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Using a Modified Neurolinguistic Programming Swish Pattern With Couple Parasuicide and Suicide Survivors

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Given the frequency of suicides and parasuicides and the often comorbid negatively experienced effects of these behaviors, it is likely that the vast majority of couples, marriage, and family counselors will at one time or another encounter couples who survive family members' parasuicides or suicides. This article succinctly describes a modified neurolinguistic programming technique the authors have found helpful with their surviving couples. The technique is based on their collective couples, marriage, and family counseling experiences and presents a strength-based perspective.

Keywords: neurolinguistic programming technique; swish pattern; suicide; parasuicide

Approximately 32,000 Americans committed suicide in 2002 (National Center for Health Statistics, 2004). This equates to roughly one suicide every 17 min. Overall, suicide is the 11th leading cause of U.S. deaths (Centers for Disease Control & Prevention, 2004). Suicide is the third leading cause of death for people ages 10 to 24 (Centers for Disease Control & Prevention, 2004) and the second leading killer of people ages 25 to 34 (Centers for Disease Control & Prevention, 2003). Yet, the sheer number of annual U.S. suicides pales in comparison to the estimated number of annual suicide attempts, commonly referred to as *parasuicides*. Parasuicides are failed suicide attempts that may have been either intentionally or unintentionally nonlethal. It is commonly estimated that approximately 25 parasuicides occur for each completed suicide (American Association of Suicidology, 2007). Given the frequency of suicides and parasuicides, couples and family counselors should anticipate that at one time or another they will likely encounter clients affected by these behaviors.

Jordan's (2001) meta-analysis of the family suicide bereavement process literature suggests that surviving families likely experience (a) greater family dysfunction, (b) more disturbed interaction styles, and (c) increased attachment disruptions after a family member's suicide in comparison with families who have not experienced a family member's suicide. Concomitantly, Maple, Plummer, Edwards, and Minichiello (2007) found that families who experienced unexpected suicides of children experienced heightened grief that impinged on the family members' familial and social functioning. Additionally, family members who experienced the suicide of a family member reported greater feelings of loneliness and depression and reported more physical complaints than those who lost a family member to natural causes (De Groot, de Keijser, & Neeleman, 2006).

Our collective clinical experience with couples who survive a child's suicide or severe parasuicide is that these couples commonly find the experiences traumatic and emotionally devastating. This seems especially true when couples or couple members witness a parasuicide or are the first to discover their loved one's body. The intent of this article is to share a technique we have found helpful to our client couples. This technique has been used with people who have

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struggled with intrusive visions and memories related to their loved ones' parasuicides and suicides. The shared technique was first used by Gerald A. Juhnke in the late 1980s with a client couple who witnessed their child's parasuicide. Since his first use of the technique with parasuicide and suicide survivors, the technique has been modified to include a greater emphasis on family system dynamics.

THE SWISH PATTERN

The swish pattern is a neurolinguistic programming visualization technique designed to promote rapid, sensory-based change that refocuses people's negatively focused thinking (Andreas, 1986; Bandler, 1985). Here, clients "swish" away negative, unwanted visualizations or images (e.g., the suicide of a child) while concurrently refocusing on positive, desired visualizations (e.g., memories of a favorable shared time with the child before the suicide). Such neurolinguistic programming visualization techniques have been used and described by some of the most recognized founding people in family counseling, including Virginia Satir (1988, 1989), Milton Erickson (Haley, 1985), and Jay Haley (1973). In addition, Masters, Rawlins, Rawlins, and Weidner (1991) reported, "Metaphorically, the swish directionalizes the brain toward a desired self-image, using both conscious and unconscious resources" (p. 82).

Five basic components make up the fundamental technique pattern. Given that the swish pattern was not specifically developed to address the needs of couple survivors of parasuicides and suicides, we report the more general swish components and then describe how the individual components relate to this client population. The first general component of the swish pattern requires the client and counselor to identify the undesired or negative state that is problematic. This is a relatively clear-cut charge when counseling couples who have watched a beloved family member inflict a serious self-injury or who are struggling to cope with a child's suicide. The most common undesired or negative states our surviving client couples report include feelings of loss, grief, anger, shame, helplessness, and guilt. Thus, we ask the client couple to identify the most pressing undesired feelings they wish to address.

Most often the couple agrees on the specific feelings they wish to change. However, there are times when one partner may report greater feelings of guilt or loss than the other. For example, sometimes one partner feels greater guilt because that partner suspected the loved one would attempt suicide and did little to intervene. At other times, one partner interacted more frequently and had a closer relationship with the family member who committed suicide. No matter the undesired feelings stated by the couple, we attempt to help them rank, order, and then identify the most pressing undesired feelings.

The next general swish pattern component is identifying visual, auditory, or kinesthetic (physical feelings) triggers that cue the onset of the undesired or negative state. Most often, we have found that couple survivors can readily identify visual, auditory, or kinesthetic triggers that occur just before the most pressing undesired feelings. Some clients will report the intrusive, reoccurring memory of the suiciding member's loud, ear-piercing gunshot or note the thud that they failed to investigate when their child hung herself. Others will report the recurring memories of the smell of gunpowder from the discharged weapon or the visualization of the family member's lifeless body. Whatever the trigger, it is imperative that the client couple create a corresponding visualization related to the trigger. Here, for example, the client couple is encouraged to create a picture of what they saw or to create a picture of what they believed they would have seen if they had been present at the moment of parasuicide or suicide.

