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## **Exploratory Study of the Effectiveness of Neuro-Linguistic Programming (NLP) Techniques for Promoting De Addiction and Prevention of Relapse among People Who Inject Drugs in India**

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### **ABSTRACT**

People who inject drugs (PWID) are vulnerable to infection with HIV and other blood borne viruses. Substance abuse disorders are relapsing conditions and treatment outcomes are often poor. Hence it is important to try novel methods and new therapies to find a way to improve treatment outcomes. An exploratory study was conducted with 10 PWIDs, undergoing de-addiction to understand the scope of Neuro-linguistic programming (NLP) as a therapy for PWIDs and its ability to keep them clean after leaving the centre. Fear was the uppermost feeling in all the PWIDs that caused them to start drug use. Participants described benefiting from the NLP therapy sessions. Using NLP as an alternative therapy with PWIDs for de-addiction can be investigated.

*Keywords: Drug use; NLP; De-addiction*

People who inject drugs (PWIDs) are vulnerable to infection with HIV and other blood borne viruses from shared use of injection equipment and drug solutions as well as through unprotected sexual practices. One in 10 new HIV infections worldwide occurs in a PWID (UNAIDS, 2011). Worldwide, 6.4 million PWIDs might be anti-HBc positive (2.3–9.7M), and 1.2 million (0.3–2.7M) HBsAg positive (Nelson, Mathers, & Degenhardt, 2011).

India is home to about 177,000 PWIDs with an estimated HIV prevalence of 7.2 percent (NACO, 2012; NACO, 2016). In the last decade, the presence of PWID populations and associated HIV infection were concentrated in the north-eastern states of the country. Hence the focus of interventions with PWIDs was also concentrated in that region. However, latest data reveals that Delhi has the second highest HIV prevalence among PWIDs in India at 18.3 percent and an

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estimated PWID population of approximately 17,000; 4<sup>th</sup> largest in the country (NACO, 2012a; NACO, 2012b).

The spread of blood born viruses like HIV and hepatitis among PWIDs, their life partners and children that is preventable is continuing to spread. A number of interventions or prevention strategies purported to be effective in various research studies are being implemented in India (NACO, 2016). Distribution of sterile syringes and injection paraphernalia (Degenhardt, Ali, Wiessing, et al, 2010; Des Jarlais, Arasteh, Hagan, et al, 2009; Wodak, & Cooney, 2006), harm reduction outreach programs (Needle, Burrows, Friedman, et al., 2005; Coyle, Needle, Normand, 1998; Hedrich, 2016; Kaldor, Lapsley, Mattick, et al, 2016; Kerr, Kimber, Debeck, Wood, 2007), educational and behavioural interventions (Zule, Costenbader, Coomes, Wechsberg, 2009; Purcell, Garfein, Latka, et al., 2007), HIV testing and ART (Lianping, Hayashi, Kaplan et al., 2012; Telles, Westman, 2016; Chakrapani, Velayudham, Shunmugam et al., 2014), treatment for STIs (O'Reilly, & Piot, 1996) and de-addiction treatment (Peirce, Brooner, King et al., 2016; Teesson, Mills, Ross et al., 2008; Avants, Margolin, Usubiaga, Doebrick, 2004) are part of the national AIDS control program. Despite implementation of these interventions, research shows that rates of unsafe injecting practices are high, HIV transmission is high and there exists high prevalence of hepatitis. Among a cohort of 2292 PWIDs who underwent tests for HIV, Hepatitis B (HBV) and Hepatitis C (HCV) in Delhi; prevalence was 26%, 9.7% and 53.7% respectively for HIV, HBV and HCV (Ray, Sebastian, Sarna et al., 2013).

Substance use disorders are chronic relapsing conditions, with generally poor treatment outcomes. Identifying factors in different episodes and differentiating when PWIDs resist a temptation and when they yield to temptation can instruct providers on what kind of assistance is necessary to contravene each situation. New developments in different fields like new therapies need to be experimented with people who inject drugs to see if it can bring about more desirable and lasting outcomes and reduce relapse. One therapy with potential is Neuro-linguistic Programming (NLP) developed in the 1970's. Bandler and Grinder studied outstanding therapists of their time and found that they all used some of the same phrases; phrases that enabled them to get immediate results with patients in one or two sessions instead of one or two years. NLP evolved out of their desire to have a scientific document that could replicate the great therapists. The name refers to links between a person's internal experience (neuro), their language (linguistic) and their patterns of behaviour (programming) (Bandler & Grinder, 1979). In essence NLP is a form of modelling that offers potential for systematic and detailed understanding of people's subjective experience.

