

## Cancer and the Possibility to Turn It - Part I

by

Dennis K. Chong & Jennifer K. Smith Chong ©

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

**The explorations in Applied Ontology and Applied Epistemology have enjoyed a tremendous impetus with the inception of the field of Neuro-Linguistic Programming. Now, at the beginning of this new millennium, it is possible to dare to enquire on the subject whether there is a formal blueprint to invert a cancer.**

**There is a certain body of implicate knowledge that the authors assume that a professional already has in reading this paper. If the reader does not know, but is interested, this article will index the reference sources.**

**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 in order to help a problem that is crying for any help that is possible but is not bogus and fallacious.**

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

There are certain things in life, that are accepted as being inevitable. To-day, within the scan of these inevitabilities, to have an inoperable cancer, in which radiation and chemotherapy has failed to secure anything is a death sentence that is irrevocable and final.

Anyone who rises to wonder if such a condition can be reversed, exposes himself to disbelief and ridicule by others. For him to press on to propose a model to do so is to jeopardize himself to mockery and scorn.

How can anyone think of doing such a thing as reversing a cancer? And it is incredible for anyone to then propose a formal model to invert it; it is even more unbelievable to suggest that it can be replicated by others?

However, we suggest that this is possible because of the extraordinary explorations and findings from Applied Ontology and Applied Epistemology that have taken place since the inception of the field of Neuro-Semantic Programming (NSP<sup>[1]</sup>). The inception of the field of NSP was in 1991 when its core foundational work, *Don't Ask WHY?!<sup>[2]</sup>* was published.

It is now, at the beginning of this millennium, that we ask whether it is possible to invert a cancerous process? It is possible to question if what is deemed inevitable, is and must necessarily be truly so? If death is not to be inevitable, then the question is how to invert the process? This paper is intended to share our findings with our colleagues in the field of change work

This paper is in two parts. In the first, 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 pre-planned protocol of work.

The conventional medical way is to see a cancer as an aberrant pathology in which the cells have escaped all normal mitotic controls. This is evidenced by the change in the DNA of the cancer cells. They freely divide in an indefinite manner and they also enjoy the power to extend beyond their predetermined locus. Thus, they have an invasive ability. These two deviant properties, if not stopped or reversed, without exception will entail the death of the person.

We now propose to the reader to see a cancer as an analogical insanity, extreme in its deliberate stance to harm and committed in its meaning to end the sentient life of the person who has it. What is an analogical insanity? An analogical insanity is an illogical and unlawful behaviour of the body language. There are analogical insanities that are purely illogical. Thus, the behaviour of a hysteric or a comedian belongs to this category. Where it is unlawful, the behaviour, in its extreme form, can be of serial killers or paranoid schizophrenics. Cancer is one that combines both features.

As an analogical insanity, we are therefore, left to conclude that it is an act of our unconscious being. And there is nothing that a person's meta function (m(f))<sup>[3]</sup> can do to override it. This is no different from the smoker whose meta function cannot override his smoking habit nor the nail biter whose m(f) cannot stop his nail biting. And yet we all know, with the help of a competent professional, a person can end his smoking<sup>[4]</sup> and a nail biter can stop his habit.

The question then is:

Can a malignancy be inverted?

As an event it certainly has occurred. When it happens, doctors call it a spontaneous remission. When it happens in Lourdes or Fatima they call it a miracle. When it happens unexpectedly through some powerful psychotherapeutic or hypnotherapeutic manoeuvre, they call it "something wonderful."

Here is one miracle. Many people are not aware that the favourable position of the British Medical Profession towards Hypnosis was because of a very unusual case. It was of a patient who underwent surgery. This patient besides 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.

The first major breakthrough in our explorations about how to invert a malignancy was the realization that there is an inner power in all of us. This insight came after our formulation of the Modified Milton Model of Hypnosis<sup>[5]</sup> as a model for surgical anaesthesia. This blueprint had been well tested out. It was with the VHS taping of the Janet Bedford surgical case that we felt as sure as anyone could be of anything that what we were proposing was sound and could be replicated by anyone. The entire model was then described in the work *The Knife Without Pain*.

