

Cancer and the Possibility to Turn It

by

Dennis K. Chong, Jennifer K. Smith Chong & Rowland Roye Fraser ©

In this paper, the male pronoun will apply to either gender, the plural pronoun will apply to both authors but the nominal pronoun will apply to the first author.

It is not the intention of this paper to discount current methodologies in cancer treatment. Quite to the contrary, this paper is proposing an adjunct to help the problem.

The names cited in this paper are of living people. We have their permission to use their names.

Rowland Roye Fraser

We are honoured to include his name as co-author of this paper. Without his critical and helpful contributions, we would not have found our model to invert a cancer. He is one of the leading trainers and researchers in Neuro-Linguistic Programming

We dedicate this paper to those for whom death is an inevitability

-
or so it seems.

Abstract

This paper seeks to understand a cancer as an anomaly in the neuro-semantics of the body language. If one accepts this proposition, then the logical consequence is that if the aberration of the neuro-semantics of the body language is corrected, then the cancer would reverse.

However the perversion of the neuro-semantics of the cancer is so phenomenal and unprecedented that the authors propose that only the power of the light of God in us can invert it.

This paper then delineates a protocol to secure this outcome.

There are certain things in life that people accept as inevitable. Today, if a person has an inoperable cancer, in which radiation and chemotherapy have failed, he faces an irrevocable and final death sentence. Now, at the beginning of this millennium, we ask whether it is really possible to invert this?

We suggest that this is possible because of the extraordinary explorations and findings in the areas of Applied Epistemology and Applied Ontology that have taken place since the inception of the field of Neuro-Semantic Programming (NSP). (Chong, Dennis & Jennifer (1991) *Don't Ask WHY?! Oakville: C-Jade Publications.*) If death is not to be inevitable, then how and what is the process to achieve it?

To begin with, we suggest that the epistemological course of any condition is the analogical or unconscious knowing, by the person, to do what he is perpetrating upon and describing for himself. There are many things we do unconsciously, e.g., sit with our right thigh over our left and not left over right, blush, dream, thin our lips, heave a high breath into our upper chest and so forth. Such unconscious actions can include bringing a heart attack on oneself and, as we propose here, a cancer. An epistemological course can also be cognitive and conscious.

We begin by proposing a new way to understand a malignancy and to cite a case in which the inversion did take place according to a preplanned protocol of work.

Medicine views a cancer as the derivative of a set of cells that have become aberrant in its genetic condition. As a result, these cells do not obey the normal constraints concerning their replication. They freely divide in an indefinite manner. They can also locate elsewhere and, in being able to do this, demonstrate an invasive property. They can extend beyond their predetermined locus. These two deviant properties, if not stopped or reversed, without exception, will entail the death of the person.

We propose to see a cancer as a semantic analogical illogicality and a semantic analogical irrationality. An example of the former is a comedian or a hysteric and of the latter, a schizophrenic or serial killer. By its illogicality a cancer is determined to harm the person and by its irrationality it means to kill the person. A cancer is, therefore, a semantic analogical insanity.

An analogical insanity is an act of our unconscious *being* and there is nothing that a

person's meta function (m(f)) can do to override it. **“The meta function is our ability to abstract and to have abstractions of abstractions and so on. It has been described as our ability to have an “aboutness” of things.”**(Chong, Dennis & Jennifer (1993) *Power and Elegance in Communication*. Oakville: C-Jade Publications Inc.) page 11-13

In some ways this is no different from the smoker whose m(f) cannot override his smoking habit nor the nail biter whose m(f) cannot stop his nail biting. Yet we all know, with the help of a competent professional, a person can stop his smoking and a nail biter can stop his habit.

The question then is:

Can a malignancy be stopped?

As an event it certainly has occurred. When it happens, doctors call it a spontaneous remission. When it takes place at Lourdes or Fatima, they call it a miracle. When it comes about through some powerful psychotherapeutic or hypnotherapeutic manoeuvre, they call it “something wonderful.”

Many people are not aware that the favourable position of the British Medical Profession toward Hypnosis was because of a very unusual case. It was of a patient who underwent surgery. This patient, quite apart from the surgical problem, was born without any sweat glands. It was a congenital condition. The anaesthetist of the case was also a practitioner in Hypnosis. It was documented that he used Hypnosis as part of his anaesthesia. When the surgery was all over, it was discovered that the patient had sweat glands!

