical work, we had NEVER deemed the Esdaile state as being a critical variable in the ontological equation of hypnotherapy. Our experience was that it seemed we could secure the desired outcomes of our clients without the Esdaille state.

There was something else about the Esdaile state that was not comfortable with me. It is also known as the state of "hypnotic coma." As a physician, I was most averse to securing a functional comatose state in a human subject. I had mistakenly concluded that the coma state was functionally a neurological one.

However, Roland was able to redefine the coma in a remarkable way and for which we shall remain forever in his debt. He advised us that the coma state refers to the BODY, **It is the body that is "in coma" or "asleep in hypnosis"** (see the note below). The mind can be awake. When he advised us of this, it was for us "EUREKA!" We knew immediately the conditions that MUST be secured for such a state to exist. This is the critical piece of information that we now believe every researcher in this domain has to know because it is the singular item upon which the turning of a cancer has a chance to occur. We say, "has a chance to occur" because our research has not reached the stage that permits us to take a definitive position. When we do we shall write the book on this subject.

We then referred to our dear friend and colleague, Dr. Gerald Fulton of St. Catharines,

Ontario. Fulton is probably the leading specialist in Physical Medicine in Southern Ontario. For years, so many that I cannot even begin to count, he has pushed me to utilize the Esdaile state. For just as many years, I have resisted. Now and then I have even dared to question his logical basis for pressing me in this direction. He kindly gave us the formal data available on the Esdaile state.

We now proceeded to determine how well we could secure the Esdaile state and how to hone our skills to utilize it. This involved constructing the various semantic kernels that comprised the articulation of the hypnotic protocol to attain the Esdaile state (Ref: *Power and Elegance in Communication* and *The Knife Without Pain*).

Our first subject was a non-cancer client. Her distinction was that she had a very finely acquired expertise in Transcendental Meditation. On the day, when our work with her progressed to the Esdaile state (and the work then extended to those limits for her desired outcomes) she came out of trance and shared a feedback that I never thought possible yet had always hoped for. Later, she was to send us a written feedback in which she said:

> While under hypnosis, I was able to bridge the gap, to bring my outer-self in harmony with my INNER SELF. I was able to mesh into one entity my whole being. This enabled me to function with the power within me.
> I feel through the help of hypnosis that I am one with myself.
> Feeling and knowing your TRUE SELF is truly being able to transcend one's limits.
>
> *Brenda Hunt*

It is invaluable to review her feedback. The convergence and union between the outer and INNER SELF is clearly a very critical matter. But what is the INNER SELF? This matter was addressed in our work *a glimpse at forever, a chance for eternity* (The Ultimate Nominalisation or TO BE). In knowing what the INNER SELF might be, that Brenda Hunt refers to, is to set the conditions to know what to say, in hypnosis. It is, in fact, a logical corollary of this work.

("**Asleep in hypnosis"** refers to the condition of ZERO neuro-motor tone, NOT spastic catatonia)

Brenda Hunt's experience and conclusion is that there is an INNER SELF or INNER I. Clearly this Inner I is different from the superficial I. It is here that we can see the incredible and wonderful insight of Robert Dilts. Many years ago he had proposed a way of approaching and solving problems. If the problem appertained to the **E**nvironment, then its solution would be found in the level above it - the level of the **D**o. However, if the problem was in the **D**o, or behaviour, then one would need to change the level above it, i.e., **C**riterion. If a problem state was at this level then one would have to change the level above it, namely the **B**elief. If, however, there was a problem here, then one would have to go above it to the **A**, **a**lpha or personhood. This was his famous **A**, **B**, **C**, **D** and **E**. We raised this matter in our work *a glimpse at forever, a chance for eternity:*

> These structural propositions A, B, C, D and E that Robert Dilts proposed are worthwhile and useful. They are not only useful in therapy but in communication, business, law, sociology and in other domains. It is to see problems at different logical levels. It is also to understand that the resolution of a problem state can only be determined by the logical level above. In doing so, he took us to the "A" and inferentially, the level above it. This in turn serves as the basis of the searching enquiring that is the basis of this work.
>
> | Robert Dilts proposition | Our proposition |
> |---|---|
> | **E**: Environment | **M**: Milieu |
> | **D**: Do | **A**: Action |

C: Criterion
B. Belief
A: Personhood
?

