

Ep. #380 - Becoming a Movement Detective 7 of 7:
The Myth of the Magic Bullet: When One-Target
Thinking Falls Short and A Detective's Approach to
Pain and Pattern



Full Episode Transcript

With your host:

Susi Hatelly

[From Pain to Possibility](#) with Susi Hatelly

Introduction (00:00.00)

You are listening to From Pain To Possibility with Susi Hatley. You'll hear Susi's best ideas on how to reduce or even eradicate your pain, and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hatley.

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Welcome, and welcome back. I'm so glad you're here.

We are in the final episode of this seven-week miniseries, and it feels fitting to end here because, in a lot of ways, this episode holds the wider frame for everything that I've been talking about, and not really just in this miniseries, but throughout my entire podcast.

But, specific to this series, I've been exploring the notion of being a movement detective—how to work with pain and movement without collapsing everything into the search for one problem and one fix, but rather to focus in on how to notice patterns, how to gather information, how to become more skillful in the way that we observe, respond, and adapt so that we see and interact with our bodies and our clients' bodies in less of a problem-to-fix sort of way, but in a more something-to-learn-from, something dynamic, responsive, full-of-information-if-we-know-how-to-notice-it way.

We've been looking at movement and pain, compensation, capacity, and the practical skill of paying attention.

So, with this final conversation of this series, I was inspired by an article in The Atlantic called A Profound Mismatch in Modern Medicine: The Magic Bullet Model That Doctors Are Most Comfortable With Is Ill-Suited to Some of the Most Disabling Conditions They Treat Today. That article was written by Jason Leibowitz, and I have put that link into the show notes.

The article resonated with me because most of my private clients come to me for a very specific reason. They have multiple things going on. Many have been told there's nothing that can be done. Maybe nothing showed up on a scan, or maybe there was something on a scan, but there wasn't or isn't a solution, a magic bullet, to address whatever that target, that thing, is on the scan.

And that can be profoundly destabilizing for a lot of people because, for the most part, our culture has been taught to believe that if something is wrong, there should be a thing that is causing the wrongness, and that thing needs to be fixed, and we can certainly find the fixing thing for the thing that has gone wrong.

And this doesn't just exist in medicine, but it exists in movement and rehab, pain reduction, and healing more broadly.

One of the key fundamentals that I work with when I'm helping my clientele out of pain, when I'm training professionals, is I'm helping them to build their navigation skills, their detective skills,

because those skills become essential when there is no magic bullet process for their particular scenario.

So, as I get into this more, how about I drill into the magic bullet theory?

And this comes directly from the article.

The concept of the magic bullet arrived exactly at the right moment. The German physician Paul Ehrlich first came up with the metaphor in the early 20th century, when infectious disease was the leading cause of death worldwide. Ehrlich imagined a medicine that could act like a perfectly aimed projectile, striking a disease-causing organism while leaving the rest of the body unharmed.

Two years later, he demonstrated the idea experimentally, curing syphilis-infected rabbits with a chemical compound later named Salvarsan, and within a few decades, the era of highly effective modern antibiotics was underway.

The success of the magic bullet helped establish a framework that shapes medicine to this day.

Drug development focuses on discrete biological targets. Medical training teaches physicians to think about disease in simplified, very specific terms, as a set of problems with clear mechanisms that can be addressed with specific interventions.

And truly, it works well. The model does work.

And one of the things about the success of a model that works well is it teaches us what to look for.

It teaches us what a real problem is supposed to look like. It teaches us what a real solution is supposed to look like.

So we start searching for the cause, the protocol, the right exercise, the missing piece, the target.

And because that search has worked so well in areas of medicine, it begins to feel like a natural way to approach every problem, not just in medicine, but throughout rehab, therapeutic movement, and all of it.

But the reality is that many persistent pain issues don't follow the magic bullet model.

There isn't a single target that a single intervention can solve.

Try as we might, weak glutes is a great example. Just solve your feet issues and everything is gonna be great.

So we've certainly tried to do it inside of therapeutic movement work, but it's never just a part of the body. It's never just one muscle.

Muscles and joints, parts of the body, don't wake up one morning and decide they're going to hurt. Rather, they're responding to forces, strategies, adaptations, and relationships that have developed over time.

So the glute that appears not to be firing isn't necessarily not firing because someone sits all day. It might be responding to what's happening because of the shoulder girdle not functioning well, or the way the pelvis is being able to absorb and transfer load. It might be related to how someone breathes, or how they stabilize, or how they walk, or any combination of those things.

The key here is that this is a pattern.