There are always limiting beliefs and unpleasant experiences linked to the illegal use of drugs. There are also limiting beliefs and unpleasant experiences prior to the initiation of the drug habit. Beliefs are generalizations about (a) causation, (b) meaning and (c) boundaries in the world around us, our capabilities and our identity. Limiting beliefs linked to identity of the PWID is

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the most difficult to erase. Some examples of limiting beliefs are: “I am helpless/worthless/a victim”. “I don’t deserve to succeed”. “The world is full of injustice, I am afraid”. Producing more effective results or behaviour begins with creating a new model for the process of change (Andreas & Andreas, 1989).

NLP has achieved popularity as a method for communication and personal development. Hence almost all the publications on NLP are in this field despite the fact that many of the successful initial experiments were in phobia cure. Phobia cure is based on the NLP model of dissociation and the treatment only takes about 10 minutes (Denholtz, & Mann, 1975; Allen, 1982; Einspruch, 1986). Another area with research available is in the use of NLP to memorize spellings (Dilts, & Epstein, 1995). Although many practitioners working in the area of addictions claim to have cured people of addictions, there is no available literature on its effectiveness. This paper is presenting the findings of a small pilot study where NLP was used with PWIDs in a detox centre.

### **METHODOLOGY**

Between March 2014 and March 2015 about 10 PWIDs undergoing detox and rehabilitation were recruited into the study and provided therapy using NLP techniques. Thereafter, they were observed for a minimum of 6 months to understand the difference in coping and ability to stay away from drugs successfully. The following inclusion criteria were used: males over 18 years of age who entered the detox and rehabilitation centre to overcome their injection drug use habit. A case file was maintained on each client describing the number of NLP sessions the client underwent before leaving the centre and the number of months client remained clean in the following one year. Qualitative interviews explored participants' perceptions of NLP therapy benefits and the factors that might influence relapse in the future.

This exploratory study was carried out to understand if NLP could be considered a therapy to assist PWIDs in becoming clean and staying clean. The background information of the study recruits were gathered in Hindi, the vernacular of the recruits and they underwent NLP also in Hindi. Informed consent was taken from the participants for follow up interviews with them and to publish the study findings. Confidentiality was ensured and that the interviews and case notes will be accessible to the researcher only. Participants at different stages of rehabilitation were chosen for the study. Three men were waiting to leave the centre, 4 men had been at the centre for more than 3 months and 3 men were new entrants. However, due to the variation in entering rehabilitation centres in the past, a comparison of their ability to stay clean cannot be related to the stage of being at the rehabilitation centre before undergoing NLP session.

All the clients were participating in the detox and rehabilitation program in a private detox centre in Delhi. These clients had voluntarily come to the centre; an indication of their strong desire to

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overcome their drug habit. However, their past experience showed that relapse was fast after they left the centre. Clients recruited to undergo NLP, also participated in the routine program at the centre. All study volunteers were male.

NLP techniques do not require that the client narrate his past experiences or analyse them to check for cause and effect relation to his drug habit or relapse. This is advantageous for various reasons. For one, past counselling experiences have shown that the client will delete portions from the event that he is afraid will receive criticism or ridicule and will represent the incident in a way to get the response from the counsellor that he is seeking like pity, punishment, or the like. The incident is important to the client in so much as how he perceives the rights and wrongs in it and how he would have liked that incident to conclude. It is immaterial for the counsellor or therapist. That is why NLP only asks the client to remember the incident and resolve it by himself and therapist guides him in this effort by using phrases and tone of voice to influence the process. Not having to relate the incident to a person he thinks will not approve of the behaviour in the incident is also a relief to the client.

Examples of the NLP techniques in this pilot study include timeline, swish and phobia cure. Fear was the uppermost feeling in most of the PWIDs in the most recent unpleasant incident they were asked to relive. Explaining the various NLP techniques is beyond the scope this paper. They are explained briefly to enable the reader to understand the results.