The third component includes having the couple identify a desired positive memory that will later take the place of the previously identified undesired, negative memory. Here, we frequently have client couples bring meaningful and positively experienced mementos and photos of the deceased or severely injured family member. Our intent is to have the client couple remember and identify their most favorable memory with the victim. The purpose is to have couples reexperience or describe the positive feelings they had during those remembered, favorable times. These memories are not always related to laughter or joy. In other words, client couples are not required to recount amusement park experiences in which laughter reigned. Instead, couples are encouraged to identify a positive memory of significance. In other words, we are focused on helping couples remember what that positive experience with their loved one felt like. This is an intense time of focus as we remind the client couple that the positive memory selected will be the one they will use to replace the negative, undesired memory.

One couple, for example, discussed a time when they had a conversation with their son immediately after he had unexpectedly shoveled heavy snow out of his parents' driveway. The discussion spontaneously occurred at the kitchen table and had no central topic or thoughtful discourse about pressing issues of importance. Rather, the discussion was a time of mutual and cherished communications that the couple had with their son. When describing the discussion, both parents indicated feelings of pride in their adult son's development and a sense of peace related to the couple's personal relationships with both the son and each other. Here we focused on the couple's positive memory and their associated feelings.

The fourth component investigates any potential negative ramifications if the undesired, negatively perceived memory is replaced with the desired memory. In other words, might there be a potential downside if the undesired and intrusive memories are exchanged for the desired positive memory? On one occasion, we had a surviving couple voice concern that if their negatively experienced memories were to disappear it might somehow lessen the meaning of their child's suicide. Concomitantly, they were concerned that should

relief occur as a result of the swish, they might not continue the same degree of focus on their child. After two sessions and much thoughtful discussion, the client couple believed their participation in the swish might not be best. Instead, they chose to continue their grief counseling via a group experience that did not emphasize memory exchange.

We believe such thoughtful discussions regarding potential costs of memory exchange are vitally important. Our intent has never been to lessen the meaning of a couple's loss or to promote change that clients do not desire. Therefore, such discussion is of utmost importance and ensures that client couples receive the treatment that best matches their desired outcomes.

The fifth component is the actual swish technique itself. Here, we link the client couple's self-identified negative, undesired visualization described in Component 2 to the client couple's desired positive memory discussed in Component 3. The actual swish pattern itself will become more evident to readers in the upcoming vignette. However, for purposes of general discussion here, we have the client couple participate in an experiential visualization exercise. During this exercise, two things occur. First, the client couple shrinks the size, brightness, color, sound, or texture of the negatively perceived visualization they wish to eliminate. Then they quickly increase and enhance their desired memory. Thus, the intention is that at the conclusion of the swish pattern, the desired memory will be more intensely experienced and the undesired memory will either be significantly weakened or eliminated.

For example, we may ask the client couple to visualize going to a movie theater where only they are present. We invite them to visualize moving to the theater's front row seats, where they are given binoculars. They then begin watching a movie of the negative memory they wish to eliminate. Next, we ask them to visualize the movie of that memory slowly losing its color, brightness, and clarity. When the movie becomes blurred and difficult to see, we ask the client couple to "shrink" the movie projection. Thus, the movie picture itself changes from being shown on the full screen to being barely visible in the bottom right-hand corner of the screen. The client couple is then encouraged to reduce the sound of the negative memory movie until it is just audible.

At this point, the client couple is instructed to visualize the desired memory. This desired memory is visualized as projected on the upper left-hand corner of the movie screen. Placing this desired visualization in the upper left-hand corner reinforces visual event memory. We inform the client couple that the positive movie begins in black and white and quickly changes to color. Once they visualize the positive movie in color, they are instructed to increase its boldness, brightness, and clarity. The sound of the positive movie is then amplified until it is near deafening for the client couple. Then an anchoring technique is used to "swish" visualizations. Here, the negative movie memory is pushed off the movie screen by the positive movie memory. Once this occurs, we ask the client couple to view the positive movie memory through binoculars. Therefore, the positive and desired memory is visualized as even larger and closer, and the negative memory is completely eliminated from the screen.

The neurolinguistic programming term *anchoring* is used to associate a visual, auditory, or kinesthetic stimulus with a desired response (Bandler, 1985). We have found that verbally anchoring the swish to the suicide or parasuicide victim's name is very helpful for the client couple. Therefore, we encourage the client couple to say the victim's name aloud with us as we make the swish. Once we say the victim's name, we repeat the experience a minimum of five more times to ensure that the potentially positive effects of the swish are well integrated by the client couple (Bandler, 1985).

Given our belief in the efficacy of family dynamics and the benefits of time devoted to counseling outside the formal counseling experience, we do something that has heretofore not been noted within the swish literature. Specifically, we train the client couple to facilitate the swish with one another. This training continues until each partner is comfortable repeating the swish method and proficient at using the visualization technique as described earlier within the couple's counseling session. We then encourage our client couple to identify a specific time each day when they will repeat the technique. Partners alternate days facilitating the technique. Thus, one partner will facilitate the swish one day and the other partner will facilitate the next. Also, partners are asked to contact us by telephone immediately after the swish on Days 1 and 2. The purpose of these contacts is to answer any questions, respond to any concerns or problems, and promote compliance.

In the first counseling session after the couple's facilitation of the swish, we ask them to identify positive results that have occurred. Should clients be unable to identify any positive changes, we eliminate the swish and initiate other treatment. It has been our experience, however, that most client couples readily identify a least some positive changes that have occurred after the swish and wish to continue facilitating the swish at home on an as-needed basis. Most couples do not continue daily swish facilitations, and if they do, they typically do not continue for longer than 2 weeks.