Was it because of Hypnosis? Or was it a miracle! Or was it something wonderful? The medical profession was forced to conclude that the “cure” of the congenital condition was somehow related to the Hypnosis that was applied to the patient. The doctors were never able to work out how it happened.

In our explorations regarding how to invert a malignancy we came to realize that there is an inner power in all of us. This insight came after our formulation of the Modified Milton Model of Hypnosis as a model for surgical anaesthesia. (Chong, Dennis & Jennifer. (1994) *The Knife Without Pain*. Oakville: C-Jade Publications Inc.) This blueprint had been well-tested and, combined with the V.H.S. taping of the Janet Bedford surgical operation, as

discussed in the book, we felt that what we were proposing was sound and could be replicated by anyone. It was when everything was *in situ*, so to speak, that we realized that an operation done entirely under Hypnosis was an exercise in utter “madness” because it requires a person to:

1. stay calm in the face of another coming at him with a knife
2. welcome the assault
3. continue to be calm, knowing that the latter was going to slash him
4. not to resist, cry or protest
5. welcome the assault
6. remain pain free
7. hardly bleed at all
8. thank his assaulter for wounding him
9. happily get up from the place of assault
10. claim that recovery and healing was very rapid.

This type of behaviour is nothing but a metaphor for some inner power. In examining this even further, we were left with the final conclusion that this inner power had to be “the Light of God” that is said to be in all of us. An incurable cancer is the ultimate analogical metaphor for Death the Stalker. We, therefore, propose that only the transcendent power of the Light of God can fend off such an awesome adversary. The mind can do nothing - as usual.

In March 1999, Donna Hilapieli came to see us and stated that her problem was an inoperable abdominal malignancy. She had been through radiation and it had resolved nothing. Chemotherapy had accomplished nothing. Her immediate problem was pain in her right upper abdomen and, given the location of the cancer, she was also troubled with a pressure against the right side of her ribs.

It is recorded in her medical charts that I told her:

1. the pain and pressure against her ribs were problems that I could help her
2. that what I was interested in doing was to reverse her cancer. I therefore asked her if she would work with me for this outcome. She said, “Yes.”

We were to work with her to November 1999 when she told us, “My specialists tell me that they cannot find my cancer.” When we heard this, we gave a cry of joy and thanks. Then she told us “I have known this for one month and I have not told anyone. It is only now that I have told my husband and you.”

So what did we do? What was the model?

If one understands a cancer as an ill-formed semantic ontology, in which its intent is to (a) harm the person and (b) an irrational fixation to end the sentient life of the person, then if these issues can be reversed, the cancer will invert. The logical possible way to do this is founded in the presupposition that the power of the Light of God is in us. This is an ancient and current belief.

However, everyone knows that, when a person is really in trouble and he prays to God for help, there is often no response. Then we wonder where God is in our moment of greatest need. So one is therefore compelled to conclude that the idea of reversing a cancer by the power of the Light of God, may be both absurd and a waste of time. Yet, is it all that fatuous?

An Applied Epistemologist (someone who examines how a person knows to do what he does or be the way he is) will ask, “How is it that when a prayer is true, genuine and sincere that the Light of God will not answer?” A child wants to go out and pleads permission to do so. Most surely its request is true, genuine and sincere. However, the child has been naughty. His parents deem him unworthy of their assent. So, either they turn away in silence or they tell the child, “No! You may not go out. Now go upstairs to bed!”

For our transgression and imperfections by thoughts, words and deeds, our lot with the Deity, is to say the least, a very poor and miserable one. We are in no position to presume that, just because our prayer is true, genuine and sincere, that the Deity will respond positively. If the Deity will respond, it will depend on whether we are worthy or not. It will not depend on whether our prayer is true, genuine and sincere.

