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## The wellness industry with Dr. Jonathan Stea

Running time: 23:52

[Musical intro]

**David Gratzner:** With a few clicks of a mouse, our patients can read what you and I read, including the latest journals. But they can also access a world of half-truths, misleading claims, and, yes, falsehoods. They can be offered unproven treatments like coffee enemas for depression—something you and I typically don't prescribe. Oh, but at a price.

Welcome to *Quick Takes*. My name is Dr. David Gratzner. I'm a psychiatrist here at CAMH. This podcast series is for physicians, by physicians, and today we're talking about the wellness industry. Joining me: Jonathan Stea, who's a clinical psychologist and assistant professor at the University of Calgary. He's written for the academic press, but he's also published articles in newspapers and magazines. And he's just written a smart new book that you should read called *Mind the Science: Saving Your Mental Health from the Wellness Industry*. Welcome.

**Jonathan Stea:** Thank you, David. That's very kind of you. Very kind intro. I'm happy to be here. Thank you.

**David Gratzner:** That kind intro also has the benefit of being truthful. I think you've done a real service with this book.

**Jonathan Stea:** That means a lot. It's been a learning curve for me—a real journey. Even just writing the book for, you know, my aim was to write it for a general audience and kind of a lay audience, which, as you know, is a very different kind of writing than we do in, say, grant applications or peer-reviewed scientific journals. So it was really hard to kind of weave story and science. And it was—it was fun and anxiety-provoking and challenging and all of it.

**David Gratzner:** Well, let's start there. You're doing a lot professionally. I understand you work full-time as a clinical psychologist; you supervise students, you've won awards for that. Writing a book is tough. Why did you put the pen to paper, so to speak?

**Jonathan Stea:** Yeah, thanks for asking that. I suppose when you look to the Canadian Code of Ethics for Psychologists, it's a hierarchical code. And the fourth-order principle is responsibility to society, and baked into our codes of ethics is this promotion and practice of evidence-based mental health care. And I really took to heart interpreting that in one way—sort of, you know, having a responsibility to society to correct misinformation, mental health-related misinformation and pseudoscience.

And so I really started doing that on social media probably about seven years ago or so, where I was just kind of writing op-eds and articles in *Psychology Today* and *Scientific American*, really kind of focused initially on my dissertation work, which is about the nature of cannabis addiction and how people recover from cannabis use disorder.

But when I got to social media, I suppose it took me by surprise because I saw that the misinformation that I was dealing with in a more siloed way was just blown up to include all kinds of health information, including mental health misinformation.

And so, after years of kind of being at this, I decided to really just try to localize all the stuff that I've learned and try to help people answer the kinds of questions that they would ask me for themselves. I tried to localize it all into this book, and that was really the impetus for it.

**David Gratzer:** And you've done a really nice job of combining patient stories with history, with relevant issues. What type of response have you gotten?

**Jonathan Stea:** A surprisingly positive response—because I didn't anticipate it to be such a positive response, because it is a controversial topic. A lot of the book—the goals are laudable. Again, I consider it to be our ethical duty to correct misinformation.

But again, there's a lot of real people working in this space and livelihoods at stake and financial interests at stake, and just a whole bunch of forces that kind of contribute to the proliferation of pseudoscience and wellness grift. So there's psychological forces, cultural forces.

And I thought it would get a lot more pushback than I did—certainly more to reflect the kind of pushback I get regularly on social media. But when I looked at the reviews and private messages that I received, I received a lot of support, and I'm grateful for that.

**David Gratzer:** You look back at history and talk about misleading claims and false products. You talk about snake oils in the 19th century and, in fact, talk about Clark Stanley, who sold snake oils in the 19th century.

**Jonathan Stea:** And didn't contain snake oil!

**David Gratzer:** Even the claim of "snake oil" itself was wrong?! Do you think things are worse today? I mean, we have social media. We have so many opportunities, so many claims, so many businesses profiting off quote-unquote wellness. Have things materially worsened since the days of Clark Stanley?

**Jonathan Stea:** In my view, I think they are worse. And, you know, I may be biased in this respect, but just by, again, kind of living and breathing this topic on social media and just with the—I suppose—the advent of social media in this kind of post-truth era, I think things are a lot worse because the mic has been amplified, so to speak. And it's been given to so many people who otherwise might not have it.

And all that to say, I think that the spread of misinformation and wellness grift just reaches a lot more people.

We have some evidence to suggest this is the case. I mean, there's been research that shows—looking at the algorithms of Twitter—that false information spreads further, deeper, and faster than truthful information within the network. So, we have that.

