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## Chapter 1

### What is the Myth of Aging?

“The great enemy of the truth is very often not the lie —deliberate, contrived and dishonest — but the myth, persistent, persuasive, and unrealistic. Belief in myths allows the comfort of opinion without the discomfort of thought.” John F. Kennedy

#### The Myth

Thomas Hanna, in a stroke of genius, nicknamed his core set of movement patterns “The Myth of Aging” series. More than some offhand catch phrase, this label begs a bit of scrutiny as it underscores the very nature of Hanna Somatic Education. A myth is a belief or beliefs, often unproven or false, that has accrued around a person, an institution, or a phenomenon, and upon which other beliefs or values may be premised. History, even to the present day, is rife with examples of broad stroke social belief systems premised solely on myth.<sup>1</sup> Thomas Hanna saw the currently held beliefs about aging, specifically our collective assumptions about certain of the ‘inevabilities’ presumed to accompany the aging process, as just exactly that - a myth. In fact, our aging myth has roots dating all the back to ancient Greece when the fabled Sphinx queried Oedipus thus, “What walks on four legs in the morning, two legs in the afternoon, and three legs in the evening?” The answer of course is man, according to the presumptive decline that necessarily accompanies the aging process, mandating use of a cane in one’s later years.

The particular myth debunked by Hanna is this: As people grow older their bodies inevitably decline along a downward trajectory, usually from middle age onward. This decline is known to be inevitable because it happens to the great majority of people as they age and move precipitously toward death. Because this decline happens to so many people it is the norm. Because it is the norm it is ‘normal’. Therefore, this decline is what each of us must necessarily expect our own future to hold for us. Thus is the myth upon which society’s expectations for itself based. However, the logic of this myth is skewed and, not uncoincidentally, it is decidedly unscientific. Yet, surprisingly, this myth seems to carry with it the full weight and sanction of western science and medicine. Unimaginable sums of money have been invested in both a mindset and an infrastructure, all premised on the supposed validity of the ‘aging’ myth. Modern conventional science and medicine have hardly a clue that the precipitous trajectory of human decline, with much of the pain and suffering sadly concomitant to it is, in fact, not inevitable, at least not in a qualitative sense. Much of the attrition and many of the degenerative effects normally attributed to the aging process are avoidable and even

reversible.

I see the degenerative aspects of the aging process (at least as regards neuromuscular decline; imbalance, pain, stiffness, etc.) as stemming from little more than an archeology of insults against the body. It is the cumulative effect of these insults - in incrementally resetting the brain's default mode for motor behavior to a progressively lower standard of performance and response - that provides the basis for the aging myth.

Of course, common sense dictates that there's no stopping the chronology of aging. The hours, the days, and the years march on by no matter what we do - we're born, we live, and, in the end we all die. But the qualitative aspects of how we live our lives and find ourselves impacted by events that occur as we age is unquestionably much more within our realm of control than conventional wisdom would have us believe. Hanna Somatics may or may not have an effect on human longevity, in terms of life extension. Life extension, however, is not our goal. What we seek to achieve, to borrow a concept introduced by Dr. Andrew Weil, is 'compression of morbidity'.<sup>2</sup> In other words, HSE can help you manage your trajectory of neuromuscular decline as you age to insure that you retain a greater ease and freedom about your body for a longer time than might otherwise be the case by minimizing the effects of insults.

The important premise for you to grasp is, as mentioned above, the spectrum of cumulative effects stemming from this archeology of alleged insults. The problem, for most people, derives from layer upon layer of insults incurred over a lifetime of living. So, what exactly is an 'insult'? An insult may be thought of as any experience, real or imagined, that stresses the organism (that's YOU, your body and your mind).<sup>3</sup> For the purpose of Hanna Somatics, our concern is confined to the effects of these insults on the functioning of the sensorimotor system. Regarding such insults, we can gain some better appreciation of their impact by assigning them, more or less arbitrarily, to one of three levels which I have contrived for ease of understanding.

#### Insult Upon Insult

The first level involves 'minor' insults, which are often benign issues that hardly command, or even warrant, our attention. Examples of 'first level' insults might include slumping on the couch while you watch television (or read this book), an emotionally stressful day at work or school, sub-optimal nutrition, a night of restless sleep, pushing yourself when overtired, carrying a handbag or book bag always over your same shoulder or a wallet always in the same back pocket, parents toting young children about on their hips, or any of a litany of other such low-magnitude experiences falling into the very unscientific category of simply 'not being good for you'. These are the kinds of insults that happen to regular people all the time and probably much more often you are likely to be aware of in the absence of your consciously paying attention for them. Quite often these insults, when they happen on an isolated and non-recurring basis, will not

contribute in any significant fashion to your eventual decline. For example, a poor night's sleep can usually be made up for the next night, or your annual hangover following the New Year's Eve party will probably not shave years off your life. If ever you wake up one morning with a stiff neck you may well be able to work out the kinks to no ill lasting effect. But if your stiff neck persists, or recurs on a regular basis, that changes the nature, and effect, of the insult. Again, it is the cumulative effect of a multitude of minor insults over time that causes them to become problematic.