It was when everything was *in situ*, so to speak, that we realized that an operation done entirely under Hypnosis, as delineated in *The Knife Without Pain* was an exercise in utter "madness;" also that this "madness" could not be because of Hypnosis, but because of the inner power that is in all of us. It was only by this power that a person:

1. could and would stay utterly calm in the face of another coming at him with a knife
2. continue to remain in the full foreknowledge that the latter was going to slash him
3. would offer no resistance
4. would welcome the assault
5. would not cry or protest against the assault
6. would feel utterly no pain
7. would thank the surgical assaulter for wounding him
8. would happily get off the surgical table
9. would protest and claim that recovery and healing was very rapid.

This behaviour is insane. However, this insane behaviour is nothing but a metaphor for power.

From this conclusion, we were left to examine what was this inner power. It was here that we remembered Robert Dilts idea of going up to the next level for any problem that existed in a preceding level:

**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**  
**C = 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, and D.**

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

**Dennis K. Chong & Jennifer K. Smith Chong: *a glimpse at forever, a chance for eternity* C-Jade Publications Inc. 1995.**

The question was what is the A that Dilts indexed. In exploring this question in *a glimpse at forever, a chance for eternity*, we were to conclude that there was a real “I” that was also known as the ‘higher self.’ In pushing further in our enquiry we were forced to understand this as the “transcendental self” and then as the life force in us. And examining this even further we were left to the final conclusion that it was “the Light of God” that has been said to be in us.

If this was true, then it seemed the analogical insanity could only be reversed by the transcendent power that is inherent to the Light of God. What could possibly turn a analogical insanity so fixed and determined in its semantics as a malignancy? A malignancy is the ultimate analogical metaphor for Death the Stalker. It wants the death of the person.

Thus, in March 1999, Donna Halipieli came to see me. She told me that her problem was an inoperable abdominal malignancy. She had been through a course of radiation. It had done nothing. It had no effect on her cancer. She was now on one chemotherapy pill a day. She stated that it did not seem to be doing anything but left her with a persistent nausea. She had pain in her 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 not a problem. I could help her to be free of these two problems quickly
2. I hoped also to help her in the remission of her nausea
3. however, 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.”

Then, I said, “Let us get to it.”

I then informed her the logical basis of the proposed work. I told her that the work was tied to what we call the 2<sup>nd</sup> Fundamental. I enunciated it to her”  
***Glory be to the power of God, working in us that will grant to us infinitely more than we can ask or think.***

I asked her if she believed in this prayer. I told her it is a prayer that is to be found in the Book of Alternative Services. She said, “Yes.” I reminded her that this prayer was nothing but the affirmation of an ancient belief that the Light of God is in us all. She agreed. Then I said to her, “It is only this infinite power that can reverse this cancer that now stalks your life.”

We were to work with her from March 1999 to November 1999 when on a follow up work she told us, “My specialists tell me that they cannot find my cancer.” When I heard this I gave out such a cry of joy and thanks. Then she told me, “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.”



This picture of Donna is taken of her on the very day she shared with me the news of the remission of her cancer.

So what did we do? This will be the subject in the second part of this paper? In part two of this paper we shall index the methodology.

I, Donna Hilapieli, hereby confirm that all which has been written in Part I of this paper, regarding my case history, as well as the intention by Dr. Chong to reverse my cancer, is true.

I also confirm that all that has been asserted about the work in inverting my cancer, in Part II of the paper, is true-to-my-experience.

*Donna Hilapieli Jan 3/00*  
Donna Hilapieli ✓

*May Klein Jan. 3/00*  
Witness

#### Endnotes:

[1]. Neuro-Semantic Programming (NSP) studies how a person becomes neuro-semantically ill-formed, what he does to sustain it, what he is doing it for, how to undo it and in paradoxical situations to evince the neuro-semantic ill-formedness to solve a problem.