I can recall one study that looked at popular ADHD-related videos on TikTok. And when the authors analyzed the content of those videos, they found that about half of those videos were misleading. But perhaps the more kind of jarring aspect of that is that those videos were viewed millions of times.

And similarly, I was really fortunate to be recruited by a really fantastic research team, and they asked me to participate in a similar study where we looked at the top 1,000 videos on TikTok with the hashtag #Mental-Health. And when we analyzed those videos for their content, we found that about a third were misleading. But those videos were viewed over a billion times. A billion! So that, you know, that number is just so far-reaching.

To answer your question, I think things are worse in that respect.

**David Gratzter:** Now, you're a clinician. Me too. And many of our listeners, of course, are clinicians. How have you felt that in terms of interactions with patients?

**Jonathan Stea:** It's—it's been hard. I'm not going to kind of sugarcoat it. In part, that was another impetus for writing the book, because I was just noticing all of this, again, pseudoscience floating around.

And it's hard to address it at the level of the patient, because the things that I care about most when I'm with our patients—and that you care about most—is obviously things like our therapeutic alliance and therapeutic relationship.

And it's hard to necessarily focus on aspects, if our patients are going to see a naturopath or they're taking a variety of other either supplements or pseudoscientific approaches, I'm not necessarily sitting—or I'm not sitting—in sessions debunking these things.

That's why I chose to do it in a different avenue. So either via the book or social media or, again, writing these kinds of articles. So I found that a really difficult terrain to navigate. And in part, that's again why I take to science communication—because I think it allows us to fulfill a role in the promotion of evidence-based care that is hard to do in the role of clinician.

**David Gratzter:** On the one hand, we live in a day and age, as I touched on in the introduction, when our patients can read the *American Journal of Psychiatry* abstracts just like you and me. On the other hand, there's so much noise. You provide some advice for patients, of course, in your book. It's written for patients in the general public. What advice would you give to us providers in talking to our patients about this stuff?

**Jonathan Stea:** I think, again, because it's hard to do this stuff at the level of clinician, but I think we can do our due diligence by offering credible sources and essentially credible information. And that's hard for even us to navigate. You know, the world of science is hard even for experts within their niches.

Um, but, you know, there can also be differences—clear-cut differences—like “vaccines don't cause autism,” that kind of stuff, where we can give kind of crystal-clear, truthful information to patients if they're concerned.

They may hear anti-psychiatry tropes like “mental illness doesn't exist” or, you know, “all SSRIs or antidepressant medications are more harmful than they are helpful.” And we can, again, give them truthful information from credible back sources, probably from major organizations like the American Psychiatric Association or American Psychological Association and the Canadian equivalents.

**David Gratzter:** Has our job changed a bit? I mean, our job has always been to inform patients and let them make decisions wherever possible. But is part of our role now also to help patients navigate this world?

You mentioned TikTok—I liked that study, by the way, it's a good study—until I read that study, I never talked to patients, even younger patients, about things they might have learned about depression or PTSD from TikTok. Now I bring it up. And I'm amazed because, you know, so many of our patients, particularly, again, those younger patients, look to TikTok videos for information. What are your thoughts?

**Jonathan Stea:** I think it's a very nuanced topic, but yeah, I do—I do think it falls under our purview to bring up these kinds of ideas.

As we all know, especially in the world of mental health, our constructs—our ideas of mental disorders, say—are biopsychosocial constructs. And that, in part, involves the social components of how these mental health concerns play out in our environment.

And the way in which our patients think about their own mental health concerns will be informed by their beliefs, and their beliefs will be informed by their cultural milieu.

And so we need to address that stuff as it comes up, whether it's in the context maybe of cognitive behavioural therapy or other kinds of therapy, where we're maybe challenging misguided beliefs—but again, couched in that context of a safe therapeutic environment.

**David Gratzer:** Speaking of patients, again, your book contains good stories. “Thomas” has PTSD and looks at Vielight. Can you tell us about that?

**Jonathan Stea:** Well, that was such a horrible situation for me to have dealt with because I tried to make it clear in the book that I get why people turn to alternative medicine and kind of wellness treatments—because the reality is that our healthcare systems are broken, and not even our best evidence-based treatments will work for everyone.

So, for example, my patient “Thomas,” who experiences PTSD—he went through EMDR or a whole other slew of treatments. I don't personally do EMDR, but I do other kinds of evidence-based treatments like prolonged exposure therapy and cognitive processing therapy.

And for whatever reason, he just—you know, it's hard for him to respond to these from various practitioners, and he didn't get a lot of symptom reduction.