Our perfidies and aberrations by thoughts, words and deeds are but metaphors of our outer personalities that we put on for the benefit of this world or our own. They are our outer social selves that we role play to get our wants and desires, our needs and greeds and the cover for our worries, anxieties and fears:

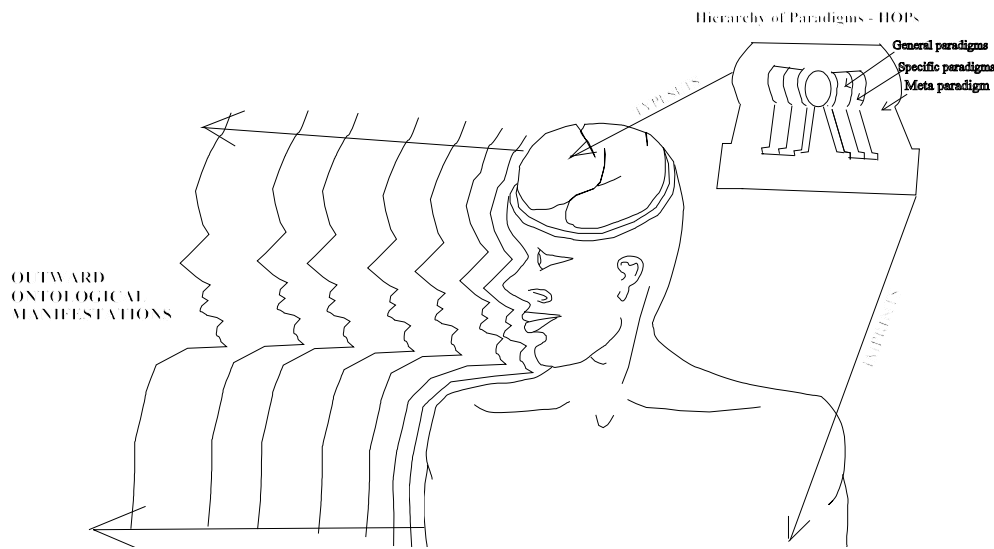
From where does this superficial “I” come from? It is created, built up by

the karmas, customs, creed. It is a social “I.” Because of different geographical, physiological, and emotional programming, it creates barriers among people. Your unreal “I” is not the same as someone else’s because what is important for your nation, race, or society is not important for his. So our mental structures and emotional needs are relative. And what is relative cannot become permanent.

Gurudev Shree Chitrabhanu, (1980) *Twelve Facets of Reality* The Jain Path to Freedom, New York: Dodd, Mead & Co. Page 14

What then are these mental structures? We propose that they are our life’s blueprints, our semantic paradigms that we use to understand ourselves, others and the world. They are imprinted into our body language and typeset into our minds. (Chong, Dennis and Jennifer. 1991.

*Don't
Ask
WHY?!.
Oakville:
C-Jade
Publications
Inc.).
Our*



forms and styles of being are metaphors of our Hierarchy of Paradigms (HOPS). In the jargon of the computer age, our HOP’s are the software that run our grey matter and our body. We represent what we have just said in the manner of the diagram below:

Figure 1

However, the ultimate question concerns the teleology of our lived ontologies. For a cancer the questions are:

1. how did he know to do what he decided to do, albeit unconsciously?
2. what did he do it for?
3. what is he continuing it for?

This sets the stage for the most compelling curiosity for continuing research. In our view, any examination of this matter will best be based on first principles. In this way, we may escape the possibility of fallacy and error.

So, let us assert this first principle:

God is unknowable.

This first principle is not our invention. It is from Philosophy and Theology. If we accept this statement as true then logically if a person takes some “fact” and proceeds to spin a connection with the Divine, there is a high possibility of INACCURACY.

The second principle that we want to assert is to be found in a prayer in the Book of Alternative Services:

Glory be to the power of God, working in us, that will grant to us infinitely more than we can ask or think.

Book of Alternative Services: (1985) Anglican Book Centre, Toronto: page 214

SP requires well-formed and ACCURATE-TO-FACT SEMANTICS and SENSORY BASED TESTS to validate them:

If you don't go to your reality, your whole life will be nothing but pretense and fantasy. Living in make believe. You will not be able to take the last step of evolution. So if you want to go further, be genuine. Go beyond words and come to the truth of experience.

Gurudev Shree Chitrabhanu, (1980) *Twelve Facets of Reality*. The Jain Path to Freedom, New York: Dodd, Mead & Co. page 15

Pain free surgery with Hypnosis by the model indexed in *The Knife without pain*, has survived its scan of sensory-based tests. Yet what was happening, we are now sure, was not because of Hypnosis. It was because of the inner power in all of us, the power of the Light of God in us all. Therefore, here is a logical connection between surgical hypnoanaesthesia and turning a cancer.

