

What is NET?

1. What is NET? The brief answer...

NET is a psychosomatic/somatopsychic stress www.stress.org/topic-effects.htm reduction intervention aimed at emotional and physical health improvement.

NET is a neuro-emotional intervention for organism (mind/body) health.

NET is a tool for mind/body practitioners who are seeking to restore health.

2. NET has had an interesting history of evolution since the early 1980s

NET was originally conceived to essentially center on finding and fixing chronically recurring

Vertebral Subluxations. Originally the essence of NET was to help chiropractors fix the chronic recurring vertebral subluxation. Often the recurring subluxation is due to the overlooked primary subluxation(s). And, these primary subluxations can be partially due to an aberrant emotional overlay (or emotional complex). In turn, this emotional complex (see NEC below) influences muscles, which, of course, are the movers of vertebrae and other jointed bones. Many chiropractors and osteopaths have used the NET technology in this way since 1988, when the first NET seminar was taught. The original NET approach, as valuable as it is, turned out to be a launching pad for other innovations.

2a. The sequence of some of the early innovations of NET

As noted above, NET was originally concerned with finding the emotional determinant of a physical problem – [psychosomatic](#) or psychophysilogic.

However, it was soon eagerly reported by the patients of NET practitioners, that while the NET intervention for the body was causing much physical relief (especially from chronic problems), they noticed that the “drama” of their lives was improving too; that they were less stressed, happier, felt more at ease, etc. This was a very welcome emotional “side effect” indeed. And over time, this “side effect” of emotional well-being was often judged by the patient to be the “main effect,” with the relief of the original physical complaint now re-categorized and proportionally relegated to be a side effect!

20 /20 Hindsight

In retrospect, knowing now that the mind and body are inseparable in physiology, it only makes sense that if the intervention is successful, then both aspects of the mind/body are benefited. But it evolved more slowly.

Early on, knowing there was a mind/body viewpoint, and using some minor modifications in the procedure, the NET technology evolved another step. This was a reverse of the original approach. The new approach used methods of utilizing emotional complaints to isolate and correct physical problems. Even pre-

symptomatic conditions.

Thus, we now had a somatopsychic (relating to the effects of the body on the mind) approach.

In summary and in each instance and approach, psychosomatic or somatopsychic, there was found to be BOTH a mind and body improvement. Again, on retrospect, this befits a true mind/body model and approach.

At this point, word got around to the members of psychotherapeutic community who wanted to use this tool of NET in their practices.

And, at about this same time, the technology evolved to include the use of a non-needle acupuncture point stimulation, which, in effect, energetically “adjusted” the bodily subluxation via attached muscles and via the [meridian](#) system. This resulted in non body- oriented practitioners (i.e., practitioners who are oriented in the mental health professions, etc., and not licensed to adjust the spine), to also be able to utilize the NET technologies.

3. Term “Neuro Emotional Technique” or NET can be confusing

The term “Neuro Emotional Technique” can often be confusing. So, let’s break it down. The root word “Emotion” and the root word “Neuro” both have contemporary meanings. First Emotion:

3a.

The term “[Emotion](#)” in the old usage used to conjure up images of talk-it-out psychotherapy, counseling, guidance, etc. In the modern scientific sense, however, it is notably physiologically based. The definition of emotion:

A complex reaction pattern of changes in nervous, visceral, and skeletal-muscle tissues response to a stimulus. The type and intensity of the reaction is appropriate to the stimulus, which may be of a pleasurable, threatening, or other nature. As a strong feeling, emotion is usually directed toward a specific person or event and involves widespread physiological changes, such as increased heart rate and inhibition of peristalsis. In psychoanalysis, emotions are states of tension associated with instinctual drives, such as sex and hostility. From the Longman Dictionary of Psychology and Psychiatry.

3b.

Neuro: “Neuro” refers to “nerve,” and the study of all things concerned with nerve tissue is “Neuroscience.” Some contemporary neuroscience findings:

Counterintuitively, science has demonstrated in the late 20th and early 21st centuries that the psychological impressions of emotion are secondary to and subordinate to the often non-conscious physiology of emotion.

Particularly important is the work of award-winning Neuroscientist [Pert](#), who demonstrated the molecular basis of emotion to be neuropeptides, which are found in all parts of the body and most notably clustered in the posterior horn of the spinal cord. Pert also noted that functionally the limbic system should be conceived to extend down into the posterior horn of the spinal cord.