So he sought out this kind of treatment that he heard about called a Vielight, which is essentially this idea that it was kind of a headset that would just go onto your head and emit this kind of infrared light waves, which were supposed to, in some pseudoscientific, sciencey-sounding way, you know, modulate the intracellular mechanisms and quantum waves and who knows how they explain it.

But essentially, it was pitching the idea that his PTSD can be cured by this very expensive headset or product. And it didn't work, of course. And he was pissed off about it. And he should be. And, you know, he told me about that. And again, I empathized with him.

And that was just one of countless examples that I've encountered where people are—you know, maybe they're not fully responding to our evidence-based treatments, but the answer isn't to fill those gaps in the wellness industry with this financial and emotional exploitation.

**David Gratzer:** You actually have a table earlier in your book where you talk about some of these pseudoscientific practices. I had to look up a few. I've heard, unfortunately, about too many. Very briefly, why don't we talk about them? Can you explain to us what ozone therapy is?

**Jonathan Stea:** Well, I remember an alternative medicine clinic website claiming that ozone therapy can be used to treat mood disorders. So essentially, it's, uh, putting ozone up various parts of our body, whether it's the vagina or the backside.

And, um, to my understanding, this stuff is—it can be quite dangerous. And obviously, it's not an evidence-based treatment.

**David Gratzer:** Past life regression therapy?

**Jonathan Stea:** Past life regression therapy is based on the reincarnation hypothesis, which purports that the trauma that someone is going through in the current life—so their PTSD—can be explained by the trauma that they've incurred in a past life.

So, say, in the 1700s or 10,000 years ago, or whatever it may be. Um, and that the way in which we address that trauma is to regress them in some hijacked, distorted way, using hypnosis to regress them to the time of that past life, relive the trauma, and bring them back.

**David Gratzer:** Thought field therapy?

**Jonathan Stea:** Thought field therapy is—it's actually quite prominent in the literature. It's a branch of energy healing or energy medicine. It involves tapping various parts of our body or our head or forehead to basically tap along certain energy fields or thought fields that are thought to be unbalanced. And when we can balance these through tapping, then that's going to somehow treat a mental health concern.

**David Gratzner:** You write in your book:

*"The global health and wellness industry has an estimated value of over \$5.6 trillion, which includes legitimate sources of health such as club memberships and exercise classes, as well as alternative medicine products and services that purport to improve health based on baseless or exaggerated claims and questionable evidence of safety and effectiveness."*

Strong stuff. You're pretty passionate here.

**Jonathan Stea:** Yeah, I am. This stuff keeps me up at night. I don't like how our patients can be exploited by fake credentials, fake cures for fake diagnoses. I just—I think it's awful. And patients deserve better. They deserve the best care based on the best evidence. And the wellness industry doesn't offer that.

And I think it's worse than that, because not only does the wellness industry not help our patients by promoting pseudoscientific treatments, but it's also predicated on a narrative that creates or sows or amplifies distrust in evidence-based healthcare, mainstream medicine.

And it needs that really polarizing, divisive narrative in order to sell its fruit, so to speak. And that's what I find—well, unhelpful, I guess, would be the understatement.

**David Gratzner:** And I think all of us clinicians are passionate about good healthcare for our patients. But of course, you have a personal connection to this industry and this story with the health troubles that your mom faced. And you speak about that in the book.

**Jonathan Stea:** Yeah. I grew up as an only child in a house with my mom and dad. It was a really loving home. But my mom, unfortunately, had a lot of health issues growing up.

She suffered an injury from a botched spinal surgery, and that left her with ultimately a diagnosis of complex regional pain syndrome, which I think back then was called reflex sympathetic dystrophy—basically an umbrella term to characterize a whole slew of chronic pain-related symptoms.

But, you know, I really saw those symptoms with my own eyes. You know, her legs would double and triple in size due to swelling, and they would leak lymphatic fluid. And, you know, basically wind and water would really hurt her.

And so ultimately mainstream medicine couldn't help us. We tried everything. The doctors didn't know what to do. They're giving her, you know, opioids, benzodiazepines to manage seizures, all sorts of stuff.

We also looked to alternative medicine treatments—literally everything under the sun. We tried psychics to incense to acupuncture, chiropractic—literally everything. And that stuff didn't work either. And some of it actually made her feel worse.

And so I really included that section in the book because I really wanted to just deliver the message that this isn't about shame and guilt. And, you know, it's very understandable why anyone—all of us—seek alternatives when we're suffering from health conditions, and I get it.

