More than 33,000 suicides occur in the United States each year, and 4.47 million people in this country have lost a family member or friend to suicide.

Considering these compelling statistics, it is incumbent upon us as mental health professionals to provide compassionate care for those affected by suicide, increase understanding of the devastation suicide can cause for those left behind, and help survivors find new meaning and ways to move forward.

I am a suicide loss survivor, a practicing psychiatrist specializing in at-risk teens, and I have been a patient in my own therapy. From these perspectives, I have explored the trauma of suicide in depth, drawing from my journey of healing after my mother’s suicide when I was 4 years old.

Here are a few observations from the front line that I hope will assist psychiatrists and others in their work with patients who are survivors of suicide loss:

- Self-knowledge, understanding one’s own beliefs, biases, and feelings as they might stem from one’s past, is essential if the clinician is to be fully present for patients. Examining unconscious judgments about people who die by suicide and the anxiety it might evoke in clinicians also is critical. Such an awareness deepens the capacity to empathize and to be an anchor when patients are overwhelmed by a suicide. Survivors often are in turmoil with a range of responses—betrayal, anger, idealization, and extreme guilt—but perhaps most troubling is the agonizing and relentless effort to understand why the suicide occurred.

- Providing factual information about the causes of suicide, and providing context to an inexplicable loss, can be enormously helpful. A patient’s clearer understanding of suicide can mitigate the pervasive guilt and “what ifs” that linger on. Listening openly, while gently challenging faulty assumptions about the burden of responsibility around a suicide, is critical.

By recognizing that each patient grieves differently and at varying paces, clinicians can assist by supporting and exploring at key times, such as anniversaries, births, and family celebrations where the absence is felt more acutely. As patients heal, they will, ideally, move past agonizing over how the suicide happened and begin to appreciate the person they have lost.

- Feeling isolated or stigmatized after losing someone to suicide is common; awkward silences, uncomfortable questions, suspicion that suicide is contagious or that relatives are somehow wrong, are all scenarios I experienced. Supportive clinicians may have marked different perspectives depending on their relationships with the person who died. Although there are no “right answers,” clinicians should provide guidance on how to ask questions, and how to tolerate and respect each family member’s personal truth. The family must seek ways to speak about a parent’s death with surviving children, and guidance about how death is perceived by children at different ages can be useful. Families might ask how to deliver the message, and how to encourage ongoing honesty and questions. The clear directive is to “tell the truth.”

- Patients might worry that suicide (particularly if it has occurred in multiple generations) might be a prophetic death sentence. Reassuring patients that they can take certain protective steps is useful. Identifying and treating mental illness early, prioritizing self-care, and limiting substance use are protective precautions.

- A lethal combination of risk factors for suicide is mental illness, impulsivity, access to weapons, and/or substance abuse. Clinicians need to educate families about how to identify and mobilize quickly to ensure safe containment and treatment as a way of preventing another loss.

As therapists, we are often privileged to witness our patients’ most harrowing experiences with the faith that they can find a way to endure. As Emily Dickenson astutely wrote, “Not knowing when the dawn will come, / I open every door.” I firmly believe that one can grow in positive ways from negative life experiences. We can at least partly ease our patients’ suffering by being there for them in the most committed way possible so they are not alone as they wrestle their pain, questions, and sorrow on the courageous journey to renewed purpose and meaning.

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