Also, the findings of widely acclaimed and award-winning Neuroscientist [LeDoux](#) demonstrated emotion to

be first experienced in the old mammalian brain (or limbic system) and only secondarily in the neocortex. Although LaDoux does argue for a merging of the opposing views of Zajonc and Lazarus on the primacy of affect, his research does demonstrate fast sub-cortical pathways to the thalamus and amygdala and then to the cortex.

NET works mostly with a separate part of the nervous system in Neuroscientist [Paul MacLean's Triune Brain model](#): the reptilian, old mammalian and neocortical brains.

- In general, psychology predominately works with the neocortex (the thinking brain), including psychoLOGICAL processes such as Cognitive Behavioral Therapy (CBT).
- NET predominately works with the old mammalian brain (the feeling brain), aka the limbic system and the attending meridian-related emotional processes.

4. Chiropractic has a long history of mind/body awareness

The Founder of Chiropractic, [D. D. Palmer](#), stated in 1895, "The determining causes of Disease are Traumatism, Poison, & Autosuggestion." –and – "Moving thoughts produce disease-- malice, revenge, remorse, grief, worry, spite, etc."

A classical clinical experience of emotion being bodily based is often seen in the reduction of emotional stress after chiropractic adjustments to the spine in cases of [premenstrual syndrome](#) (PMS).

Additionally, it should be noted that in 1922 the Chiropractic Psychopathic Sanitarium, later known as Forest Park Sanitarium, was established in Davenport, Iowa, and a second chiropractic institution [Clearview Sanitarium](#) in Davenport, Iowa, was dedicated to the treatment of emotional disorders through the sole intervention of spinal adjustments.

For the inquiring reader, a perspective of chiropractic's role in the "psyche" aspect of health care was published in 1973 by Herman S. Schwartz, in a book titled "Mental Health and Chiropractic: A Multidisciplinary Approach." While there is much recent research on the subject, this book helps put the history of emotion and chiropractic in perspective.

5. By what mechanism does NET help resolve chronic subluxations?

[Raymond Nimmo, DC](#), made a significant contribution to the chiropractic profession when he made a now-obvious observation, i.e., bones don't move muscles, but rather muscles move bones. He went on to say "chiropractors have long had a love affair with bones." George Goodheart, DC, among his many significant contributions, laboriously correlated the primary muscles of the body with the major meridians used in [Traditional Chinese Medicine \(TCM\)](#). The early evolution of NET focused on the muscles, which normally hold the vertebrae in their proper relationship with each other. This focus was later extended to other joints. While the technique itself does not sequentially follow the explanation below, the mechanism by which NET works is thus:

- The presenting subluxation is attached to a dysfunctional muscle.
- The muscle correlates with a meridian (via Goodheart).
- The meridian (via [Five Element Law](#) in TCM) correlates to an emotion.
- The emotion is traced via Meridian Access Points (MAPs) or Meric-style correlations to the primary subluxation(s).
- These primary subluxations have an unhealthy influence on the meridians and muscles, which influence the presenting (secondary) subluxations.

- These primary subluxations are then adjusted with the result of a newly restored healthy influence on the meridians and muscles and the elimination of (secondary) subluxations.
- In the process, patients often express profound emotional releases.

6. Seven NET dynamics

For a better understanding of how NET works, one needs to understand its seven main component dynamics.

1. Muscle Testing. It has been demonstrated that muscle testing can access the physiology of the body, including the physiology of emotions (see 2), and that muscles — which initially test strong in the clear — will test as being inhibited (weaker) when saying a non-congruent statement (as John saying, “My name is Mary”). This dynamic has been scientifically validated by [Monti](#), et. al.
2. Emotions are physiologically based. Emotions are based on minute proteins in the body called Information Substances (IS). These IS are comprised of neuropeptides, hormones and other specialized information molecules that permeate the entire body, including our DNA. This dynamic has been scientifically validated by [Pert](#), et. al. Chiropractors know first hand about physiology influencing emotion via many examples of PMS sufferers. Traditional Chinese Medicine (TCM) for over 2,000 years has embraced a mind/body model. It is only in the west that man (via Descartes) semantically split the organism into a mind and a body. This philosophical construct held up for nearly 300 years before being discarded (at least in most neuroscientific circles) in the 1980s.
3. Pavlovian Responses. While most think in terms of Pavlovian Responses as applying to animals, humans too are conditioned — sometimes by one event (this is termed a one-time trial). While conditioning is normal under most situations, so is the physiological counterpart of the fading away or elimination of a conditioned response (called “extinction”). Simply, sometimes normal extinction does not take place, and we can utilize NET to allow the body to carry on with this natural and normal process. This dynamic has been scientifically validated perhaps more than any other in psychology starting, of course, with [Pavlov](#), et. al.
4. Emotions / meridian system correlations. This is a 1,500 to 4,000-year-old principle. It is an acupuncture theory, known as the Five Element Law that has been clinically validated for over 1,500 years, linking specific emotions to specific meridians. An example is the link between “Anger” and the Liver meridian.
5. Repetition Compulsion (RC). One of Freud’s contributions was that of repetition compulsion, which essentially notes that once we have been emotionally traumatized (and also in our view, conditioned), we may non-consciously seek to repeat a like trauma in the future. RC. Essentially, what has traumatized you earlier in your life will often revisit you again in similar circumstances — if unresolved. (See this and other works of [Bessel A. van der Kolk, MD](#))
6. The role of memory and physiology. When we remember a traumatic event, the body replicates the physiology that occurred at the time of the event. This dynamic has been scientifically validated by Hassan, A.M., Ward, P.S.
7. Semantic Responses. The physiology of the body can not only be reactive to say the sight of a spider, but also the word “spider” or a picture of a spider. These symbols carry the meaning of the spider. If a word carries a meaning, it is known as being semantic. And if the word bearing or inferring that meaning is a conditioned stimulus (as in Pavlovian conditioning) the response to that stimulus is known as a semantic response. Semantic responses are the result of stimulus generalization, since the stimulus or the word “spider” is a generalized form of an abstraction of the actual spider. Abstractions or stimulus generalizations are used in NET, following the model developed by [Korzybski](#) and illustrated by his [structural differential](#).