CASE EXAMPLE

Toni and Rex were married 19 years ago. Toni is a 42-year-old Caucasian female. She is employed as a marketing representative for a large corporation and conducts business-related travel 3 to 4 days per week. Rex is a 42-year-old Hispanic American male. He is a business manager for a construction company located in south Texas. According to Rex, he typically works 65 hr a week or more. Approximately 8 months ago, Rex returned home from work early. When Rex entered the theater room of their upscale suburban home, he found their 15-year-old son, Robert, lying in a pool of blood. Robert had killed himself with Rex's handgun. The couple had no other children and experienced considerable grief.

During the initial counseling sessions, the counselor built rapport by listening to the couple's strong feelings of pain, loss, and guilt. By their third session, Toni and Rex reported that their most pressing undesired feeling was a sense of overwhelming grief. The couple reported similar triggers that cued their grief feelings. Both strongly agreed that the primary triggers were related to either Toni's intrusive visualizations or Rex's intrusive memories of seeing Robert's dead body in the theater room. As the couple's counselor summarized what he believed the client couple had identified as their primary counseling goal, he introduced the idea of using the swish pattern.

Counselor: It sounds as though both of you have been through a very difficult time. If I correctly understand, you want to get your lives and relationship back. That means reducing or eliminating these intrusive visualizations of Robert's death without forgetting Robert and the love you have for him. Is that correct?

Toni: That's exactly right. We can't continue living like this. We will always love Robert. But I can't take seeing visions of him lying dead in the theater room.

Rex: She's right. I can't even sleep at night. I can't concentrate at work because I keep seeing Robert on the floor. My little boy was lying in his own blood. I can't get rid of that memory.

Counselor: I can't begin to understand what each of you is going through. However, I have counseled other couples who have lost loved ones, and one thing I know from my clinical experience is that things always have the potential to improve. One clinical intervention that some of my clients have found helpful is called the swish pattern. Most couples I have used the swish with have reported favorable outcomes.

Toni: So what is the technique?

Counselor: The swish is a visualization technique often used by counselors who practice a modality of treatment known as neurolinguistic programming, or NLP. In lay terms, the swish helps clients replace negative memories with positive ones.

Rex: Is it hypnosis or something?

Counselor: Although it is not hypnosis, the swish pattern does require that you get comfortable, close your eyes, and use your memory. In your case, Rex, I will be asking Toni and you to identify a positive and meaningful memory that the two of you enjoyed with Robert. Some of my client couples have used meaningful memories of times when they were sailing, camping, hiking, or gardening together. As a matter of fact, one of the families I counseled used positive memories of when they were teaching their adolescent how to drive. Whatever memory the two of you choose, it needs to be a positive, meaningful memory that Toni, Robert, and you had together. Based on some things that you've already stated today, my guess is that Toni and you will have many memories of the three of you together that you will be able to select from.

Toni: That sounds painless enough.

Counselor: The objective is to replace a current negative memory with the positive one that you identify. Therefore, the difficult part may be remembering the memory or visualization that you want to reduce or eliminate.

Toni: I don't know if I can do that.

Rex: Me either.

Counselor: Well, based on what you've both told me it sounds like Rex continues to struggle with memories of what he saw in the theater room. Toni, if I correctly understand, you continue to have visualizations surrounding Robert's death that are overwhelming. So, I wouldn't be asking you to do something that is more difficult than what you are currently experiencing, and the hope would be that by using the swish the frequency and strength of the intrusive memories and visualizations would be reduced.

As demonstrated in the above case example, the couple's counselor validates the couple and summarizes the clinical concerns he believes they have stated. When Toni and Rex confirm that the counselor correctly understands their concerns, the counselor gives hope for potential relief and introduces the swish as a potential therapeutic intervention. He then describes the general positive experiences that his client couples have reported. Next he describes the swish in very general terms. Instead of glossing over Toni's statement that the process sounds "painless enough," the counselor describes what could be challenging for the client couple—remembering or visualizing Robert's body. When the client couple understands that the process will have challenges and initially deny a desire to remember or visualize Robert's body in the theater room, the couple's counselor reminds the couple that what they will be asked to do will be no more challenging than the intrusive memories and visualizations they already experience.

After Toni and Rex agree to participate in the swish, the counselor helps the couple identify a desired positive memory that will be used to replace the intrusive negative memories and ensure that if this memory is used to replace the negative memories and visualizations that there is no readily apparent potential for harm to the couple. An example is provided below.

Counselor: Help me understand, what are some of the happiest and most meaningful experiences you remember with Robert?

Rex: Robert loved professional basketball. If I were to identify the most enjoyable and meaningful experiences we had as a family, it would be rooting for the Los Angeles Lakers on the television set in the theater room and eating popcorn.

Toni: Rex, do you remember the night Robert knocked the ice cream bowl over on Fritz, our dog? I don't ever remember Robert laughing so hard in my life.

Rex: Yeah, that was something else.

Counselor: How was that experience meaningful to the two of you?
Rex: Robert didn't laugh a lot. So, watching him laugh and enjoy himself was so cool. It was as if he was really happy and didn't have a care in the world.
Toni: You would have to have known Robert. He was always such a serious boy. Watching him laugh like that made me feel that he really was happy and that we were good parents.
Counselor: Is this the positive memory that you would like to use to replace the negative memories and visualizations that you wish to reduce?
Rex: Yes, if there is one memory of Robert that I will always cherish it is this one.
Counselor: Given that most things in life have both a positive side and a negative side, might there be a possible negative side of using this memory as a replacement for the negative memory you described earlier?
Toni: Are you kidding? There is no downside to using this memory of Robert's laughing and the three of us enjoying each other.
Rex: Yes, I can't think of any potential downside.