Norman Doidge, M.D., in discussing brain plasticity<sup>4</sup>, describes how neural real estate is allotted on a priority basis according to the demand for its use. "...when we learn a bad habit, it takes over a brain map, and each time we repeat it, it claims more control of that map and prevents the use of that space for 'good' habits. That is why 'unlearning' is often harder than learning..." Though Doidge is specifically referring in his text to the acquisition of language skills he is also describing perfectly the process by which insults against the body culminate as new and errant default settings in the brain, and why, once embedded, the effects of insults can be so challenging to dismantle.

Next, after minor level insults, we move up a notch to 'medium level' insults. Medium level insults are rarer than minor insults, yet not at all uncommon. A sampling of this level of insult might include sprains and strains such as a turned ankle or a back spasm, bruises from sporting or recreational activities or a slip on the ice, an emotional trauma with effects that do not immediately diminish, or repeated challenges on the very limits of your body's abilities. We all incur medium level insults but, by comparison, these may occur infrequently, perhaps only a few times a year if you're lucky, rather than many times daily as with lesser insults. Unlike minor issues such as occur on the first level, the effects of medium level insults can linger, either overtly as in the case of a sprained ankle that heals slowly, or less obviously as simmering emotional concerns, or as a back spasm that subsides but retains its potential to flare up again when triggered by hidden stress factors.

Notably, minor insults can transform into medium level problems, as when a benign act like toting a handbag or a child shifts from an occasional experience to part of a regular or daily pattern, or when that stiff neck doesn't go away. An unlikely example of how a seemingly innocuous behavior pattern can shift into a medium level insult presented itself in one of my Tai Chi students while I was writing this chapter. This gentleman had the habit of scrunching his neck somewhat forward rather than holding his head properly erect (clearly a medium level insult), and as a result had been struggling for months to integrate my advice during Tai Chi practice that he position his head and neck in a more anatomically correct manner. It dawned on him one day, just as our class was finishing up a round of Somatics movement patterns, that his bifocal glasses were implicated in his postural discrepancy. Apparently, his glasses had caused him to adopt the habit of scrunching his neck whenever he sought to focus his vision, which, of course, he

did repeatedly throughout the day. Thus, his glasses not only created a minor insult, initially, but over time they served to reinforce and exacerbate the errant pattern that resulted, and even to stymie his best attempts at correcting it.

Finally, we have a level of 'major insults'. This more severe level is comprised of broken bones, surgeries, automobile accidents, stress caused by broken marriages or failed careers, etc. These can be hurts that not only last, but which serve to redefine our sense of personal identity. Insults such as these may only occur once every five or ten years or so (again, a generalized assumption offered just for the sake of illustration). Despite their infrequent occurrence for most people, the effects of major insults can be devastating.

#### It All adds Up

Obviously, different individuals will be more or less susceptible, or fortunate, in the nature and frequency of the insults they incur. Someone with a more sedentary lifestyle, say a writer, may be more inclined toward low level insults, while a construction worker or sports enthusiast may be more prone toward medium level bumps and bruises. Just as obviously, people will vary in their response to, and resilience against, various stressors. That said, let's consider some purely hypothetical statistics, so that you might reflect on the numbers of minor, medium level, and major insults someone experiences, en toto, over the course of a typical lifetime. Minor insults probably occur dozens of times each day for most people. For the sake of argument allow me to (very conservatively) estimate three insults per day. Over the course of a year that adds up to a thousand insults. Add in a couple of medium level insults each year, and over the course of a decade you've got ten thousand minor insults, plus several dozen medium level insults, and maybe some really major event as well. Remember, this is your body we're talking about. Multiply these figures by five or six or seven decades, if you happen to be middle aged or older, and you start to get the picture. The picture you get is that of a person whose body is well advanced beyond the freedom and ease of youth, and stumbling headlong toward the discomfort, inflexibility and systemic decline so characteristic of elderly persons.

I don't mean to exaggerate this state of affairs, or to promote a general panic. I would reiterate that not every insult has lasting or equal consequences, and that the body has remarkable regenerative powers in its ability to self repair in many cases. Nevertheless, I feel quite confident that I've been extremely conservative in understating the figures cited above. Even if we were to arbitrarily reduce these figures further, say by 50%, we're still talking about tens of thousands of insults against your body over the course of a few decades. That's a lot of insults. The average body responds to the onslaught painted above with adaptation and resilience where it can, but eventually the weight of this archeology comes to bear on the body in the form of pathological reflex patterns evidencing senile degeneration and decline.