Pain, in many ways, is a pattern output, just like relief is a pattern output. It's not necessarily the source of the pattern, and that is what's so fundamental.

And while me just saying that can make people feel uncertain, it's actually the stepping-off point for developing the awareness that's foundational for meaningful change.

I fundamentally understand that people want answers to questions like, "What is causing this? What's the diagnosis? What's the treatment? What's the protocol? What is the exercise that will solve this problem? What's the thing?"

And there's a perception that those questions will bring certainty.

Professionals want certainty. Clients want certainty because certainty can feel like clarity, and that can feel like safety.

The reality, though, is that certainty and truth are not always the same thing.

Sometimes the most honest answer is not a simple explanation.

Sometimes the most honest answer is that multiple systems are interacting with one another in ways we don't fully understand.

And yet, that doesn't mean people can't still get better.

There's plenty of things I have not understood, and yet I have had decades upon decades upon decades. I have a huge, huge rate of success for helping my clients reduce and eliminate pain and helping my trainees do the same with their own clients.

The bottom line here is the path forward isn't identifying the thing, per se.

It's becoming more skillful at observing the many things that are contributing.

If we learn to expect that if something is wrong, there must be a cause we can name, a mechanism we can identify, and a treatment that we can apply, then we also learn to expect that the answer is somewhere out there if we keep looking hard enough.

And again, the reality is that persistent and chronic issues don't typically work that way.

And as I segue into the next segment here, what's really important, I think, to say is when persistent and chronic issues don't behave in the way that we want them to—i.e., "What's the cause? What's the mechanism? What's the treatment?"—when it doesn't go that way, so many people often assume that they have failed, or that their professional has failed, or that healing is not possible.

The reality is the model just doesn't apply, and I'm saying that very deliberately. I'm not saying the model has failed. Gosh, no. The model works, just not in this scenario.

There isn't a magic bullet in these scenarios, which then might lead you to ask, "Okay, Suzie, fine and dandy. So if we don't know a diagnosis, per se, or we can't, like, find the one muscle or the exercise protocol, then how the heck am I supposed to work with something complex? If there isn't a magic bullet, then what?"

Aha. And that's where being a movement detective, whether you are a practitioner or a person living with pain, really comes in.

In both Marion's and Barb's episodes in this series, each of them became their own movement detective. That is why they had the gains they had after years and thousands and thousands and thousands and thousands of dollars.

They were able to pull all that data together. They were able to weave through, with my help, to become their own movement detective, to know and understand what contributes to why they feel what they feel, and then what to do about it.

Candace and Kendra, who are both trainees in my certification program, they've become movement detectives for their clients, and yes, as a byproduct, for themselves too.

All four of these people—Marion and Barb, Candace, and Kendra—all of them have gotten amazing results. They've all seen pain go down. They've all seen capacity improve.

Not because they stopped looking for answers, but rather they changed how they looked for them.

They didn't start by searching for an answer. They started by gathering clues.

They weren't trying to identify the broken part. They were observing relationships.

They weren't forcing change. They were increasing awareness.

They weren't searching for certainty. They were gaining clarity.

They were improving the feedback mechanisms between their brain and their body.

And this really is an important distinction.

Because at this point, it's very possible that you might be thinking, "Okay, great, there's no answer."

And I'm not actually saying that.

I'm not saying there are no answers.

What I'm saying is that when you have multi-layered problems, you just require a different process.

The magic bullet model assumes there is one target, one cause, one treatment, one intervention, one thing that explains everything.

The movement detective model assumes there might be multiple contributing factors that are interacting with one another.

So if that's true, then the goal isn't about finding the one thing.

The goal is to understand the pattern.

The goal is to gather enough information that the next step becomes clearer.

The detective doesn't walk into a room and immediately decide who did it.

They gather evidence. They look for relationships. They test assumptions. They pay attention to what fits and what doesn't, and they stay curious. And that curiosity gives them access to information they would otherwise miss.

The same is true with movement and pain.

Instead of asking, "What is the thing that's causing this?" we begin asking, "How are they moving? Where are they compensating? Based off of the intent of this movement, what's actually moving that should be? What's moving that shouldn't be? And what's not moving that should be? What's being still? What's not being still?"

And over time, the picture becomes clearer.

Not because we found a magic bullet, but because we learned how to read the clues.

And here's the part that I think is really good news.

If there's only one answer and no one can find it, you'd be stuck.

But when there are multiple contributing factors, there are also multiple opportunities for change, multiple places where capacity can improve, multiple places where awareness can grow, multiple places where pain can begin to decrease.