And it's easy to feel the stirs of resentment towards mainstream medicine. At the same time, that doesn't mean that the wellness industry, again, or alternative medicine treatments or pseudoscientific ones offer that solution.

**David Gratzer:** You've obviously done a lot of research in writing this book. There's, again, good history. What was a big surprise in doing your research?

**Jonathan Stea:** Probably my biggest surprise was—you know, I set out to write this book to kind of cover a niche because there's lots of great science communicators and debunkers out there.

We got Timothy Caulfield of the University of Alberta. We got Jennifer Gunter, who's a gynecologist who wrote *The Vagina Bible*. But no one was really doing this work in the area of mental health.

And so that's the kind of niche that I wanted to cover because I noticed a gap.

But then when I really started to do the research on this, I noticed that a lot of the claims from the wellness industry and pseudoscientific proponents—um, it wasn't very specific to mental health at all. It sort of—it covered everything from chronic pain to cancer.

And so, I don't know that it surprised me so much, but it just drove home the message that pseudoscience and grift isn't specific to mental health at all.

And if we can all learn the language of pseudoscience and alternative medicine ideology, I think that better prepares all of us, whether it's in mental health or cancer care.

**David Gratzer:** And certainly, there are troublesome diseases in other areas of medicine. Are our patients a little bit more vulnerable, though, in mental health care, given that our treatments aren't great, many patients don't respond, other patients have side effects?

**Jonathan Stea:** I think so. I think, you know, the science of psychopathology is still unfortunately relatively new and very imperfect.

And we have countless iterations of the DSM. And we're not very good at carving psychopathology at its joints, so to speak—or carving nature at its joints, so to speak.

And with so many gaps in our knowledge and so many gaps in our treatments, that does leave the door open for pseudoscience promoters to kind of slither in and open for business.

And again, what they end up doing in a lot of cases—like, say, the anti-psychiatry movement with these anti-psychiatry tropes—is that they'll take kernels of truth and then they amplify it. Right?

So just because we don't know everything about the science of psychopathology doesn't mean we know nothing about it.

But the wellness industry will tell people and aim its messaging at the idea that we just don't know anything about it. But they have the solutions, and they can treat people's mental health concerns.

**David Gratzer:** You speak about pseudoscience; you speak about the wellness industry. Do they kind of go hand in hand?

**Jonathan Stea:** Absolutely. I think the beating heart of the wellness industry is pseudoscience.

It sort of exists as a wonderland free from scientific scrutiny, and it's able to market and advertise its health approaches through a pseudoscientific lens.

There are many warning signs that tell us when we're looking at something pseudoscientific, and I'd like people to learn those warning signs and memorize them if they can, because I think, in part, that's what we need to help strengthen our grift detectors.

**David Gratzer:** It is a *Quick Takes* tradition to end with a rapid-fire minute. A series of questions and a little bit of sweating. Are you game?

**Jonathan Stea:** I am having a panic attack. Let's do it!

**David Gratzer:** Don't think the questions are that stressful. All right, let's do a bit of box breathing and let's put a minute on the clock.

**Jonathan Stea:** Perfect.

**David Gratzer:** What keeps you up at night?

**Jonathan Stea:** The anti-psychiatry movement.

**David Gratzer:** Most outrageous claim you've come across in speaking with patients or in your research?

**Jonathan Stea:** Schizophrenia is caused by demonic possession.

**David Gratzer:** Thing you wished more patients realized?

**Jonathan Stea:** Lifestyle medicine and self-care rightly fall under the purview of evidence-based care. They are not alternative medicine.

**David Gratzer:** Most gratifying moment in talking to your patients about this stuff?

**Jonathan Stea:** I've had my patients and people on social media or other people email me thanking me for calling this out because they see it.

They see misinformation and conspiracy theories play out in their family and friendships. And they said they feel sane now—that's gratifying to hear.

**David Gratzer:** And at the buzzer, what's your next book on?

Jonathan Stea: David, I think I've said everything I have to say right now, and I'll come back to you in about ten years.

**David Gratzer:** Well, we'll look forward to having you back on *Quick Takes* in ten years, because you seem to have a lot to say on a lot. And we look forward to the next book. And, in the meantime *Mind the Science*, the book you've just written is terrific. Congratulations. You've done a real service here.

**Jonathan Stea:** That means a lot, David. Thank you so much. And thank you for your work as well. It's wonderful. And I appreciate all of your advocacy work and all of the research and all of the clinical stuff that you do, too.

**David Gratzer:** That's very kind. And on that kind note, thanks for joining us.

**Jonathan Stea:** Thank you.

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