BOOK REVIEW · 2017

Book Review: Cornell on Somatic Experience

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A review of Ann Weiser Cornell's work on somatic experience and Focusing — examining how the Focusing tradition engages with body-inclusive therapy, and assessing its relationship to body psychotherapy's more established understanding of somatic process in the therapeutic relationship.

KEY THEMES

— Cornell's approach to somatic experience

— Focusing and body psychotherapy: similarities and differences

— What somatic experience means clinically

— The strengths of Focusing in trauma work

— Where Focusing meets its limits

Cornell's Contribution

Ann Weiser Cornell's work represents a genuine and important contribution to the understanding of somatic experience in psychotherapy. Rooted in Gendlin's Focusing tradition, her approach to the body is characterised by a quality of respectful, attentive presence — inviting the body's experience to be noticed and received, rather than directed or interpreted.

This quality of presence is, in itself, a form of relational sensitivity. The Focusing-informed therapist who invites the client to 'sense into' their body, who waits patiently with whatever arises, who resists the urge to interpret or move the process along — is practising a form of embodied attunement which has real clinical value.

What Cornell's work offers, in particular, is a practice-level phenomenology of somatic experience: specific, usable ways of attending to the body's 'felt sense' (Gendlin's term for the holistic, pre-verbal bodily knowing which precedes articulation) and of allowing that felt sense to unfold and develop in the therapeutic space.

Relationships with Body Psychotherapy

The relationship between Cornell's Focusing-based approach and the body psychotherapy tradition is one of both overlap and contrast. Both place somatic experience at the centre of therapeutic attention; both resist the tendency to rush past the body towards cognitive understanding; both recognise that the body knows things which the mind has not yet articulated.

The differences emerge primarily in the relational dimension. Body psychotherapy, especially in its more relational contemporary forms, emphasises the significance of the therapist's own somatic experience — the embodied countertransference, the somatic resonance, the parallel process as it manifests in the therapist's body. In Focusing-based work, the therapist's own bodily experience receives less explicit attention as a clinical tool.

This is not a criticism — different emphases serve different purposes. But it does mean that Focusing-based approaches may be less equipped to engage with the more complex relational territory of countertransference and enactment, where the therapist's own somatic experience becomes clinically decisive.

Where Each Tradition Shines

Cornell's approach is particularly valuable in early-stage work, where the primary therapeutic task is helping the client develop a more receptive and compassionate relationship with their own bodily experience. The gentle, respectful quality of Focusing — its refusal to push or direct, its patience with the body's pace — creates conditions of safety within which clients who have been at war with their bodies can begin to make peace.

Body psychotherapy's contribution becomes more central in later-stage work, when the therapeutic relationship itself has become charged with the client's relational history, and when the somatic dimension of the transference-countertransference dynamic needs to be engaged with directly and explicitly. This is where embodied countertransference becomes not just a useful concept but a clinical necessity — and where the body psychotherapy tradition's 80 years of grappling with these questions becomes most directly relevant.

Ideally, the two traditions complement each other: Focusing's phenomenology of somatic experience informing the early development of a therapeutic relationship which includes the body, and body psychotherapy's understanding of somatic parallel process becoming more relevant as the relationship deepens and the wound becomes more directly enacted.

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