### ***General swish pattern***

In swish; you are in a fraction of a second switching the undesired behaviour or response with the desired behaviour. For this, it is crucial to recognize and identify the trigger/cue picture or what exactly do you see just before the undesired behaviour or feeling begins in you. For example, let us take the case of stage fright. When does the feeling of stage fright begin in you? Is it when you see the curtain rising, is it when you step on to the stage, is it when you open your mouth to speak into the mike, is it when you start to speak etc. Frame this cue picture. Keep the cue picture down by the chair on your right after framing it.

Next picture yourself after the desired change has taken effect. Make this picture as attractive and luring as possible. You as the person in this picture will have all the resources that is required to handle the undesired behaviour or feeling. Put some sparkles and glow into the picture. Frame it. Keep the desired state picture far in front of you, so far that it is visible only as a dot.

Now you watch the cue picture moving far away and becoming a spot and the desired state picture moving towards you and becoming larger and brighter. Make it also colourful. So the cue picture starts out large and bright and the desired state picture starts out as a spot. Do this shifting

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quickly, say in a fraction of a second. After the shift, you have the desired state picture on your right side. Open your eyes, and stretch which will act as blanking out the screen. Then you redo the exercise. Again blank out the screen. Do the exercise about 3-5 times and the cue picture would be replaced with the desired state and in future eventualities, the behaviour or feeling will not be triggered like in the cue picture.

### ***Traveling the Timeline***

Time line therapy is very useful to disconnect emotions from all past events. We ask the client to tell us in which direction is their past: behind, in front, left or right? Similarly the direction of their future. This allows us to draw a line connecting the past and the future with the present near the future in the time line. We store the images of the past events in an order with the oldest one followed by the later events. We also have mental representation of images for future events that are supposed to happen one after another. Generally, the position of now in the timeline will be where they are sitting or standing.

The reason an event is not able to receive closure; for example despite all the analysis and all the desire to forgive and forget, is because the client is ravaged by negative emotions like fear and guilt while remembering an event. In effect it is not just a memory but a memory with strong feelings that cannot be dissociated from the memory. This is because it is not the content that is preventing a closure but the emotion that is attached to the event. It may be that the intensity and frequency of feeling guilty, angry etc. has increased over the years than when you were a 5 years old kid. This is because the context of feeling angry, guilty, fearful etc. is linked to various events from the first incident in your life and the link of events or number of events in the chain link has increased.

Let us consider 5 primary negative emotions: anger, guilt, fear, sadness and hurt. We can remember number of events with one of these feelings as we move from now to the younger days on our timeline. If we hold a thought of one of those events long enough, the emotion gets attached and the feeling overwhelms us. Not much effort is required to feel the feeling despite the fact that the event had occurred long back; say in our childhood. It happens unconsciously.

Let us consider the emotion of fear. There was a first time, you ever felt that emotion. So there was a time before the first time; be it when you were 2 years, 5 years or 8 years old when you did not feel fear. Since the feeling is brought on by the unconscious mind, logic and reason will not work. We have to use a different technique for letting go of the emotion. So using the available resources we have now, we are helping the young self to come out of the fear. For dissociation from the event so as not to allow the client to get overcome by the emotion, the client is looking at the child from the ceiling. The young self on the timeline with the first incident of fear is being observed. Once the young self is out of fear, the client is made to float above the timeline and

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look at the other incidents and let go of the feelings and reach the present moment on the timeline. Just as all learnings to feel fear in the past events was unconscious, the learning not to fear is also unconscious. The result will be visible in the future, when the client realizes that he is not feeling fearful like in the past.

There are certain situations when fear, anxiety and the other emotions are protective. We don't want that eliminated. So we want the unconscious to remove the negative feelings and leave it on to protect us from danger. So we want an automatic response in almost all situations and recognize danger and not switch off anxiety or fear permanently.

### ***Phobia cure***

Although a phobia can take years to cure by conventional methods, the NLP phobia treatment, which involves dissociation, can cure phobias in one session. A phobia is an externally triggered, consistent, uncontrollable panic response to an internal representation. You actually respond to the picture you have created, not the thing. The fear has become connected with a set of signals or cues. That is a snake or a hose or something you thought was a snake can trigger the panic response.