[2]. *Don't Ask WHY?!* proposes that how and what a person's ontology is emerges out of the blueprints of life that he uses to understand himself, others, things and the world that he lives in. This work shows that the premier blueprint in everyone is Cause and Effect and the consequences for doing so. This work is today published by the firm of Junfermann Verlag of Paderborn, Germany.

[3]. Meta function, we transcribe here the information quote about it:

Meta function (m(f)):

Our fourth attribute is the META FUNCTION.

With this we can have "*the about*" of any thing or consideration. In this way we enjoy the ability to go to other logical levels of thoughts on any subject; and we can entertain other abstractions that relate to it. For example at the:

1st logical level, I am typing this.

2nd, I am aware that I am typing this.

3rd, I am aware that I am aware that I am typing this.

4th, I am aware that I am aware that I am aware that I am typing this, and so forth.

It is by this meta function that I can have an awareness of an awareness of an awareness ... and so on. In turn, it means that I can have a representation of a representation of a representation ... and so on.

It is to have the ability to have an opinion of an opinion of an opinion ... and so on.

The meta function has been designated as our ability to abstract; and to have abstractions of abstractions of abstractions ... and so forth. It has been described as our ability to have an "aboutness" of things.

It is because animals do not have this endowment, in as full a scope as humankind, that your pet dog cannot complete these steps of abstractions

to No. 5, in the example below:

1. I hear footsteps.

2. The footsteps are the master's.

3. The master's footsteps are heavy and tired.

4. Therefore, the master is tired.

5. Master had a bad day at work.

Each step ensues from the preceding one. Each step is a derivation, or an abstraction from its antecedent. Each step is only possible because of the endowment of the meta function. By the meta function it is possible to gain for oneself a rich set of distinctions.

However, in the professional context:

1. The meta function is poor when a person cannot generate a rich and useful set of distinctions. A sad case example is of a person born with an IQ below 90.

or

2. Because of certain paradigmatic structures a person is compelled within the boundaries of a specific semantic kernel/file. An example of this is the person caught in some internal state such as

Anger, Anxiety or Depression. In these instances the person cannot generate a rich range of "the aboutness" of their position. It is depressing to talk to a chronic depressive.

**Dennis K. Chong & Jennifer K. Smith Chong:** *Power and Elegance in Communication* C-Jade Publications 1993 page 11 - 13.

[4]. end his smoking:

The sad failure of the legal profession to realize this, has cost the tobacco companies billions of dollars. If the smokers had pursued the quest to find competent clinicians to help them to stop their smoking, they would have spared themselves of their deaths by such a habit and that by a fallacy in argument, they have succeeded to blame the tobacco companies.

[5]. Milton Model of Hypnosis was first proposed by John Grinder, Judith DeLozier and Richard Bandler in works *The Hypnotic Patterns of Milton Erickson, M.D. Vol. I & II*. As it was, it was it incomplete and insufficient. We added to in most significant ways to create the Modified Milton Model that is delineated in the work *The Knife Without Pain*. This work has an accompanying VHS of a surgical operation in which no chemical anaesthetic is used and the pain is completely pain free. Obviously, the model could not have been rehearsed first. We were sure of its validity and accuracy, applied it and video taped the whole operation.

## References:

**Dennis K. Chong & Jennifer K. Smith Chong:** *Don't Ask WHY?!* C-Jade Publications 1991

**Dennis K. Chong & Jennifer K. Smith Chong:** *Power and Elegance in Communication* C-Jade Publications 1993

**Dennis K. Chong & Jennifer K. Smith Chong:** *The Knife Without Pain* C-Jade Publications 1994

**Dennis K. Chong & Jennifer K. Smith Chong:** *a glimpse at forever a chance for eternity* C-Jade Publications 1995

**Dennis K. Chong & Jennifer K. Smith Chong:** *WELL-BEING, HEALTH and HAPPINESS* C-Jade Publications 1997

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