Taken altogether, the NET Practitioner uses the above seven dynamics to find (with the patient’s full involvement) with pinpoint accuracy and unprecedented speed, the origins of emotional trauma. Resolving the trauma only requires entering into the [psychoneuroimmunological](#) complex through either spinal or acupoint avenues. This safe and quick intervention allows for the extinction of the emotionally laden conditioning.

7. NET is not used to fix emotions

NET is about fixing the subluxation and not the emotions. In fact, emotions do not need to be fixed. Darwin expounded on emotions in a non-psychoLOGICAL way, supporting the concept that emotions are normally a healthy phenomena, found in [humans and animals](#). In an unhealthy organism, however, emotions can cause psychosomatic and somatopsychic problems (see NECs below). This is not a “mental” condition, but rather a whole mind/body relational problem.

8. NET is not counseling

The term “emotional” can also conjure up images of clinical counseling, which NET, in fact, does NOT employ. Although counseling in chiropractic, osteopathic, acupuncture, etc., offices is legal in most (if not all) states in the USA, it is not used in the NET procedure.

9. Yet we see unmistakable Emotional / Behavioral changes

NET, as part of its mind/body dimension, often manifests behavioral changes. How is this indeed possible if no counseling is used? Behavior is most often and overwhelmingly limbically and subconsciously driven. [Zajonc](#) demonstrated through eloquent and counterintuitive experiments that affect precedes cognition. This primacy of affect is subconsciously active, yet the remarkable behavioral changes after NET intervention are unmistakable. Noteworthy are several NET Random Control Trials ([NET RCTs](#)) on phobias. One was done in the USA in a private clinic (various phobic-type stimuli), and another was done at Oxford in the UK. They were both completed without any counseling whatsoever, and they did desensitize a significant number of spider-phobic people.

Note: NET does not easily fit within any known existing category of the healing arts that has an effect on behavior. For example, NET is not similar to [Cognitive Behavioral Therapy](#) (CBT), psychoanalysis, gestalt therapy or any other type of psychotherapy.

10. NET as distinguished from [Psychotherapy](#)

(From the NET Basic Manual Glossary)

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NET is distinguished from psychotherapy in that it is not a therapy directed to the psyche or for “mental healing.” It does not employ counseling, nor does it advise behavioral changes. It does not have a goal of insight for the patient. It is not a “talk-it-out” cure. It does not teach anything. It does not show one how to learn from one’s life experiences. NET is directed at achieving homeostasis of the human organism. Its method of correction is through the spine or acupuncture point(s). As part of its diagnostic methodology, it requests of the patient, at times, to explore a neuro-emotional case history to assist in the uncovering of the presence of a Neuro Emotional Complex (NEC). Once discovered, the correction is given, and the treatment cycle is ended. Because psychotherapy is concerned with the cognitive appreciation of physiological emotion, any case history that reveals a need for cognitive behavioral therapy is discussed with the patient, and an appropriate referral is made.

11. NET does not treat emotions

In short, NET deals with those weakened physiological states that have ultimately made the body vulnerable to the formation of an NEC (see below). NET does not treat emotions, but rather the bodily complex in which

an emotion (and an affixed subluxation) is a component part.