Above, the counselor helps the couple identify a positive memory. This positive memory will be used to replace the intrusive, negative memories and visualizations that are problematic for Toni and Rex. The counselor then asks about a potential downside to using this positive memory as a replacement for the intrusive memories that the couple is currently experiencing.

When the couple's counselor believes sufficient information has been gathered and it is clinically appropriate to utilize the swish, he may say something like this:

Counselor: Toni and Rex, you have shown great courage by entering into counseling and identifying both the negative, intrusive visions and memories related to Robert's body in the theater room and the positive memory of watching the Lakers with Robert when he knocked the ice cream bowl on Fritz. Are you ready to begin the actual swish with me?
Rex: I guess so.
Counselor: "I guess so" sounds as though you have some reservations, Rex.
Rex: No reservations, it is just a little scary because I don't want to lose control.
Counselor: One of the neat things about the swish, Rex, is that you never lose control. At no time will you be forced to do anything that you don't want. So, if I ask you to do something and you don't feel comfortable doing it, just say so. In other words, Toni and Rex, you can stop the swish at any time if you feel you need to. You will be in total control. However, should you begin to feel uncomfortable in any way, just let me know and let's see if we can jointly talk our way through it. Fair enough?
Toni: Fair enough, I'm ready to do it.
Counselor: Rex?
Rex: Yes, I'm ready.
Counselor: OK, I'm going to turn off the office light and just keep the desk light on. What I'm going to need you to do is get comfortable in your chairs and shut your eyes when you are ready. Good, let's take a couple of deep breaths together. Inhale, exhale, good; inhale, exhale. Good. Toni, are you OK?
Toni: Yes.
Counselor: Rex?
Rex: I'm good.
Counselor: Toni and Rex, I'm going to ask you to keep your eyes closed and visualize walking into a movie theater. Only the two of you will be at the theater. I want you to visualize slowly opening the doors of the theater and stepping into the theater itself. Can you see me at the front of the theater standing in front of the first row?
Rex: Yes.
Toni: I see you.
Counselor: Good, now I want you to walk down to the front row and sit in the middle. I'm going to hand you some binoculars and want you to simply hold them until I tell you it is time to use them. Now, I want you to visualize the movie starting. Visualize looking up at the movie screen. Toni, I want you to begin to visualize what you have been seeing in your intrusive thoughts. Do you see Robert?
Toni: Yes.
Counselor: What is he doing?
Toni: He is laying face down on the floor.
Counselor: What else do you see, Toni?
Toni: I see blood. His head is covered in blood [crying].
Counselor: Rex, what do you see?
Rex: I see Robert. Like Toni said, he is laying face down on the floor. He is cold and his blood is dark, almost black.
Counselor: OK, you're both doing well. Don't give up now. This is what I want you to do. I want you to take the binoculars and look through the wrong end, so the movie you see will be far away. Are you doing that?
Rex: Yes.
Toni: Um-hmm.
Counselor: Now, I want you to visualize pouring water over the movie film so that the movie picture you see will lose its color and become blurry. Is that happening for you?
Toni: Yes.
Rex: I'm making it happen.
Counselor: Good, now I want you shrink that colorless, black-and-white, blurry movie and move it to the bottom right-hand side of the movie screen. Can you do that for me?
Toni: I've done it.
Rex: Yes.
Counselor: Now I want you to remember the time when Robert spilled the ice cream bowl on Fritz's head. Do you hear the laughter?
Rex: It is good to hear him laugh.
Toni: I miss Robert so much.
Counselor: Now, what I want you to do is run the movie of Robert spilling the ice cream bowl on Fritz's head

up in the upper left-hand corner of the movie screen. Do you see it?

Toni: Yup.

Counselor: Good, now what I want you to do is to make that picture of Robert even brighter and larger. Visualize the colors becoming more vivid and watch each of you as you are laughing. Amplify your laughter, make it deafeningly loud. Do you hear that?

Rex: Um-hmm.

Counselor: Toni, what do you see?

Toni: I see Robert laughing. Fritz is running around barking, and Robert is laughing. I'm happy, everyone is happy. Robert is alive.

Counselor: Rex,. what do you see?

Rex: Robert has that really big smile and is hamming it up. He's showing off by acting like he is going to throw the ice cream at his mom, but he is just playing and Toni is enjoying every moment of it.

Counselor: OK, folks, this is what is going to happen. In a moment, I am going to count down by stating "three, two, one." When I say *one*, I want you to say Robert's name and make the positive movie picture so big that it going to push the negative movie off the screen. Three, two, one, Robert!

Rex: Robert!

Toni: Robert!

Counselor: Keep sitting in the theater. Look at the movie of Robert, Fritz, Rex, and Toni. Listen to the laughter. Do you see Robert playing? He is laughing, and you are enjoying each other. Now, make the picture even bigger by looking through the binoculars, this time use the binoculars the correct way. Look right at Robert, see his smiling face through the binoculars, he is smiling and laughing. What do you feel, Rex?

Rex: I feel happy. I'm very content.

Toni: These are the memories that I want.

What we have portrayed above is the actual swish technique itself. We have found that one of the greatest concerns that client couples have is the feared loss of control. As demonstrated above when we addressed Rex's voiced concern, clients control the technique. At no time do they lose control to the counselor. Additionally, the counselor reminded both Rex and Toni that they could discontinue the swish at anytime should they wish. In other words, this empowers clients by saying that they rather than we control the session.