First create a powerful resource anchor for the person. Touch the knee so that feeling of your hand on the knee is associated with the peak of the feeling in the powerful resource. With the client remaining in the fully mature resource, ask the client to experience the fear. Ask the client to frame it. The client is then asked to float to the ceiling and imagine watching the photo frame projected in a movie theatre. This enables a double dissociation from the actual event and prevents feelings getting associated. The client sees herself along with the audience watching the movie of the client near the snake. The client is asked to watch the movie of the event in fast forwarding and then backwards. The speed and backward motion prevents an association of the feelings and helps client to remain in the dissociated state. Make the movie a black and white one and eventually difficult to see. Add colour to the movie and see the client in the movie dealing with the sight of the snake without getting scared. Then the client can float back and get reunited with the client in the movie and open the eyes.

Ask the client to re-experience the fear and the client will find it difficult to feel it. Eventually when an actual situation presents itself, the panic or traumatic fear response will not present itself.

## **RESULTS**

### ***Profile of study participants***

Three persons were considered to have reached a stable and confident mental state for withstanding future temptations and desire for drugs. They were engaged in some income

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generation activity but were currently staying at the rehabilitation centre. Two of them were working as out-reach workers in a non-profit organization and were in constant contact with PWIDs and the third person was engaged in tailoring. Of these, two PWIDs working in the non-profit organisation were getting very easily tempted and had in the past relapsed soon after they left the centre. These two PWIDs were expected to be leaving the centre in the next couple of months. These three were the first recruits to undergo NLP and also underwent the longest period of observation post undergoing NLP.

Except for one person who was 58 years old, the ages of the others ranged between 19-25 years. This 58 year old man was also the only person who was currently married. His children were supportive and understood his predicament. The other participants in the rehabilitation centre proportionately belonged to similar age group. Only two among the 10 PWIDs had strong family support. One was the married man, and the other person had his sister occasionally coming to meet him at the rehabilitation centre. The study recruits were engaged in various jobs like trainer in a gymnasium, lawyer, and manual labour and out-reach worker in an NGO before coming for detox. Their educational level ranged from class 5 to under-graduation.

As part of the study, the volunteers were met once a week. On an average each of the volunteers had two sessions with one of the authors for half an hour duration. One of the study volunteers, the one with support from the sister had gone to her place as a preliminary step to leaving the rehabilitation centre. Some fight that took place with other PWIDs of his area led to severe injuries and he succumbed to the injuries. Due to this unfortunate incident, long term prognosis could not be ascertained. However, the case is retained to discuss the effect of NLP.

We describe few of the points that stood out while carrying out NLP sessions and the NLP techniques that assisted the participants in each case.

### ***Uppermost feeling***

The clients were asked to recall one of the most recent unpleasant incident. Once they experience the original feeling in the incident, a list of feelings was mentioned to them and they were asked to pick the uppermost feeling. Examples of feelings mentioned to them are guilt, sorrow, resentment, anger, hatred, fear, hurt, and anxiety. During the first meeting with the clients; except in one case, the uppermost feeling in the most recent unpleasant incident in their life was fear.

Asif (name changed) came to meet me and was talking non-stop. I was finding it difficult to make him listen to me and follow my instructions. I managed to make him think of an incident and made him do the phobia cure exercise. He was spell bound with its effect.

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He said;

*“There was a heavy weight and deep sorrow in my heart. Now I am feeling so light. The weight is completely gone. Thank you very much”.*

### ***The peril of hurt***

Deep seated hurt was very difficult to cure. Those who were reunited with the family after being cured of drug use went into deep sorrow when they were blamed unjustly. Suresh (name changed) had left drugs and was working without any temptation for more than a year. Then something valuable got stolen and he was blamed for it. He went back to drugs and stopped working. He came for rehabilitation but several sittings were required for him to overcome the hurt. The desire to take revenge was very strong. He was not even thinking that the person he was blaming for the theft could be innocent. He was also unable to recognize that the way he has felt hurt for unjust accusation, the person he is planning to take revenge on could feel similarly for his unjust accusation.