We know that other methodologies have been proposed to invert a cancer. They include visualization, to visualize phage cells attacking cancer cells and consuming them. However, we know that in faith healing acts by Oral Roberts, Benny Hinn *et alia*, they visualize God coming to touch the person to heal. Such a manoeuvre, in our view, would be more logical since it matches the imprinted religious beliefs of the cancer patient. And the presupposition of belief, depending on the context, can carry enormous benefits and consequences.

In our research, we consulted with our redoubtable friend, colleague and co-author, Rowland Roye Fraser regarding our initial ambivalent results in our work with cancer patients. He reminded us that there were others in the field whose researches were probably well ahead of us. Then he advised us that the Esdaile state was pivotal in the turning of a cancer. An Esdaile state is very difficult to reach and there are no formal models to get it quickly. At the same time the Esdaile state was known as the state of “a hypnotic coma” and we had strong reservations about guiding patients to a comatose state.

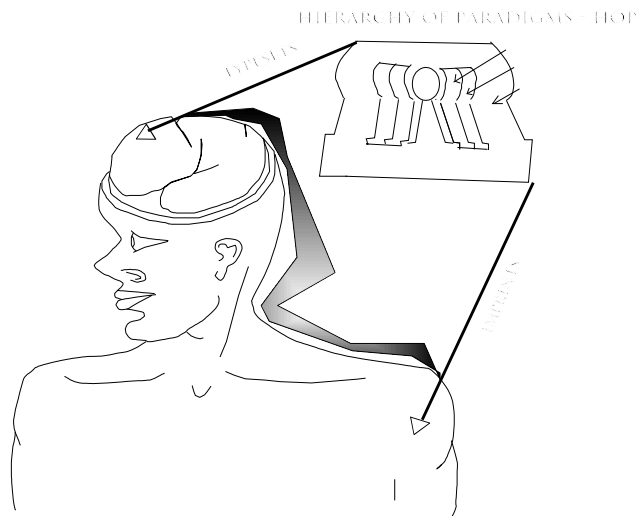
From my discussions with Roye, I was to realize that my understanding that the Esdaile state was a neurological coma was inaccurate. He advised me that it referred to the body. In the Esdaile state, the body was ASLEEP. With this, I immediately saw the Esdaile state as a function of a disconnection between the HOPs and the brain and the body.

It is as shown in the diagram:

Figure 2

Therefore, by the logic, inherent to the above diagram, we could see immediately how:

1. it was possible to get an Esdaile state quickly and expeditiously.
2. the Esdaile state was always associated with the phenomenon that an operator could place the subject's limbs in any position,



even in bizarre ones.
W i t h t h e
disconnection of the
HOPs, neuro-motor
tone would logically
and inevitably be
ZERO.

We now needed a person to test out these emerging ideas. Our first subject was a non cancer patient. Her distinction was that over two decades she had acquired expertise in Transcendental Meditation. On the day, when our work took her to the Esdaile state, she came out of the trance and shared with us some incredible feedback. She wrote:

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

What Brenda Hunt has written here is amazing and extraordinary. The implicature of what she wrote extends in a most profound way into the domains of Theology and Teleology.

It was out of her sensory-based experience that she cites the critical matter of the convergence and union “to bring my outer-self in harmony with my INNER SELF.” By this, she “was able to mesh into one entity my whole being (our underline).” This “one entity my whole being” is the oneness of the self that people speak of in these expressions, “I want to be one with myself.” “I want to be as one with myself,” “I want my oneness,” “I want to be whole and complete,” “I want to be one.”

It was as “one entity my whole being” that she was able to “function with the power within me.” This turn of phrase witnesses the power that was already within her and which we now know exists in all of us. It is as “one entity my whole being” that one can dismiss

the pain of a surgeon's knife and turn a cancer.

This "one entity my whole being" that Brenda Hunt speaks of cannot be the superficial "I" or the outer "I." Here we referred back to the work of Robert Dilts. Robert Dilts is one of the world's pre-eminent developers and researchers of Neuro-Linguistic Programming. He had proposed that if you wanted to solve a problem, you would best attack it at the logical level above it. Thus, if the problem was in the **Environment**, you would go to the level above it. This was the level of **Doing**. If however, the problem was at the level of a person's **Doing**, then you best go to the level above it. This was the **Belief** that underpins the behaviour. If the problem was that of **Belief**, then he proposed that you would have to go up to the **A** or the "I".