CONCLUSION

We have found the swish pattern especially helpful when counseling couples who survive a child's suicide or severe parasuicide. Like all clinical interventions, counselors should make certain that the intervention matches the client couples' presenting needs and is used only when therapeutically appropriate. Thus, we would not use the swish pattern with clients presenting severe psychopathology such as major depression, panic attacks, or suicidal ideation or client couples presenting with reality-testing difficulties or impairments. Concomitantly, some clients may be opposed to any guided visualization suggestions and should not be encouraged to participate in the swish pattern. Should a client couple have any reservations about the swish or should they find the suggestion of using guided visualizations absurd, their use is contraindicated. Furthermore, if the couple's counselor perceives any danger of survivor suicide, a thorough suicide assessment with corresponding interventions should be enacted. For many client couples who seek relief and are open to a guided visualization experience, however, the swish is an excellent technique to use. It provides a new opportunity for client couples to favorably reconnect positive memories related to the deceased.

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Jordan's (2001) meta-analysis of the family suicide bereavement process literature suggests that surviving families likely experience (a) greater family dysfunction, (b) more disturbed interaction styles, and (c) increased attachment disruptions after a family member's suicide in comparison with families who have not experienced a family member's suicide. Concomitantly, Maple, Plummer, Edwards, and Minichiello (2007) found that families who experienced unexpected suicides of children experienced heightened grief that impinged on the family members' familial and social functioning. Additionally, family members who experienced the suicide of a family member reported greater feelings of loneliness and depression and reported more physical complaints than those who lost a family member to natural causes (De Groot, de Keijser, & Neeleman, 2006).

Our collective clinical experience with couples who survive a child's suicide or severe parasuicide is that these couples commonly find the experiences traumatic and emotionally devastating. This seems especially true when couples or couple members witness a parasuicide or are the first to discover their loved one's body. The intent of this article is to share a technique we have found helpful to our client couples. This technique has been used with people who have

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struggled with intrusive visions and memories related to their loved ones' parasuicides and suicides. The shared technique was first used by Gerald A. Juhnke in the late 1980s with a client couple who witnessed their child's parasuicide. Since his first use of the technique with parasuicide and suicide survivors, the technique has been modified to include a greater emphasis on family system dynamics.

THE SWISH PATTERN

The swish pattern is a neurolinguistic programming visualization technique designed to promote rapid, sensory-based change that refocuses people's negatively focused thinking (Andreas, 1986; Bandler, 1985). Here, clients "swish" away negative, unwanted visualizations or images (e.g., the suicide of a child) while concurrently refocusing on positive, desired visualizations (e.g., memories of a favorable shared time with the child before the suicide). Such neurolinguistic programming visualization techniques have been used and described by some of the most recognized founding people in family counseling, including Virginia Satir (1988, 1989), Milton Erickson (Haley, 1985), and Jay Haley (1973). In addition, Masters, Rawlins, Rawlins, and Weidner (1991) reported, "Metaphorically, the swish directionalizes the brain toward a desired self-image, using both conscious and unconscious resources" (p. 82).

Five basic components make up the fundamental technique pattern. Given that the swish pattern was not specifically developed to address the needs of couple survivors of parasuicides and suicides, we report the more general swish components and then describe how the individual components relate to this client population. The first general component of the swish pattern requires the client and counselor to identify the undesired or negative state that is problematic. This is a relatively clear-cut charge when counseling couples who have watched a beloved family member inflict a serious self-injury or who are struggling to cope with a child's suicide. The most common undesired or negative states our surviving client couples report include feelings of loss, grief, anger, shame, helplessness, and guilt. Thus, we ask the client couple to identify the most pressing undesired feelings they wish to address.

Most often the couple agrees on the specific feelings they wish to change. However, there are times when one partner may report greater feelings of guilt or loss than the other. For example, sometimes one partner feels greater guilt because that partner suspected the loved one would attempt suicide and did little to intervene. At other times, one partner interacted more frequently and had a closer relationship with the family member who committed suicide. No matter the undesired feelings stated by the couple, we attempt to help them rank, order, and then identify the most pressing undesired feelings.

The next general swish pattern component is identifying visual, auditory, or kinesthetic (physical feelings) triggers that cue the onset of the undesired or negative state. Most often, we have found that couple survivors can readily identify visual, auditory, or kinesthetic triggers that occur just before the most pressing undesired feelings. Some clients will report the intrusive, reoccurring memory of the suiciding member's loud, ear-piercing gunshot or note the thud that they failed to investigate when their child hung herself. Others will report the recurring memories of the smell of gunpowder from the discharged weapon or the visualization of the family member's lifeless body. Whatever the trigger, it is imperative that the client couple create a corresponding visualization related to the trigger. Here, for example, the client couple is encouraged to create a picture of what they saw or to create a picture of what they believed they would have seen if they had been present at the moment of parasuicide or suicide.

The third component includes having the couple identify a desired positive memory that will later take the place of the previously identified undesired, negative memory. Here, we frequently have client couples bring meaningful and positively experienced mementos and photos of the deceased or severely injured family member. Our intent is to have the client couple remember and identify their most favorable memory with the victim. The purpose is to have couples reexperience or describe the positive feelings they had during those remembered, favorable times. These memories are not always related to laughter or joy. In other words, client couples are not required to recount amusement park experiences in which laughter reigned. Instead, couples are encouraged to identify a positive memory of significance. In other words, we are focused on helping couples remember what that positive experience with their loved one felt like. This is an intense time of focus as we remind the client couple that the positive memory selected will be the one they will use to replace the negative, undesired memory.

