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Abstract

A study is currently underway in the United States using the opioid antagonist naltrexone to treat prolonged grief, which is conceptualized in the study's proposal as an addiction disorder. The researchers' stated intention is to use the pharmaceutical agent to disrupt the griever's capacity to engage in social bonding to eliminate craving for the person who died. We believe this approach is misguided for a number of reasons. It demeans the importance of the relationship between the bereaved and the deceased loved one, further isolates grievers from the very social support networks that could help facilitate adaptation to bereavement, and could have a disproportionate negative impact on marginalized communities, who tend to rely more heavily on informal sources of support. We argue that social connection is at the very core of healing and that disregarding and interfering with this capacity could have widespread detrimental

effects on grievors.

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Biographies





Kara Thieleman works on the Resilient Parenting for Bereaved Families program with the REACH Institute at Arizona State University. She is also an instructional professional in the online psychology program in the School of Social and Behavioral Sciences and is on the Research Board of the Selah Carefarm. She has worked as a hospice social worker and grief counselor for individuals and families mourning the death of a child or other traumatic losses. Her research focuses on trauma, bereavement, grief, and holistic and mindfulness-based approaches for bereaved individuals and practitioners.





Joanne Cacciatore is an associate professor at Arizona State University and runs the graduate certificate in trauma and bereavement there. She is also the founder of the MISS Foundation, a volunteer-run NGO since 1996 that aids families facing the death of a child. She experienced the death of her own child in 1994.



Shanéa Thomas, LICSW, is a senior

lecturer from University of Southern California's School of Social Work and seasoned scholar-practitioner with more than 15 years of professional social work experience in the Washington, D.C., metro area. His main commitment is training and strategizing with social workers, educators, and service providers around building safer therapeutic and educational spaces for all people. This is especially for those working in communities who are underserved and under resourced, and those identifying as Black, Indigenous, people of color, and lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) folks. Dr. Thomas has facilitated more than 60 workshops centering diversity, equity, and inclusion (DEI) needs, grief and loss, mental health, sex and gender, and LGBTQI+ populations. When creating organizational change through strategic planning, Dr. Thomas's work unapologetically centers marginalized voices with community organizations and health care institutions to help shift power, privilege, and organizational accountability.

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