We believe that this **A** or "I" that Dilts proposed is a specific superficial "I." If, therefore, there was a problem with this "I" you would then have to change it. This then was Dilts':

E = environment

D = do

C = criterion

B = belief

A = the person

We felt compelled to modify his proposition to:

M = Milieu

A = Action

R = Implicate Rule

B = Belief

P = Paradigm

H = HOPs = Hierarchy of Paradigms

A = The Alpha or personhood

S = The real Self or the real I

**Robert Dilts provided an elegant way of remembering his proposition, i.e.,
A, B, C, D and E.**

We, in turn, have a less elegant one than his. Ours forms the acronym MARBPHOPsAS. However, it is just as easy to remember as it is phonetically odd.

Chong, Dennis & Jennifer (1995). *a glimpse at forever, a chance for eternity, Oakville*: C-Jade Publications Inc. page 31

It became clear that if the entire persona of a person is warped, bent, twisted and perverted, then change is possible if the HOPs were changed. Today, it is technically possible to invert a Jeffrey Dahmer of Milwaukee, USA into a St. Francis of Assisi.

In our moment of Eureka with Roye, it was clear that to, turn a cancer, we had to go to 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.

This was to bring “my inner self in harmony with my INNER SELF” This would “mesh into one entity my whole being.” This “entity my whole being” cannot be any of a person’s “I”s such as:

- the “I” when she was with her mother and she was angry
- the “I” when she was at a church wedding
- the “I” when she was in hospital visiting a sick friend
- the “I” when she was at work
- the “I” when she was looking for a new dress
- the “I” when she was at a cocktail party

The above “I”s are superficial and are unreal. Therefore, when Brenda Hunt said that “I” was able to “bring my outer-self in harmony with . . .” clearly, she was NOT referring to any of these outer “I”s. We propose that this “I” that she wrote about is her meta function.

It is by the attribute of the meta function that a human being can say I am, I am aware that I am, I am aware that I am aware that I am, I am not you and so on. It is clear that the

meta function has no limits. It is infinite.

Thus, what Brenda wrote about was not the union between a specific superficial “I” and the real “I” but between her meta function and her real “I,” her Essence, her Life Force, her Soul, or the Light of God in her. This is a union of two infinite entities. Clearly her experience went beyond anything that she had achieved from her 20 years experience with Transcendental Meditation. At one level, we knew that we could offer a powerful and beneficial exercise to discover one’s “INNER SELF” and to find one’s “inner power.” We did so in the form of a two-day workshop that we called Meditation-in-Hypnosis (MIH). We were now also sure that we were at the threshold of turning a cancer. However, the way to do so was far from clear.

Then came Joyce Etches. She was a lady with a primary cancer in her colon. When she came, she told me that she had secondaries in her liver and lung. She was scheduled to have a resection of her liver secondaries. We only had nine weeks to work with her before this operation. The first four weeks work dealt with preparing her for the therapy-in-Hypnosis. Once this was completed, the next thing was to guide her to the Esdaile state. Once this was done, we sought to secure the conditions for the desired outcome. We did not see her again for sometime.

Then we held a MIH Seminar at the Holiday Inn in Oakville. In walked Joyce Etches in the pink of health! She told me that two weeks before she had her liver operation. For this operation she had a scar right across the entire width of her abdomen. I asked her what happened. Amazingly, the surgeon could not find any secondaries but a patch of something that he did not recognize but had sent a sample to the laboratory. Post operatively, she was completely pain free. In five days she was discharged.

However, her Oncologist decided it was best to remove her pulmonary secondaries. There were three. At the time of the operation, they found nothing but one odd site that the surgeon could not identify and sent a specimen to the laboratory. Joyce was not on chemotherapy at the time she was working with us. She was taking some herbal medicine. Her case is unfortunately not the defining exemplar for the emerging model. Yet it speaks volumes because of the sensory-based evidence that she gave us.

The next case that we cite is of a lady who had a mastectomy for a left breast cancer.

When she came to us there was a suspicion that she had secondaries in her ribs. For this she had to return on a monthly basis for follow up X-rays as her radiologists continued to remain unsure what they saw in the films. She came because she was utterly distressed by the radiological uncertainties of her condition and depressed and by the general mood of the hospital that she went to.

In our work, we felt that it was critical to delineate what Richard Bandler, co-founder and principle developer of Neuro-Linguistic Programming, had indicated. It was the concept of *junko logic*. It is about the analogical semantic ill-formedness that people can have. We now know that it can manifest itself in ill health, disease and finally cancer.