One couple, for example, discussed a time when they had a conversation with their son immediately after he had unexpectedly shoveled heavy snow out of his parents' driveway. The discussion spontaneously occurred at the kitchen table and had no central topic or thoughtful discourse about pressing issues of importance. Rather, the discussion was a time of mutual and cherished communications that the couple had with their son. When describing the discussion, both parents indicated feelings of pride in their adult son's development and a sense of peace related to the couple's personal relationships with both the son and each other. Here we focused on the couple's positive memory and their associated feelings.

The fourth component investigates any potential negative ramifications if the undesired, negatively perceived memory is replaced with the desired memory. In other words, might there be a potential downside if the undesired and intrusive memories are exchanged for the desired positive memory? On one occasion, we had a surviving couple voice concern that if their negatively experienced memories were to disappear it might somehow lessen the meaning of their child's suicide. Concomitantly, they were concerned that should

relief occur as a result of the swish, they might not continue the same degree of focus on their child. After two sessions and much thoughtful discussion, the client couple believed their participation in the swish might not be best. Instead, they chose to continue their grief counseling via a group experience that did not emphasize memory exchange.

We believe such thoughtful discussions regarding potential costs of memory exchange are vitally important. Our intent has never been to lessen the meaning of a couple's loss or to promote change that clients do not desire. Therefore, such discussion is of utmost importance and ensures that client couples receive the treatment that best matches their desired outcomes.

The fifth component is the actual swish technique itself. Here, we link the client couple's self-identified negative, undesired visualization described in Component 2 to the client couple's desired positive memory discussed in Component 3. The actual swish pattern itself will become more evident to readers in the upcoming vignette. However, for purposes of general discussion here, we have the client couple participate in an experiential visualization exercise. During this exercise, two things occur. First, the client couple shrinks the size, brightness, color, sound, or texture of the negatively perceived visualization they wish to eliminate. Then they quickly increase and enhance their desired memory. Thus, the intention is that at the conclusion of the swish pattern, the desired memory will be more intensely experienced and the undesired memory will either be significantly weakened or eliminated.

For example, we may ask the client couple to visualize going to a movie theater where only they are present. We invite them to visualize moving to the theater's front row seats, where they are given binoculars. They then begin watching a movie of the negative memory they wish to eliminate. Next, we ask them to visualize the movie of that memory slowly losing its color, brightness, and clarity. When the movie becomes blurred and difficult to see, we ask the client couple to "shrink" the movie projection. Thus, the movie picture itself changes from being shown on the full screen to being barely visible in the bottom right-hand corner of the screen. The client couple is then encouraged to reduce the sound of the negative memory movie until it is just audible.

At this point, the client couple is instructed to visualize the desired memory. This desired memory is visualized as projected on the upper left-hand corner of the movie screen. Placing this desired visualization in the upper left-hand corner reinforces visual event memory. We inform the client couple that the positive movie begins in black and white and quickly changes to color. Once they visualize the positive movie in color, they are instructed to increase its boldness, brightness, and clarity. The sound of the positive movie is then amplified until it is near deafening for the client couple. Then an anchoring technique is used to "swish" visualizations. Here, the negative movie memory is pushed off the movie screen by the positive movie memory. Once this occurs, we ask the client couple to view the positive movie memory through binoculars. Therefore, the positive and desired memory is visualized as even larger and closer, and the negative memory is completely eliminated from the screen.

The neurolinguistic programming term *anchoring* is used to associate a visual, auditory, or kinesthetic stimulus with a desired response (Bandler, 1985). We have found that verbally anchoring the swish to the suicide or parasuicide victim's name is very helpful for the client couple. Therefore, we encourage the client couple to say the victim's name aloud with us as we make the swish. Once we say the victim's name, we repeat the experience a minimum of five more times to ensure that the potentially positive effects of the swish are well integrated by the client couple (Bandler, 1985).

Given our belief in the efficacy of family dynamics and the benefits of time devoted to counseling outside the formal counseling experience, we do something that has heretofore not been noted within the swish literature. Specifically, we train the client couple to facilitate the swish with one another. This training continues until each partner is comfortable repeating the swish method and proficient at using the visualization technique as described earlier within the couple's counseling session. We then encourage our client couple to identify a specific time each day when they will repeat the technique. Partners alternate days facilitating the technique. Thus, one partner will facilitate the swish one day and the other partner will facilitate the next. Also, partners are asked to contact us by telephone immediately after the swish on Days 1 and 2. The purpose of these contacts is to answer any questions, respond to any concerns or problems, and promote compliance.

In the first counseling session after the couple's facilitation of the swish, we ask them to identify positive results that have occurred. Should clients be unable to identify any positive changes, we eliminate the swish and initiate other treatment. It has been our experience, however, that most client couples readily identify a least some positive changes that have occurred after the swish and wish to continue facilitating the swish at home on an as-needed basis. Most couples do not continue daily swish facilitations, and if they do, they typically do not continue for longer than 2 weeks.

CASE EXAMPLE

Toni and Rex were married 19 years ago. Toni is a 42-year-old Caucasian female. She is employed as a marketing representative for a large corporation and conducts business-related travel 3 to 4 days per week. Rex is a 42-year-old Hispanic American male. He is a business manager for a construction company located in south Texas. According to Rex, he typically works 65 hr a week or more. Approximately 8 months ago, Rex returned home from work early. When Rex entered the theater room of their upscale suburban home, he found their 15-year-old son, Robert, lying in a pool of blood. Robert had killed himself with Rex's handgun. The couple had no other children and experienced considerable grief.

During the initial counseling sessions, the counselor built rapport by listening to the couple's strong feelings of pain, loss, and guilt. By their third session, Toni and Rex reported that their most pressing undesired feeling was a sense of overwhelming grief. The couple reported similar triggers that cued their grief feelings. Both strongly agreed that the primary triggers were related to either Toni's intrusive visualizations or Rex's intrusive memories of seeing Robert's dead body in the theater room. As the couple's counselor summarized what he believed the client couple had identified as their primary counseling goal, he introduced the idea of using the swish pattern.