11a. The NEC

For clarity, the definition of the Neuro Emotional Complex (NEC) is presented here. A primary goal of NET is to fix NECs either via the embedded subluxation or active pulse point found through an advanced [pulse diagnosis](#).

NEC or Neuro Emotional Complex

A subjective maladaptation syndrome adopted by the human organism in response to a real or perceived threat to any aspect of its survival.

Special Note: All events related to an NEC are always considered to be “Emotional Reality” as they may or may not correspond with historical or objective reality.

The individual’s unique NEC (syndrome pattern) contains:

A: A specific subluxation or sequence of subluxations

B: A specific emotion

C: A [conditioned response](#)

A predisposition for [stimulus generalization](#)

A resistance to [extinction](#)

D: A meridian imbalance and active pulse point

E: A facilitated or inhibited muscle

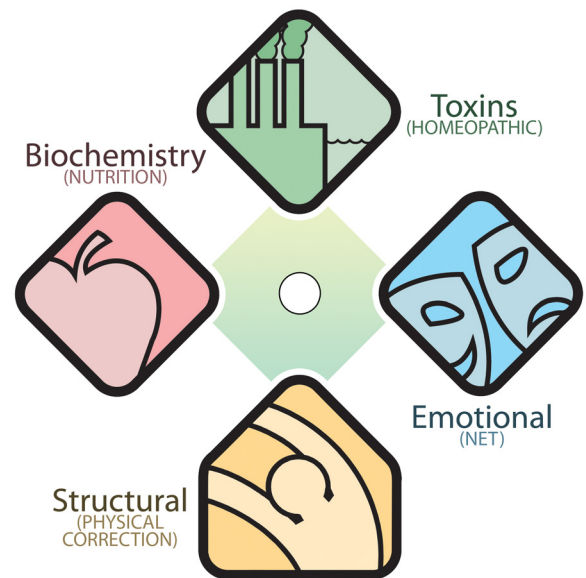
F: A specific active MAP (body or pulse)

G: A [cathected](#) and often recallable memory picture (SnapShot or SS)

of a past significant emotional event

H: A vulnerability to suppression, [repetition compulsion](#) and re-stimulation /re-aggravation causing cyclical reinforcement

[Note: All Neuro Emotional Complexes (NECs) have an emotion incorporated in the complex, but not all emotions are incorporated in NECs].



Because NET is a true mind/body or body/mind technique, it fully acknowledges the physical complement of the resistance of the body to NEC formation and NEC resolution. This refers to the “neuro” part of the name Neuro Emotional Technique. To keep this often overlooked aspect of the organism fully in play, NET has developed the baseball diamond metaphor, called the [Home Run Formula](#).

12. Neuro Emotional Technique further described

While the name Neuro Emotional Technique suggests a one-dimensional entity, it is actually an amalgamation of many techniques and principles taught in chiropractic and other healing arts’ colleges. NET makes use of the neuro-mechanisms of manual muscle testing (the type of muscle testing used is akin to, but not the same as, [Applied Kinesiology](#) as developed by [George Goodheart](#)), emotions, acupuncture meridian system, reflex points, principles of traditional physiology (such as conditioning), case history taking and chiropractic adjustments to the spine.

NET resolves “fixations of emotions” that are caused by primary subluxations held within the body. These “fixations of emotions” are vulnerable to retriggering under specific conditions, such as stimulus generalization (discussed above) relating to the original formation of the NEC. The end product of a successful NET treatment is an organism that is more neurologically integrated.

NET seeks, by reestablishing neural integrity, to reestablish the physiological integrity of the body, most notably the physiological (and not psychological) basis of emotions.

13. Emotional aberrations affect the patients of all healing disciplines

All of the healing arts' schools recognize the importance of emotions in health, and health care practitioners (regardless if they are body-oriented or mind-oriented), deal – expertly or not – with patients' emotions and realize the consequences of aberrant emotional stress.

14. NET Practitioners are trained when to refer

All practitioners have patients from time to time who should be referred. Body-oriented practitioners, such as chiropractors, acupuncturists, etc., need to refer to psychologists when it's appropriate. Likewise, mind-oriented practitioners occasionally need to refer to practitioners who work more directly with the body. Sometimes patients have both physical/emotional and cognitive problems. As mentioned, Neuro Emotional Technique does not include counseling, and body-oriented NET practitioners are trained to know when to refer (utilizing a 13-point guideline for recognizing patient cognitive /behavioral and situations typically treated by mental health specialists — available on request). Body-oriented NET practitioners, being thus trained, are therefore more knowledgeable and more likely to make such referrals, which further insures the patient's (and general public's) safety and welfare.