I think that makes the whole process more hopeful because it means there is often more than one way into healing.

My invitation here is not to ignore a diagnosis, and it's not to reject medicine. It's not to stop looking for answers.

Rather, my invitation is to develop the skill of observation, to become curious, to gather information, to notice your patterns, and to help your client notice theirs; to learn what changes symptoms and what doesn't; to notice what improves capacity and what reduces it; to observe relationships between different parts of your body rather than viewing them as isolated pieces; to work with what is actually happening rather than forcing your experience into a model that doesn't quite fit.

Because when we become attached to finding the culprit, we often stop paying attention to the evidence, and it's often the evidence that's pointing us toward the next useful step.

Becoming and being a movement detective is not about avoiding answers.

It's becoming more skillful at finding them—not through assumptions, not through guesswork, not through forcing a theory to be correct, but through observation, experimentation, and paying attention.

When I talk about listening to the whispers so you don't have to hear the screams, how you get to the whispers is all through pattern recognition.

That's the work of being a detective.

That's when you develop clearer feedback loops between your body and your brain, more specifically about what your body is doing and what your brain is perceiving.

A movement detective isn't searching for someone or something to blame.

They're learning how to read clues and then what to do with those clues.

I begin this process with the Power of the Pits, Power of the Tongue, Power of the Hip Rotators, Power of Strengthening the Hip Flexors, and Power of the Hamstrings.

Each of those programs starts this process of noticing.

Noticing what you're actually doing rather than what you think you're doing.

Seeing where you compensate.

Seeing where effort is occurring, where you're bracing, where movement is limited.

Really witnessing yourself in movement.

From there, the Power of Pure Movement programs build on those skills and start to help you really understand the relationships between the different parts of your body and how movement patterns influence one another.

And this then leads to the Foundations of Becoming a Movement Detective, which takes the process further, helping you to develop the ability to gather clues, recognize patterns, and make sense of what you are observing so you can work more skillfully with movement, pain, and performance.

In this edition of The Foundations of Becoming a Movement Detective, I purposefully bring two conditions together, hypermobility and osteoarthritis, because they might seem like opposites, where one is characterized by excess mobility and the other one is characterized, typically, by reduced mobility.

They invite us to ask the same questions.

How is our body managing, distributing, transferring, absorbing load, movement, adaptation? Where is gripping, and where is bracing?

And then, when you pull them together, because people can have hypermobility and osteoarthritis, and that makes it even more curious and interesting, not more difficult.

And this is really important.

Just because two or three or more conditions are present simultaneously doesn't make it more difficult.

Complexity does not equal difficult.

It just requires us to look more closely.

And that's where becoming a movement detective becomes so useful.

It helps us look beyond the label and become curious about the pattern.

If this is resonating for you and you would like to join me in the Movement Detective program, you can read more over at **functionalsynergy.com/detective**.

Through this seven-part series, we've explored the body through this lens of becoming a movement detective, through movement, reducing pain.

And you listened to the stories of four of my clients—two trainees, two private clients.

And while each episode focused slightly differently, they were all pointing to the same ideas.

There can be multiple layers associated for somebody and with their pain, which can be simplified into a process, into a framework, a clear way to be a detective.

Because the reality is pain is rarely explained by a single factor.

Meaningful change does not often come from finding a magic bullet in these circumstances, but rather becoming more skillful at understanding the pattern.

We saw this with Marion.

We saw this with Barb.

We saw this with Candice.

We saw this with Kendra.

None of them improved because they stumbled upon the perfect exercise.

They improved because they became more observant, more curious, more aware of the relationships within their bodies, and, for Kendra and Candace, teaching these ideas with and to their clients.

All four became more aware of what changed symptoms and what didn't, more aware of what increased capacity and what reduced it.

In other words, they have become movement detectives.

And that is really the invitation with this whole series.

It's not about ignoring a diagnosis.

It's not about rejecting medicine.

It's not about stopping the looking for answers, but rather it's developing the skill of observation, to gather information, to notice patterns, to become curious about relationships rather than fixated on finding a culprit.

Because when we become better at reading clues, we become better at determining what to do next.

We see pattern output, and that is often the step that helps us move from pain to possibility.

Thank you so much for joining me for this seven-part series.

Until next time, keep noticing, keep exploring, and keep following those clues.

We'll see you next week.

If you are ready to really help yourself or your clients reduce and eliminate pain, and you resonate with this idea of becoming a movement detective, then come check out and register at **functionalsynergy.com/detective**.

I'd love to share with you what I know and what has helped so many people over the past three decades.