Counselor: It sounds as though both of you have been through a very difficult time. If I correctly understand, you want to get your lives and relationship back. That means reducing or eliminating these intrusive visualizations of Robert's death without forgetting Robert and the love you have for him. Is that correct?

Toni: That's exactly right. We can't continue living like this. We will always love Robert. But I can't take seeing visions of him lying dead in the theater room.

Rex: She's right. I can't even sleep at night. I can't concentrate at work because I keep seeing Robert on the floor. My little boy was lying in his own blood. I can't get rid of that memory.

Counselor: I can't begin to understand what each of you is going through. However, I have counseled other couples who have lost loved ones, and one thing I know from my clinical experience is that things always have the potential to improve. One clinical intervention that some of my clients have found helpful is called the swish pattern. Most couples I have used the swish with have reported favorable outcomes.

Toni: So what is the technique?

Counselor: The swish is a visualization technique often used by counselors who practice a modality of treatment known as neurolinguistic programming, or NLP. In lay terms, the swish helps clients replace negative memories with positive ones.

Rex: Is it hypnosis or something?

Counselor: Although it is not hypnosis, the swish pattern does require that you get comfortable, close your eyes, and use your memory. In your case, Rex, I will be asking Toni and you to identify a positive and meaningful memory that the two of you enjoyed with Robert. Some of my client couples have used meaningful memories of times when they were sailing, camping, hiking, or gardening together. As a matter of fact, one of the families I counseled used positive memories of when they were teaching their adolescent how to drive. Whatever memory the two of you choose, it needs to be a positive, meaningful memory that Toni, Robert, and you had together. Based on some things that you've already stated today, my guess is that Toni and you will have many memories of the three of you together that you will be able to select from.

Toni: That sounds painless enough.

Counselor: The objective is to replace a current negative memory with the positive one that you identify. Therefore, the difficult part may be remembering the memory or visualization that you want to reduce or eliminate.

Toni: I don't know if I can do that.

Rex: Me either.

Counselor: Well, based on what you've both told me it sounds like Rex continues to struggle with memories of what he saw in the theater room. Toni, if I correctly understand, you continue to have visualizations surrounding Robert's death that are overwhelming. So, I wouldn't be asking you to do something that is more difficult than what you are currently experiencing, and the hope would be that by using the swish the frequency and strength of the intrusive memories and visualizations would be reduced.

As demonstrated in the above case example, the couple's counselor validates the couple and summarizes the clinical concerns he believes they have stated. When Toni and Rex confirm that the counselor correctly understands their concerns, the counselor gives hope for potential relief and introduces the swish as a potential therapeutic intervention. He then describes the general positive experiences that his client couples have reported. Next he describes the swish in very general terms. Instead of glossing over Toni's statement that the process sounds "painless enough," the counselor describes what could be challenging for the client couple—remembering or visualizing Robert's body. When the client couple understands that the process will have challenges and initially deny a desire to remember or visualize Robert's body in the theater room, the couple's counselor reminds the couple that what they will be asked to do will be no more challenging than the intrusive memories and visualizations they already experience.

After Toni and Rex agree to participate in the swish, the counselor helps the couple identify a desired positive memory that will be used to replace the intrusive negative memories and ensure that if this memory is used to replace the negative memories and visualizations that there is no readily apparent potential for harm to the couple. An example is provided below.

Counselor: Help me understand, what are some of the happiest and most meaningful experiences you remember with Robert?

Rex: Robert loved professional basketball. If I were to identify the most enjoyable and meaningful experiences we had as a family, it would be rooting for the Los Angeles Lakers on the television set in the theater room and eating popcorn.

Toni: Rex, do you remember the night Robert knocked the ice cream bowl over on Fritz, our dog? I don't ever remember Robert laughing so hard in my life.

Rex: Yeah, that was something else.

Counselor: How was that experience meaningful to the two of you?
Rex: Robert didn't laugh a lot. So, watching him laugh and enjoy himself was so cool. It was as if he was really happy and didn't have a care in the world.
Toni: You would have to have known Robert. He was always such a serious boy. Watching him laugh like that made me feel that he really was happy and that we were good parents.
Counselor: Is this the positive memory that you would like to use to replace the negative memories and visualizations that you wish to reduce?
Rex: Yes, if there is one memory of Robert that I will always cherish it is this one.
Counselor: Given that most things in life have both a positive side and a negative side, might there be a possible negative side of using this memory as a replacement for the negative memory you described earlier?
Toni: Are you kidding? There is no downside to using this memory of Robert's laughing and the three of us enjoying each other.
Rex: Yes, I can't think of any potential downside.

Above, the counselor helps the couple identify a positive memory. This positive memory will be used to replace the intrusive, negative memories and visualizations that are problematic for Toni and Rex. The counselor then asks about a potential downside to using this positive memory as a replacement for the intrusive memories that the couple is currently experiencing.