R: Implicate Rule
P: Paradigm
H.O.Ps: Hierarchy of Paradigms
A: The Alpha or Personhood
S: The Real Self or the Real I - ?

a glimpse at forever, a chance for eternity C-Jade Publications Inc. 1995 p31

By first principle, the outer self is a superficial I. In a real sense, Robert is accurate in his insight. If you can change a specific superficial I that has within its unique ontology a specific problem belief system then that belief system will change.

If we accept, as first principle, Robert's conclusion that one has to go to the level above to remit a problem state, then in our moment of Eureka with Roland, it was clear that the condition that must exist to turn a cancer, especially one that is determining the termination of a given human ontology, is the level that Brenda Hunt wrote of:

> "While under hypnosis I was able to bridge the gap, to bring my outer-self in harmony with my INNER SELF. I was able to mesh into one entity my whole being. This enabled me to function with the power within me."

Yet, in her language, Brenda Hunt speaks of an "I" that we are compelled to conclude CANNOT be the outer I or the superficial I. It is certainly NOT only the INNER SELF that she is referring to. If you refer to her quote again, she says, "**I** was able to..." and "**I** am one with..." In our explorations we conclude that this "I" that she is refers to is NOT the outer I or superficial I. The outer I is the I that is EVER CHANGING:

- the I when you are with your mother and she is very angry
- the I when you are chumming with your friends at a club
- the I when you are at a church wedding
- the I when you are at a church funeral
- the I when are at work
- the I when you are interviewed for a job
- the I when the cars in front are going at 5 kph
- all other possible is.

They are, by self-evidence, all different. Therefore, when Brenda Hunt says that she was able to "bring my outer-self in harmony with ..." she clearly CANNOT be referring to this outer I. From our evaluation, we have determined that this "outer-self" is the **Meta-function**. The concept of the Meta-function was proposed in our work *Power and Elegance in Communication*. What Brenda Hunt speaks about is NOT the union between the outer I or superficial I but that of the Meta-function with the INNER SELF or REAL **I**. Both, by first principle, are entities that possess the attribute of the infinite.

In the end, it is only by power that is it possible for anyone to get anything. Aggression is NOT the way. This, indeed is another first principle. Where life and death are involved, we believe that such a state of affairs would entail "the power" that Brenda Hunt speaks of. Today there are many who talk, talk, talk and talk **ABOUT** these matters but who simply do not have the know-how,

logically and systematically, to guide others to attain such actualities-in-experience.

From the work, *The Knife Without Pain* we have concluded that the result of a pain free state under the knife of a surgeon, without any chemical anaesthetic, had nothing to do with hypnosis, but with the INNER POWER that is in all of us. This power, by the logic of first principle, would be an integral part of the INNER SELF. Therefore, "to mesh into one entity" would logically entail Brenda's assertion of "truly being able to transcend one's limits." One of the most limiting conditions is the ontology of a cancer state that is compelling the end of one's life.

A second case study was Sam El-Tawil. He did not have cancer but he too was taken to the Esdaile state (and the work extended in the Esdaile state to secure his desired outcome.) When he came round, the change in him was visibly palpable!

We now agreed with Brenda Hunt that we had something that went beyond just the experience of a state of meditation that is merely transcendental. This set the condition for us to offer a one day public workshop entitled ***Meditation-in-Hypnosis*** or MIH.

Our third case study involved a lady by the name of Joyce Etches. Joyce had a primary cancer in her colon and now there were secondaries in her liver and in her lungs. We worked with her for some 9 weeks. The first 4 weeks work dealt with preparing her for the therapy-in-hypnosis. Once this was completed the work began to guide her to the Esdaile state and, once in that state, to secure the conditions for her to get her the desired outcome she wanted.

In this latter period, she advised me that her medical tests had indicated the exact site and size of her hepatic and pulmonary metastases. Her surgeon had advised her that he wanted to operate on her to excise her hepatic secondaries. She agreed to this and was admitted into hospital.