His assertion was:

*“I dosed off and this man woke me up. He said that he found the door open and came in. He asked me to check if anything was stolen. It is he who stole it and then he is acting innocent. No one comes in here. He never came to check before, why suddenly now?”*

The fact that Suresh had deleted from his narration, probably even from his thinking was that he had illegally allowed his girlfriend to come to his office in the evening after everyone had left office. Only a chance meeting with his employer had revealed this fact while she narrated what happened to Suresh. Moreover, when Suresh had dosed off his girlfriend was around and when he woke up she was not around. He did not want the love and trust on his girlfriend to be shattered and to avoid feeling betrayed by her, his subconscious decided to blame the person who woke him up. So he was consciously trying to find reasons and evidence to make himself believe that that the man who woke him up is the thief.

NLP is thus a very useful therapy since it does not require the client to narrate any incidents unlike traditional counselling. It works best if client does not narrate his version of incidents because listening to a narration can colour the thoughts and attitudes of the therapist and how a therapy is carried out. Hence, it is best to use neutral terms to guide the client to deal with the person who hurt him, the emotions and dialogue involved and the process of erasing painful feelings.

Mohit (name changed) had such an incredible healing of feelings with the first NLP session. However, he was in a foul mood the next time the counsellor met him. He said that he felt like



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going deeper into drugs and that he does not know why he has not done it so far. The counsellor made him go through another NLP session and he overcame the unwanted feelings overpowering him.

He said, " *I never thought I could come out this terrible feeling. That's why I did not come to the centre. I can't believe that I had such feelings before. I am free now.* "

Chance conversation with another counsellor about a person who had ran away from the centre revealed that this was a case of a PWID falling in love with him and expecting him to reciprocate the feelings. Whether NLP session healing him of a lot of unwanted feelings the first time would have enabled him to remain clean is unclear at this juncture.

During the period of drug use most of the PWIDs stay on the roads, hardly washes themselves and their clothes are dirty too. Govind's overcoming of his drug affinity was very fast. He went back to his brother's family after only one NLP session. However, he soon relapsed into drug use. When he came again for NLP, his mind was full of what his sister-in-law said; asking him to go back to pavement life. After his parents' death, his brother took care of him. According to Ganesh, he would even come to the pavement to meet him and persuade him to return home. In his image his sister-in-law was the mother figure and so the hurt at her words was too deep. Even here, many NLP sessions and personal counselling later only could he overcome hurt satisfactorily. In all cases of handling hurt, where a client tells his painful story, the therapist has to remember that it may not be the correct sequence of incidents and also may not be all the incidents involved. It becomes important to the client only because it is the sequence the client holds on to and wants to believe to justify his relapse or drug behaviour. Ideally, not listening to client's story is advised; for the sake of rapport if the client discusses some incident, the therapist has to listen.

### ***Swish and what they see***

How swish is done is explained in Methods section. This exercise (I am using the term 'exercise' for want of a more appropriate term) requires that the client identify what is the trigger for the desire to inject drugs. Trigger is identified by asking the question 'what is he seeing just before the desire to inject sets in or just before he injects. The client is assisted to go backwards from injecting to identify when desire set in and to check consistently was it the same image before the desire to inject set in in numerous past incidents. This way the trigger can be more or less accurately identified.

Although the trigger or activation image they saw were from injection life, it varied from person to person. No two people mentioned the same trigger. One person saw friends calling him, another needle and syringe, a third the tip of the needle pricking his skin and a fourth the chair in

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his room where he sits to inject and so on. This was an interesting insight. Moreover, this also gave me a confidence that the exercise might be working. It is difficult to say the role swish played in overcoming temptation since its outcome was not something immediately perceptible or measurable. The ability of people to remain clean after leaving the detox centre may have been the result of swish. However, at this stage a cause effect relationship cannot be established.

