



THE UNCRITICAL REPRESENTATION OF (UN)WELLNESS

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Netflix's 2020 summer season included many new releases: movies, fiction series, TV shows, and documentaries. Among the latter, the docuseries *(Un)Well* investigates the dark side of wellness alternative therapies, presenting a few specific cases. The series consists of 6 parts (approximately 55 minutes each) following different stories and testimonies without the guidance of an overarching narrator. Moreover, the episodes do not clearly communicate the series' purpose. Is *(Un)Well* a condemnation of alternative medicine or a promotional piece of propaganda? Ultimately, viewers are left to decide on their own.

The first episode explores the use of essential oils by presenting the stories of a few people who approach the product from different perspectives. Some benefitted from a clinical, controlled use of essential oils as a complement to conventional therapy. Others turned to the remedy because they felt betrayed by conventional medicine and "tried everything" without results. Additionally, some people—acting upon the promise of easy earnings—suffered profound disappointments after dealing with American distribution companies characterized by pyramid structures that favored unequal business relationships. It is proven that essential oils hold a diverse range of antioxidant, anti-inflammatory, and antimicrobial properties (among many, Valussi 2013; Chouhan et al. 2017; Sharifi-Rad 2017). Nonetheless, field professionals cite some key problems with the excessive or unwitting use of essential oils, such as higher risk of developing allergies or experiencing very dangerous toxic effects. Essential oils are complex substances. Scientists have not exhaustively investigated their chemical qualities nor identified the maximum safe dosages, which depend on a diverse range of parameters. These fundamental qualifications are not clearly communicated to viewers because the episode privileges unfiltered, personal experiences to develop the show's narrative.

The second part of the series engages the theme of tantric love. In this episode, sex and sexual freedom are presented as tools that unlock greater awareness, personal growth, and harmony between partners in consolidated relationships. Such states of



well-being can be achieved with the guidance of gurus, though some self-proclaimed experts have used their authority to inflict sexual abuse and psycho-physical violence upon their pupils. Various studies have tackled the perceived effectiveness of similar retreats and self-healing paths, especially for women (see for example Plancke 2020). The series, however, does not delve deeply into the cognitive aspects of such experiences.

The third part of *(Un)Well* showcases alternative uses of breast milk. As it happens in the show's first two episodes, it intertwines different, personal stories. Aside from a few parents who use breast milk to feed their infants, viewers also meet adults who exploit the substance for its anabolic properties or its general health properties and nutrients. Moreover, the episode presents the stories of donors who sell their milk to private individuals, while others provide supplies to human milk banks designed to support neonatal intensive care units, premature babies, orphaned newborns, and infants with specific pathologies (Ashley et al. 2019). Such diverse uses reveal an underlying, ethical dilemma: should food primarily intended for newborns be consumed by adults when hospitals suffer from shortages in their own breast milk banks? The milk supplied by recognized banks is also constantly undergoing specific treatments and controls to make it safe for newborns; donors must meet specific medical requirements as well (see among others Picaud and Buffin 2017; Moro et al. 2019). Purchasing breast milk through private individuals on the black market can be risky, no matter the intended use. Key risk factors include a lack of controlled hygiene in the milk's handling and the impossibility to guarantee suitable storage methods.

The fourth part of the series deals with the controversial topic of fasting. For centuries, fasting has been employed as a form of therapy to purify the body and mind, treat specific pathologies, or for religious dictates. In recent years, fasting has often been proposed during oncological treatments to increase the effectiveness of chemotherapy (for some recent examples, see Antunes et al. 2018; Stemler et al. 2019; Caffa et al. 2020). Nonetheless, such fasting therapies have always been conducted under strict medical supervision, especially in cases presenting unique characteristics and result expectations. Thanks to an increase in celebrity testimonials promoting diets on social media, advertising a variety of dietary regimes, and launching wellness focused lifestyles, fasting has lost its limited value as a medical or specialist therapy. The message that influencers often peddle is that fasting can be done by everyone without contraindications or limitations, precise planning, or, above all, medical support. Nonetheless, in specific situations—such as pregnancy, chronic-degenerative pathologies, or mental disorders—uncontrolled fasting can be very deleterious, aggravating underlying medical conditions and even causing permanent damage. There are certified clinics that offer adequate medical and psychological support to safely manage fasting, but prospective patients do not always resort to these structures. Sometimes, they seek



treatment in center where fasting is administered by people who have no medical qualifications in the absence of certified professionals.