Then the first MIH was held at the Holiday Inn in Oakville and in walked Joyce in the pink of health! She told me that 2 weeks before she had been for her operation. In preparation for the removal of the hepatic secondaries, her surgeon had cut in across the entire width of her abdomen! I was eventually to see this scar. "Then what happened?" I asked. Amazingly, he could not find the hepatic secondaries! There was a patch of something that he excised and sent to pathology!

She was for all practical purposes pain free in the post operative period. In five days she was discharged from hospital.

Joyce Etches was NOT on chemotherapy at any time when working with us. The only thing she was taking was some herbal medicine.

The Joyce Etches case is not the defining exemplar for the emerging model. Yet it speaks volumes. In our view, it goes beyond one of the 5 successes that we noted above. This was a patient who had a breast cancer. When she came to us, there was a suspicion of bone secondaries from her breast. For this she was required to return on a regular basis to her oncologists.

In our work with her, we were able to delineate what Richard Bandler would say - the **analogical junko logic** that was the basis for her cancerous ontology. Her husband had an obsession with the mammary glands of women. Given that her mammary glands were conspicuously less endowed, her compelling problem was to determine whether her husband truly loved her. How was she to find out if he did? Would he still love her if she had no breasts? From this emerged her analogical decision to cancer one of her breasts and to test whether he loved her in her post-operative condition?

Once we determined that this was what the cancer was all about, then as every competent NLPer knows, it is a very simple matter to undo this. In so doing these "secondaries" will remit. This

was some 15 years ago and this patient is well and in sound health.

Our research has unravelled these findings:

i. A cancer patient is to be satisfied regarding all cognitive doubts and concerns about the modality of hypnosis in its therapeutic applications.

ii. A cancer case is to be prepared for therapy in hypnosis. This preparation entails the subject satisfying the conditions of analogical well-formedness for hypnotherapy, as defined in the work *The Knife Without Pain.* These conditions were indexed by Dr. Victor Rausch who had his gall bladder removed under the anaesthetic of self-hypnosis. (This was an operation in 1977 at the KW Hospital in Kitchener, Ontario.)

iii. The protocol of work will require the patient to induce his/her own trance. Therefore, the patient is to be taught self-hypnosis and is required to practise every day.

iv. NDH (Non-Dominant Hemispheric) access must be achieved.

v. In the state of the NDH access, the union between the Meta-function and the INNER SELF is to be achieved.

vi. It is in the union between the meta-function and the INNER SELF that the Esdaile state can be achieved in a logical and systematic way. The Esdaile state means that the normal engine of a person's ontology, the Hierarchy of Paradigms (H.O.Ps.) is separated from the person (refer: *Don't Ask WHY?!*). We now know that there are two engines. Specifically, there is one for the mind and then there is one for the body. The two engines are not necessarily matching nor congruent. Thus, a person's cognitive operations may determine a conclusion about how dreadfully harmful his smoking has become and would like to stop. However, the ontological engine for the body determines otherwise and so he continues to smoke.

vii. The Esdaile state means that both engines are to be inoperant. Where this is true for the body it must logically follow that the body is in a functional coma.

viii. The mind is to stay out and this is a logical follow on if what is suggested above is done in hypnosis.

ix. That one can consider the business of uttering, in the protocol, the scan of words and their respective semantic kernels that will to secure the desired outcome.

x. That one is to unmask, by standard NLP procedures, the strategy, the belief and the secondary gain by which the person came to known to cancer himself/herself. This segment, of course, addresses the critical issues of analogical and cognitive junko logic. In our view the former is the one to unravel and to deal with.

xi. That finally, there is to be uttered a healing protocol to round things off. This protocol, here in our practice, is a derivative of the writings of the Jain priest, Gurudev Shree Chitrabhanu. In our work we call them the Gurudev manoeuvres.

This submission is about how and where we have come to, in this challenging domain of research, concerning the matter of turning a cancer. We look forward very much to the submissions of others about their approaches, philosophically and technically.

It is a wise thing that we "use the ways of the world" (Don Juan Matus mentor of Carlos Castaneda). Therefore, when a cancer is diagnosed, we commend that all that is available, in contemporary Medicine, be employed to find out if the cancer can be cured.

We deem what we can offer as an adjunct to what Medicine can do and in a Worst Case Scenario

(WCS), it is the only tangible hope between life and death.