When the couple's counselor believes sufficient information has been gathered and it is clinically appropriate to utilize the swish, he may say something like this:

Counselor: Toni and Rex, you have shown great courage by entering into counseling and identifying both the negative, intrusive visions and memories related to Robert's body in the theater room and the positive memory of watching the Lakers with Robert when he knocked the ice cream bowl on Fritz. Are you ready to begin the actual swish with me?
Rex: I guess so.
Counselor: "I guess so" sounds as though you have some reservations, Rex.
Rex: No reservations, it is just a little scary because I don't want to lose control.
Counselor: One of the neat things about the swish, Rex, is that you never lose control. At no time will you be forced to do anything that you don't want. So, if I ask you to do something and you don't feel comfortable doing it, just say so. In other words, Toni and Rex, you can stop the swish at any time if you feel you need to. You will be in total control. However, should you begin to feel uncomfortable in any way, just let me know and let's see if we can jointly talk our way through it. Fair enough?
Toni: Fair enough, I'm ready to do it.
Counselor: Rex?
Rex: Yes, I'm ready.
Counselor: OK, I'm going to turn off the office light and just keep the desk light on. What I'm going to need you to do is get comfortable in your chairs and shut your eyes when you are ready. Good, let's take a couple of deep breaths together. Inhale, exhale, good; inhale, exhale. Good. Toni, are you OK?
Toni: Yes.
Counselor: Rex?
Rex: I'm good.
Counselor: Toni and Rex, I'm going to ask you to keep your eyes closed and visualize walking into a movie theater. Only the two of you will be at the theater. I want you to visualize slowly opening the doors of the theater and stepping into the theater itself. Can you see me at the front of the theater standing in front of the first row?
Rex: Yes.
Toni: I see you.
Counselor: Good, now I want you to walk down to the front row and sit in the middle. I'm going to hand you some binoculars and want you to simply hold them until I tell you it is time to use them. Now, I want you to visualize the movie starting. Visualize looking up at the movie screen. Toni, I want you to begin to visualize what you have been seeing in your intrusive thoughts. Do you see Robert?
Toni: Yes.
Counselor: What is he doing?
Toni: He is laying face down on the floor.
Counselor: What else do you see, Toni?
Toni: I see blood. His head is covered in blood [crying].
Counselor: Rex, what do you see?
Rex: I see Robert. Like Toni said, he is laying face down on the floor. He is cold and his blood is dark, almost black.
Counselor: OK, you're both doing well. Don't give up now. This is what I want you to do. I want you to take the binoculars and look through the wrong end, so the movie you see will be far away. Are you doing that?
Rex: Yes.
Toni: Um-hmm.
Counselor: Now, I want you to visualize pouring water over the movie film so that the movie picture you see will lose its color and become blurry. Is that happening for you?
Toni: Yes.
Rex: I'm making it happen.
Counselor: Good, now I want you shrink that colorless, black-and-white, blurry movie and move it to the bottom right-hand side of the movie screen. Can you do that for me?
Toni: I've done it.
Rex: Yes.
Counselor: Now I want you to remember the time when Robert spilled the ice cream bowl on Fritz's head. Do you hear the laughter?
Rex: It is good to hear him laugh.
Toni: I miss Robert so much.
Counselor: Now, what I want you to do is run the movie of Robert spilling the ice cream bowl on Fritz's head

up in the upper left-hand corner of the movie screen. Do you see it?

Toni: Yup.

Counselor: Good, now what I want you to do is to make that picture of Robert even brighter and larger. Visualize the colors becoming more vivid and watch each of you as you are laughing. Amplify your laughter, make it deafeningly loud. Do you hear that?

Rex: Um-hmm.

Counselor: Toni, what do you see?

Toni: I see Robert laughing. Fritz is running around barking, and Robert is laughing. I'm happy, everyone is happy. Robert is alive.

Counselor: Rex,, what do you see?

Rex: Robert has that really big smile and is hamming it up. He's showing off by acting like he is going to throw the ice cream at his mom, but he is just playing and Toni is enjoying every moment of it.

Counselor: OK, folks, this is what is going to happen. In a moment, I am going to count down by stating "three, two, one." When I say *one*, I want you to say Robert's name and make the positive movie picture so big that it going to push the negative movie off the screen. Three, two, one, Robert!

Rex: Robert!

Toni: Robert!

Counselor: Keep sitting in the theater. Look at the movie of Robert, Fritz, Rex, and Toni. Listen to the laughter. Do you see Robert playing? He is laughing, and you are enjoying each other. Now, make the picture even bigger by looking through the binoculars, this time use the binoculars the correct way. Look right at Robert, see his smiling face through the binoculars, he is smiling and laughing. What do you feel, Rex?

Rex: I feel happy. I'm very content.

Toni: These are the memories that I want.

What we have portrayed above is the actual swish technique itself. We have found that one of the greatest concerns that client couples have is the feared loss of control. As demonstrated above when we addressed Rex's voiced concern, clients control the technique. At no time do they lose control to the counselor. Additionally, the counselor reminded both Rex and Toni that they could discontinue the swish at anytime should they wish. In other words, this empowers clients by saying that they rather than we control the session.

CONCLUSION

We have found the swish pattern especially helpful when counseling couples who survive a child's suicide or severe parasuicide. Like all clinical interventions, counselors should make certain that the intervention matches the client couples' presenting needs and is used only when therapeutically appropriate. Thus, we would not use the swish pattern with clients presenting severe psychopathology such as major depression, panic attacks, or suicidal ideation or client couples presenting with reality-testing difficulties or impairments. Concomitantly, some clients may be opposed to any guided visualization suggestions and should not be encouraged to participate in the swish pattern. Should a client couple have any reservations about the swish or should they find the suggestion of using guided visualizations absurd, their use is contraindicated. Furthermore, if the couple's counselor perceives any danger of survivor suicide, a thorough suicide assessment with corresponding interventions should be enacted. For many client couples who seek relief and are open to a guided visualization experience, however, the swish is an excellent technique to use. It provides a new opportunity for client couples to favorably reconnect positive memories related to the deceased.

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