So what was her junko logic that was the basis for her cancerous ontology? From the work we found that her husband had an obsession with the mammary glands of women. Given that hers were conspicuously less well endowed, her compelling problem was to find out if he 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 breast! She is today well and happily remarried.

With Mrs. Hilapieli, there were similar issues to be resolved. In Mrs. Hilapieli's case it was related to the death of her father when she was only eight years old. Powerful unresolved matters that flowed from his death. We got the information through the manoeuvre of the Quadrant Search that was developed by Neuro-Semantic Programming. It is a method to find critical information from a person that is out of conscious awareness. Thus, when you ask a chronic Depressive what he is depressed about, he cannot tell you. He just does not know as the information is not in conscious awareness. Likewise, in asking a patient with cancer, "How did your being know to have this cancer?", they of course do not know and many times deny their body did it. However, from this question applied in the Quadrant Search, the answers are incredible and eye-opening.

So our research has unraveled these findings that form the model to invert a cancer:

- i. the clinician is to be sure that the cancer patient is satisfied about the modality of Hypnosis; there are to be no doubts, worries or anxieties.
- ii. a cancer patient is to be prepared for the therapy in Hypnosis. To achieve this is to satisfy the following conditions. We quote:

A subject is to satisfy certain conditions if he is to have a surgical operation with hypnosis. An operator is to satisfy those conditions that relate to his competency to apply the blueprint that is indexed here.

Victor Rausch stated these conditions that relate to the surgical subject. He did so during our interview with him. He articulated them spontaneously, intuitively and elegantly. We have of course since taken the opportunity to check them. From our study, we agree with what he uttered. We have nothing to add.

We now take the opportunity to summarize what Victor said. The subject must have:

- 1. COMPLETE FAITH: The subject is to have a complete knowing and unequivocal belief in his oneness, in his anaesthetic modality of choice and in his unconscious personal power.**
- 2. FEARLESSNESS: The subject is to be whole, integrated, complete and balanced within himself and with himself. In this way he will know no fear.**
- 3. NO WORRYING: The subject is to have dominion over his brains - his thinking, and especially the dark side of his thinking. He must have the way to dismiss any negativism that may intrude into his mind.**
- 4. INNER PEACE AND CALM WITHIN HIMSELF AND WITH HIMSELF: This is only possible when the subject is clean in his heart and in his emotions. He must be in synchrony, in tune, in harmony and in resonance with himself. This is the only way to inner peace and inner calm. It is to be at the centre - to be in the eye of the hurricane.**
- 5. A STATE OF ACCEPTANCE: All egoism must lapse. He accepts and knows that he is one with the world**

and the world is one with him. All that is in the world is EQUAL to him. In this knowing and complete acceptance is the actual living experience and being that as everything is equal to him he is, in turn, equal to everything.

This is what Joseph Campbell is talking about when he says, “. . . and that your apparent separateness is but a by-product of the way you experience under the conditions of space and time. Our real identity is our unity of all life. More simply, Gurudev Shree Chitrabhanu put it, “You are one with all.”

- 6. HUMILITY: Victor in another part of the interaction revealed this aspect of himself. It was when his operation was over. He was now the centre of attention. He said, “*I was not impressed with myself because the focus was on me.*” It is our personal conviction that humility is the road to personal power.**

Chong Dennis & Jennifer (1994): *The Knife Without Pain*. Oakville: C-Jade Publications Inc. page 293-294

- iii. it is a requisite in the work to extract a patient from thinking by Cause and Effect. This is done by applying three algorithms of work in the form of teaching seminars. They are *The Question of WHY, The De-Imprinting and The Power (De-Typeset) Seminars*. For further information refer to www.neuro-semanticprogramming.com. They take respectively 2, 4 and 4 days to complete. It is critical to do this because thinking by Cause and Effect is semantically ill-formed. The basis for this is as follows:

We have generalized the notion of semantic ill-formedness to include sentences such as:

My husband makes me mad.

The therapist can identify this sentence as having the form:

Some person causes some person to have some emotion.

When the first person, the one doing the causing, is different from the person experiencing the anger, the sentence is said to be semantically ill-formed and unacceptable. The semantic ill-formedness of sentences of this type arises because, it, literally, is not possible for one human being to create an emotion in another human being (our change in font and bold)- thus, we reject sentences of this form. Sentences of this type, in fact, identify situations in which one person does some act and a second person *responds* by feeling a certain way. The point here is that, although the two events occur one after another, there is no necessary connection between the act of one person and the response of the other. Therefore, sentences of this type identify a model in which the client assigns responsibility for his emotion; rather, the emotion is a response generated from the model in which the client takes no responsibility for experiences which he *could* control.