As if all this weren't cause enough for concern, physiologic decline carries with it

the likelihood of reduced self efficacy. The damage wrought by the embodied Myth of Aging is insidious in its effects on our non-physiologic selves as well. As the body comes gradually (or not so gradually) to experience less and less freedom in the manner in which it expresses itself, our belief system about ourselves becomes correspondingly limited. That is, our self image, in its own best attempt to maintain some sense of personal congruity, readjusts to reflect (and thereby reinforce) the experience we have of our bodies. Bodies that become less able to move freely invite (non-dissonant) mindsets that become invested in that loss of ability. "I'm not as young as I used to be.", "I guess I'm just getting older.", and, "You can't teach an old dog new tricks.", are all-too-common statements of belief that reflect and reinforce the Myth of Aging. We observe our diminishing freedom and so come to think that we can't be as free, and that this must be what it's like to be getting 'old', and thus we fulfill the prophesy.

If I've painted a grim picture, it is one that is both realistic and long overdue. The obvious questions to be drawn from the above scenario are, "How can this happen in our age of modern technology?", and "Why doesn't science or medicine point their spotlight on this to fix it?", and on a more personal level, "How can this happen to me?". After all, these days science has us getting upwards of 40 mpgs on many cars, technology has us getting stock quotes and movies on our cellphones, and medicine has created immunizations for even benign childhood diseases such as chickenpox. In light of these and other 'advances' one would think that the issue of addressing debilitating insults in order to alleviate the human pain and suffering 'caused' by aging ought to be both a breeze and something of a priority, at least on the order of chicken pox, gas mileage, and personal finance.

The answer, though complicated because aging is now big business getting bigger, is most simply explained by the fact that nearly everybody buys into The Myth. We've all been indoctrinated to expect that aging culminates in a predictable decline. How can you, as an individual, go against the tide and change the inevitable? Our culture is heavily invested, both economically and belief system-wise, in services (Medicare, Medicaid) and products (pharmaceuticals, retirement facilities, etc.) that target pain and chronic disease - arthritis, back pain, headaches, digestive disturbances, respiratory ailments, hypertension, cardiovascular issues, allergies, erectile dysfunction, ad nauseum. One need only glance at the various visual media - magazines, newspapers, TV - to get a sense of how pervasive this mindset is. If you have health insurance with pharmaceutical coverage you are already, inadvertently, subsidizing this very state of affairs. Scientific and medical entities that are capital based, not to mention insurance, have a big stake in this status quo. Imagine if it could be shown that even a moderate percentage of erectile dysfunction sufferers could find some measure of relief in a few simple movement patterns. Ask yourself this - wouldn't Pfizer and Lilly just love to pull Viagra and Cialis (replete with their 'afterthought warnings' about priapism) from the shelves while spending tens of millions of dollars to research simple exercise patterns that cannot be patented, bottled, and sold? Or, in the same vein, what if it could be shown that headaches could be

avoided or managed in a similarly simple fashion, obviating the need for the smorgasbord of headache remedies whose marketing campaigns compete incessantly for your attention (so much so as to cause you a headache)?

Conventional medicine, which prides itself on being scientific, has been anything but scientific in identifying and addressing the underlying causes of age-related neuromuscular degeneration. Now, in all fairness to conventional medicine, the ultimate responsibility for avoiding or correcting problems stemming from the archeology of aging lies not with the government, or with any other agency, but with each and every individual person. Herein we have a large part of the appeal of Hanna Somatic Education. In addition to its efficacy, HSE can be learned (or experienced) quickly and easily, not to mention relatively cheaply, by anybody. Thomas Hanna offered up a solution which is so simple and widely accessible that one would expect the claims made by Hanna and those who ascribe to his approach to arouse the passions of skeptics and quack-busters everywhere. The plain fact of the matter, however, is that Hanna Somatic Education has its basis in simple, yet indisputable, science. All of the theories on which Hanna Somatics is based are founded in conventional neurophysiology, and its claims, albeit empirical at this writing, are predictably replicable. Despite the hint of mystique suggested by such catch phrases as the “myth of aging” and the “archeology of insults” there is nothing about Hanna Somatics that is even remotely faith-based or new-agey, however low-tech it may be. Continuing advances in the neurosciences only serve to reinforce the most basic premises of Hanna Somatics.

The passage of time is unavoidable, and ‘insults’ such as we have discussed are, for all practical purposes, part of the human condition. Yet Hanna Somatics provides us some measure of recourse. The goal of Hanna Somatics is to help people learn how to exercise and assert their cortical brain’s conscious control over their body’s neuromuscular system, and to disarm and dismantle the effects of the archeology of insults responsible for one’s decline in neuromuscular efficiency (including pain, postural imbalances, etc.). Hanna Somatic Education accomplishes this task, in essence, by using the conscious and voluntary attention of the cortical brain to recalibrate the errant default settings of the sub-cortical brain. Such recalibration serves to restore optimal communication, via the sensorimotor nerves, with chronically engaged muscles so that they may finally stand down and relax. Thus is fuller and more efficient voluntary control over the body’s neuromuscular system restored, and with it a renewed quality of life for a happier and healthier you.