The fifth episode covers the controversial use of ayahuasca. Ayahuasca is a traditional Amazonian infusion prepared by mixing an endemic vine of the same name with *chacrana*, a shrub. Historically, it has been used for shamanic, health, and magical rituals that revolve around its psychedelic and purgative effects. Due to these folkways, the therapeutic effects of ayahuasca have attracted great academic interest. However, its hallucinogenic effects have also inspired the spread of related cult movements. Every year, large crowds of people visit the drink's places of origin (Peru, Colombia, Ecuador, Brazil, Bolivia, and Venezuela) for recreational purposes and to find relief from difficult personal situations. Scholars have conducted several studies on the preparation itself and demonstrated that ayahuasca has positive effects on conditions such as depression, autism, schizophrenia, attention deficit disorders, and hyperactivity (for some examples of such scholarship, see Argento et al. 2019; Orsolini et al. 2020). Furthermore, the drink can be used to treat substance addictions because it improves one's general health and reduces drug and alcohol abuse. Once again, the rational, controlled use of ayahuasca can safely lead to proven benefits. In contrast, people who opt for a free, uninformed, and unsupervised experience can instead incur serious—even fatal—health issues during an ayahuasca session (e.g., epileptic seizures, psychotic crises, serious states of impaired consciousness, severe tachycardia, and hypertension). At the moment, there are no thorough studies on the safety of its measured use as research is still underway on collateral effects, the characterization of its phytocomplex, and its possible fields of application.

The sixth part of the series reviews therapies employing bee venom. Since ancient times, humans have used bee venom for its powerful anti-inflammatory and pain-relieving properties thanks to molecules that make up its peculiar active complex, especially melittin (see among many Mateescu 2008; Ali 2012; Wehbe et al. 2019). As such, bee venom can be employed to treat inflammatory and degenerative diseases, rheumatism, chronic pain, arthritis, arthrosis, multiple sclerosis, and chronic skin disorders. The episode provides, among others, testimonies of people suffering from Lyme disease, an infection usually transmitted by ticks and caused by the spirochete *Borrelia spp.* Common symptoms include an expanding erythematous skin rash and neurological, cardiac, or joint related alterations and issues. Unfortunately, the episode does not clearly define the disease, which may confuse viewers or influence their evaluation of potential curatives, among which bee venom is often included. Furthermore, the ethical issues related to the exploitation of live bees are not clarified nor objectively outlined, and the series presents only a partial approach to the question. In nature, once they sting and released their venom, bees lose their stinger and die. The series fails to examine the existing alternatives for the extraction of the substance, as several



companies do offer bee venom extracted by stimulating bees without the loss of their stingers, thus guaranteeing the insects' survival. Such methods are available in clinics and specialized medical centers. As it happens with essential oils, field professionals—phytotherapy experts, doctors specialized in alternative medicine, and scientists working on these substances—have not yet developed consolidated knowledge about the complex molecules that distinguish bee products. In fact, the maximum safe dosage and long-term clinical effects of bee venom injections are largely unknown. Furthermore, subjects who do not show adverse reactions at the beginning of therapy may experience severe allergic shocks over time. Once again, the series showcases people seeking bee venom treatments in uncertified centers, with no medical or professional figures, accepting questionable conditions and implicit health risks.