Bandler R & Grinder J, (1975), *The Structure of Magic*, Science and Behaviour Books Inc. page 51-52

- In our view, the semantic ill-formedness of Cause and Effect as indexed above is a most serious contaminant to any work especially when hoping to save the person's life.
- iv. the clinician will teach the patient how to get his own trance, i.e., the patient is to learn self-hypnosis and is required to do so every day
 - v. NDH (Non-Dominant Hemispheric) access is to be secured. This means that the patient must be aware that he is thinking by his non-dominant brain. One of the functions of the non-dominant brain is music. Therefore, in hypnosis, the patient is to spontaneously hear or feel a piece of music
 - vi. the Quadrant Search is to be applied to unravel what the junko logic is for the cancer state. When this is done, the clinician is to use the appropriate methods to invert its semantic ill-formedness to well-formedness. In this process, all secondary gains are to

be amended appropriately. This is achieved by healing any Compelling Referential Experiences (CRE), Visualisations, Regressions, Time-line work etc.

- vii. the patient is to achieve the Esdaile state
- viii. it is in the Esdaile state that the union between the meta function and the “Inner Self” is to take place
- ix. the power to turn the cancer is now to be used. However, to secure the inner power to do so, has to be done by way of an implied transderivation. The hypnotic suggestion has to be a Class 2 as per the quote below:

In saying this, it becomes clear that:

Any utterance is a hypnotic suggestion, when, it is articulated to a person, whose normal internal ontological constraints are in abeyance. This is so when Critical Factor is set aside.

The above is one class of hypnotic suggestions which we call Class 1

However, there is another class, which we term as Class 2. These are suggestions which a subject will actualize even though normal ontological constraints are *in situ*. I was at a five day in-house training with the late Milton H. Erickson M.D. of Phoenix Arizona. He said a sentence to me that was utterly innocuous. I certainly did not pay any attention to it. Then he asked how I felt about the saddle anaesthesia across my back! The moment I heard his question, I became fully aware that there was a complete and deep numbness across my lower back. The funny thing is that his articulation did not contain any words that had anything to do with numbing or pain free or no pain or relaxation.

However, as I noted above, I was fully aware that I was numb across my back.

4. Transderivation is the conclusion we come to from what we get from surface forms. Thus, on the surface you hear, “I was standing by a beautiful stretch of blue water and I felt so good” Your transderivation may be that the stretch of blue water was at high noon. However, the speaker is thinking of the event at sunset.

Dennis K. Chong & Jennifer K. Chong: *Hypnotic Suggestion - A Revisit*, Journal of Hypnotism. April 2000

In brief, Class 1 hypnotic suggestions are those suggestions that are uttered to a subject when his normal ontological constraints are functionally inoperative. This is to say when his meta function(m(f) or Critical Factor(CF) is not operationally in abeyance.

In Class 2 hypnotic suggestion we are looking at effective hypnotic suggestions that are applied”covertly” in the context in which (CF) or the (m(f) is fully operational.

x. finally, one is to apply a protocol to bind the work. This protocol consists of 4 sub-protocols. They are known as the Gurudev Manoeuvrers. We have derived them from the teachings of Gurudev Shree Chitrabhanu. He was the first Jain priest to leave the Indian sub-continent to teach in the West.

This submission is about how and where we have come to in this challenging domain of consideration of turning a cancer. We hope that clinicians will access their curiosity and caring to want to learn this model and to apply it in their work to save lives.

It is a wise and a good thing that we “use the ways of the world” (Don Juan Matus, mentor of Carlos Castaneda). Therefore, when a cancer is diagnosed, it is important and necessary that a patient immediately seek the help that is available in Medicine to treat and hopefully cure it.

We deem that what we offer here is only an adjunct to what Medicine has and can do. However, in a worst case scenario, what we have may be the only real and tangible hope for life.

Airlines accept applicants to be trainee pilots. Even with a manual in his hand the trainee will not be able to start up a Jumbo 747, taxi it down the runway, fly it to Toronto, land it and finally bring it back. In a similar way there are concordant limitations just from the reading of our model from this paper.