### ***Traveling the timeline***

Not all the clients were asked to join three dots representing past, present and future and to draw a timeline. The client was drawn a timeline on the floor and asked to stand on it and see the older client in the future and to narrate what he was seeing. Through questions, it was ascertained whether it was a client struggling to stay clean, was it a client going around with his PWID friends, is he sad or happy and the like. Client is then asked to move away from the timeline. Based on the perspective of the client seen in the future, the client was assisted to relive an incident from the past where the client handled a difficult situation with confidence, did not get tempted to inject and the like. Once the positive or wanted emotion or feeling reaches the maximum, the client was asked to open his eyes, ensuring that he opened his eyes a little before the peak and not when the feeling started to wane. The client is then made to stand on the timeline at the present spot and asked to look into the future. The client is asked to see the future client walking on the timeline to the future with the confidence, self-esteem or other resourceful sentiments from the relived incident fully in him. When the future client is seen walking into the future and becomes a dot, the client was asked to open his eyes.

## **DISCUSSION**

Except in two cases, all the clients were seen to have benefited from NLP. In one case, although the client felt greatly relaxed and happy after the NLP session, he fell into temptation. He was not willing to admit that and tried to hide the fact that he is using drugs after leaving the rehabilitation centre. It was difficult to make him see that NLP is not a one-time cure, but a technique to correct his future responses to a healthier one unlike the past when he responded to triggers when not in a resourceful state. So although counsellors at the centre were able to see what was happening, they could not help him without his willingness to seek help. In another case, the client's trauma was so deep that he held on to the belief that no one can help him come out of the trauma.

Apart from these two cases, NLP proved to be a useful therapy for PWIDs. However, clients were told that although they would handle future situations more successfully and remain drug free, there can be situations beyond their control. Experience with the clients showed that few clients faced some incidents so harsh and painful making them want to inject again and had to undergo NLP therapy. The good news is that the cure was instantaneous; the anger and hurt that they experienced left them. One client succeeded to continue to be clean only because of coming

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for a 2<sup>nd</sup> NLP session at the appropriate moment. It was a case of another PWID falling in love with him and expecting him to reciprocate the feelings. Since he came for help, he managed to overcome the situation without unwanted emotions pushing him into drug use. Opioid use has been associated with greater lifetime traumatic event exposure, though the relationship of other drugs and traumatic events are not known (Peirce, Brooner, King et al., 2016; Lawson, Back, Hartwell et al, 2013). One in 5 opioid dependent patients in treatment experienced a new traumatic event each month (Peirce, Brooner, King et al, 2016). This also explains why NLP cannot be seen as a means of one time cure from drug use. Hence clients have to be encouraged to seek therapy when faced with traumatic events and not give in to the temptation of embracing drug use.

Seeking support from counsellors and NGOs in the field is crucial to remaining clean. Attrition from methadone maintenance treatment is strongly associated with subsequent relapse to drug use (Teesson, Mills, Ross et al., 2008). Client who relapses might feel guilty for relapsing and so may try to hide it. NLP was introduced in the rehabilitation centre on an experimental basis and so all the clients leaving the centre were followed up to understand their perseverance and reasons for relapse. Craving encompasses multiple domains, including emotional and cognitive experiences, overt behaviour, and psychophysiological experiences (Rosenberg, 2009). Substance abusers often report experiences in more than one of these response domains (Merikle, 1999).

Traditional counselling in India believes in reliving past experiences and finishing the unfinished business. However, the overlooked fact is that feeling negative and painful experiences over and over again reinforces it and cements it. It also acts like a magnet and attracts other painful events that may have been forgotten. This is one of the least effective ways to help people resolve their problems, because when they re-experience the pain and trauma of a past event, we have placed them with pain and no resources. When someone is in an un-resourceful state, their chances of producing new resourceful behaviours and results are close to nil. By continually accessing neurological states of limitation and pain it becomes much easier to trigger these states in the future. During NLP sessions, by using techniques like dissociation, the person's double is made to experience the painful event while the client is remaining as an observer. Thus NLP has placed the client at a situation where he can analyse his past event and find what resources are required to overcome it. If fear is the uppermost feeling in the incident, the client is given courage as a resource. The client is helped to experience a past event where the client used courage effectively and to bring that feeling into the unpleasant event and make client resolve it successfully.

The many techniques and strategies available in NLP makes it a suitable therapy option for de-addiction. When PWIDs come to the rehabilitation or de addiction centre, they are in a state of

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high motivation to want to remain drug free and they are not under the influence of drugs. These are optimum conditions to try NLP with them.

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