Every episode of *(Un)Well* draws an incomplete picture of adopting alternative treatments to conventional medicine. The scarce—or nonexistent—medical and scientific evidence underlying many of the statements and beliefs reported by the series is problematic. Furthermore, *(Un)Well* uncritically presents a total lack of medical supervision, the fanaticism that can subsume rationality (especially in patients unsatisfied by their experience with synthetic drugs), and the diminishing returns of treatments applied unwittingly and/or without medical support.

As for the clinical use of essential oils and bee venom, the series' subjects uncritically blame “Big Pharma”—a pejorative for the pharmaceutical industry, at times used by conspirational theorists—of maliciously neglecting effective natural remedies. In fact, the most substantial impediment to developing treatments from organic substances is the excessive costs required to clinically study and patent drugs based on them. The complexity of these remedies implies a still incomplete analysis of all their components. Due to a wide range of uncontrollable factors, there is, for example, a significant difference in composition between an essential oil produced with lavender from France and one produced using the same species cultivated in Italy. Likewise, the amount of venom injected by a European bee versus one that is endemic to the United States can be quite different. Clearly, there are natural remedies that effectively treat specific conditions and can be used as complementary therapy (see among many Coleoni and Scotto 2015). Humans' oldest ancestors used natural, healing substances and compounds, and about 80% of active pharmaceutical ingredients are derived from the extraction of plant molecules. Nonetheless, current medical practices require the satisfaction of precise qualitative and quantitative standards before a substance is recognized as a medical drug.

Promises of alternative means to achieve “wellness” often appeal to public audiences, some of whom are tempted by the perspective of endorsing unrecognized, idealized solutions to health issues and conventional medical options. However, the



unknowledgeable, unqualified patient often falls victim to inaccurate—even malicious—exploitation of these organic substances, indifferent to the foundations of phytotherapeutic practices. The series' opening theme explicitly questions whether these—almost miraculous—promises are, in fact, kept. But the answer is never given. Moreover, there is no mention of the scientific studies that test natural curatives, nor any reference to the controlled application of this kind of treatments to complement conventional medicine. The series also overlooks certified education programs that train professionals to safely and ethically work with patients.

(Un)Well only provides a collection of personal stories of people who, having lost faith or hope in the medical system, look for solutions without relying on certified specialists in the field of alternative and herbal medicine. The interviewed subjects also refrain from fully informing themselves about the proposed treatments and their potentially adverse effects. Furthermore, the series fails at clarifying that alternative medicine and phytotherapy are professionalized practices, also due to the amounts of treatments and substances employed and the complexity of their scientific exploration. In each episode, the viewer hears variations of the phrase “I’m not a doctor, but...” followed by claims of holding “enough” knowledge to evaluate treatments with the same proficiency as medical and field professionals would. In effect, patients, gurus, and untrained, private citizens pontificate about molecules, active ingredients, therapies, and treatment plans, appropriating the right to express scientific scrutiny and thus verging on professional abuse. Such an approach mirrors a recent trend often observed by medical professionals and specialists: with increased access to the internet, users have created and consumed an abundance of undisciplined pages and feeds on alleged treatments and remedies. Concerning issues of health and wellness, the Internet is a coin with two contradicting sides: on one, the vast availability of universally accessible information and, on the other, the proliferation of fake news and the empowerment of alleged, self-appointed gurus who abuse the trust of unknowledgeable users.

Viewers of *(Un)Well* are left asking themselves, “how can people deliberately exploit vulnerable patients suffering from illnesses and chronic health conditions?” The problem truly lies in the persistence of huge legislative holes in the wellness field and the legislative wording used to formulate regulations regarding phytotherapy and alternative medicine. Such issues allow unprepared individuals to bypass deontological rules and green light nearly all forms of alternative treatments, whether certified or not. The Internet should also enhance users' pursuit of accurate information, but a growing segment of the population—crosscutting all socioeconomic backgrounds—ignores its potential. In an era when true well-being may be within everyone's reach, many people seem to be entrusting their health to false beliefs, illusory perspectives, and misleading practitioners rather than relying on science and safety.



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(Un)Well. 2020. Produced by Axel Gerdau and Rachel Profiloski. Netflix.

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