15. The BioPsychoSocial Model (BPS Model)

The [Biopsychosocial Model](#) is the leading model in the healing arts, and it is steadily replacing the limited "[Biomedical Model](#)." The older biomedical model holds the concept that any disease or dysfunction can be fully explained and comprehended in terms of aberrations from previously established physiological or anatomical norms. The correction and normalization of these biologic variables became the sole aim of the physician. This obviously inadequate model started to be replaced with the BPS model in 1977 by its author, George Engle, MD.

16. World Federation of Chiropractic endorsement of the BPS Model

Neuro (body) Emotional (mind) Technique is a true mind/body technique. NET embraces the biopsychosocial model mentioned above. This model is also endorsed by the scientifically-informed [World Federation of Chiropractic](#) (whose membership includes 85 countries). The WFC is a non-governmental organization that has had an official relationship with the World Health Organization (WHO) since 1997. The WFC took up this challenge: To determine an international identity for the chiropractic profession that is appropriate, accepted and relevant to the public.

To that goal, at their June 2005 meeting in Sydney, Australia, as part of their statement on Chiropractic Identity, the WFC adopted the following (partial) description of that [identity](#).

*A patient-centered and **biopsychosocial approach, emphasizing the mind/body relationship in health**, the self-healing powers of the individual, and individual responsibility for health and encouraging patient independence.*

NET is a corporate sponsor of the WFC. The fact that NET embraces the biopsychosocial model and emphasizes the mind/body relationship in its approach is a good example of how a chiropractic technique can help achieve this goal.

17. A Few words on what NET is NOT

NET does not deal with the spiritual realm. It does not exorcise demons or entities. It is not performed silently or through any psychic activity and does not deal, in any way, with parapsychology. NET does not predict the future, and it does not tell people what their plan of action may, must, or should be for the future. NET does not hold to any theory that a practitioner, via the muscle test or otherwise, can “talk to the body” or get “yes” or “no” or any other verbal “answer.” NET does not endorse any healing system that claims to communicate via the muscle test with any “Universal Intelligence,” “God” or any such similar entity. NET does not teach or hold that it in any way can be performed over the telephone, or through any other means, at a distance.

Essentially, NET is a system that uses a physiological (not psychological) correction, which is without extrinsic values to influence the patient/client’s life.

18. Inter-professional Referrals

Fundamentally NET is a system that generally trusts the patient’s own resources to internally make choices for their ultimate welfare. However, if a person is deemed to need additional resources, NET practitioners are encouraged to refer when it is appropriate. Furthermore, since there exists a body of over 4,000 NET practitioners in over 30 countries from many different disciplines, referrals are very specifically and accurately made due to the common shared vocabulary.

19. NET Research

NET Practitioners and patients have contributed to Research on Neuro Emotional Technique. This body of work is impressive in the breadth or scope of conditions that respond to NET. The research also contains background studies, and the quality of research, which includes Randomized Controlled Trials (RCTs), is significant. Most of the funding has been done through the ONE Research Foundation or Our Net Effect (ONE) Research Foundation, although some practitioner-researchers have initiated their own funding.

20. NET Certification Program

NET seeks to maintain quality assurance through its practitioner NET Certification program, which helps patients find qualified Certified Practitioners (all of whom must be pre-qualified as far as their degree and license, as well as have taken and passed all prerequisites seminars and examinations associated with being a Certified NET Practitioner).

Note: NET is only taught to practitioners who hold a master’s degree or higher in the healing arts and are licensed or governed by a state or national organization that oversees their independent practice (for more information or to register, visit the web store).

Certified NET Practitioners have taken the time and effort to strive for excellence in becoming an expert in the practice of NET. Certified NET Practitioners maintain their NET-certified status by taking ongoing educational seminars and by following standards set forth by NET.

21. The Simplicity of NET

Dr. George Goodheart, the Father of Applied Kinesiology, is quoted as saying, “The body is simply intricate and intricately simple.” Dr. Scott Walker, the Founder of NET, considers Goodheart to be one of his mentors and adds to this saying, “while the professional who knows the neural pathways, meridians, semantic responses, etc., may have an appreciation for the technology, the new patient on encountering NET, knows

very little about its inner workings. Rather, it is acceptable for them to utilize NET just as they do their also high-tech, but simple-to-use TV remote control. Since the TV remote control is now part of the culture, it is accepted unquestioningly as to how it works – it is simply a part of everyday life.” In contrast, NET is somewhat new to the culture, and the NET practitioner must allow for the gradual NET patient educational process.