

PSYCHOLOGY OF THE HUMAN WORLD

Contributions of Erwin Straus

ABSTRACT

Straus' philosophy proceeds from the human upright posture of perception. Everyday life is a primary given fact about one's relation with the world. Time and world converge for the constitution of the meaning of world. One asks: "Where am I?" before asking: "Who am I?" I am here in the world as a sensing lived body. My inner time consciousness enables me to recognize the identity of my being-in-the-world before recognizing the ego as an agent of knowing, separate from the world. I-World relations are meaningful units.

Psychology studies the nervous system and behavior of an organism in an abstract sense. Yet in every psychological experiment two brains, two nervous systems are involved, not one as surmised by empirical science. The method of phenomenology engages both experimenter and subject, experience and behavior.

Straus contends that the upright posture brought with it sensory awareness of gravity as well as opposition to it. I-Allon or I-World is a unity of sensing and movement surmised from one's experience of the world. One shares the same world with others via inter-subjectivity Straus contends that this relation flows from the experience of a wakeful upright human being. The experiencing person understands himself historiologically.

Psychotherapy is a transformation of modes of being in the world. In sleep or in psychosis these transformations may be experienced as eccentric to the norm. Experiencing death in combat fragments this unity of I-Allon. Psychotherapy is an attempt to bring being to the center again to counter any distortion in judgment, and regain the centrality of being in the world. Delusion and depression are temporal de-centering modes of being-in-the-world. I-Allon relations are dual ascents to the world in the sense of a human becoming along with a changing world. I and world constitute an ongoing temporal durations generating and co-constituting meaning for one's actions. By engaging in a phenomenology of action one is able to evaluate one's project in the world Phenomenology "travels on the wings of words, meaning, and mathematics." (Straus, 1966, [p.vi](#))

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CONTRIBUTIONS OF ERWIN STRAUS*

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Erwin Straus (1891-1975) a phenomenologist and neurologist spent 38 years as a psychiatric consultant at the Veterans Hospital in Lexington, Kentucky where he developed a phenomenology that provides new insights to the current practice of psychopathology and psychotherapy. Straus' phenomenology is a philosophical reflection on human existence by disclosing the essential structures of being in the world prior to empirical explanations as scientific apprehension of reality.

Straus' philosophical anthropology capitalizes on the gift of standing upright throughout a historical consciousness which is continuously emerging. The lived world is a network of I-Allon or I-World relations. One confronts every situation face-to-face with others and beholds a world of sensory splendor. One shares a lived world with others via sympathetic connections. One stands up to the world rather than stand outside as a disembodied observer or scientist.

Man AS A Questioning Being

Straus (1966) contends in "Man, the Questioning Being" the centrality of the human posture as a source of sensory awareness. Awareness of distance and the articulation of language combine to form human culture in a manner where a human being stands up on two legs and senses distance in a manner different from a quadruped. An upright human being has an inner time consciousness of the world. One acts with intentionality to bring meaning for one's will or desire. The geometric and mathematical world of science is secondary to one's sense of time as duration in the world. It is the centrality of being that enables one to posit right and left, up and down, near and far distance. One cannot question without being aware of the distance between self and other in the world of objects. Questioning is a mode of being-in-the-world and a human endowment of being upright. Questions and answers are dependent on language. The act of questioning is the beginning and the origin of thought. The psychology of thinking starts - or should start- from an examination of the questioning act." (Straus, p.167).

Therapist and patient are engaged in a questioning mode of being along the path of self disclosure to disclose one's philosophy of life. Each plays the role of a shepherd of being as one's perception of a traumatic event unfolds in a temporal historical fashion. A shepherd is not a master in full control of events. Every narrative account of human events puts itself into question, and the relation of the questioner to the world is itself put into question. Questioning requires a language of communication with others.

It is the public, objective character of the visible and audible that makes communication possible. Language is the tool of tools in Straus' phenomenology of the Upright Posture.

Bruzina (1976) articulates the connection of questioning with materiality in inter-subjectivity. Questioning and tool making are immanent from the very beginning. The actions of an "I" emerges from community structures and transcends the ego or the egoic subjective performance. Phenomenology as a method goes beyond the familiar set of descriptive techniques and broad conceptual devices such as "epoche," and "free fantasy variation" disclosing essences or concepts such as "intention" and "constitution". There is a more fundamental "method" which transcends the material one of empirical science, and it resides in the idea of a transcendental method. This method is a relentless phenomenology of self-critique and self orientation that is the dynamic heart of Husserl's "phenomenological reduction". "It is in the temporality of human conscious being that 'transcendental life' (is) best characterized as itself temporalization proto-temporalization." (Bruzina , pp.127-28)

Being in the world allows one to question oneself as well as question one's alter ego. One can ask the question raised by Heidegger: why is there something instead of nothing? This implies one's central being as one's potential estrangement from the world of others. Why is there a world at all is a question that stems from a being who is central to the world as well as alien to it. Centrality of being allows one's narrative to achieve clarity via inter-subjectivity with others. A questioning being experiences every now as a novum in the experience of the world.

Psychotherapy is disclosure of the undisclosed philosophical project in the co-constitution of meaning in perception and intentionality of the world. The undisclosed world of meaning needs deconstruction in therapy. In sleep or in psychosis this questioning mode is not articulated or communicated in one's personal history. Psychotherapy provides hope for re-integration (Smith, 2004) to bring a person back to the questioning mode. Delusion and depression, for instance, are two modes of being-in-the-world which reflect a lack of unity between thought and action.

There is distortion of perception and thinking in pressured speech. The manic compulsion to talk incessantly without restraint is the outcome of a failure of the centrality of an upright questioning being.

Thoughts flow into one another loosely and it is hard for a patient with Wernicke, for instance, to formulate a question that he or she wants to say but cannot stand still to say it. Aphasia is at the periphery rather than the center and it prevents a patient from deliberation and phrasing a question. A flight of ideas has no center and flows incoherently. The physiognomy of life and death loses its unity and the patient shifts from paucity of thought in depression to the tyranny of words without rhyme or reason in hypomanic phases.

I-ALLON RELATIONS

Perception is not an ascent to the world in the sense that the ego posits an external world and tries to control it. I-Allon relations are ongoing temporal durations generating and rediscovering meaning via deconstruction. I-Allon relations proceed from an experience of being-in-the-world via inter-subjectivity to a consensual validation with others.

I-Allon relations comprise the lived world like monads as a microcosm of the world. The being of an event is its place in the global order of meaning which constitutes the world. Empirical science takes this for granted and works with a more limited frame

of reference. The objective world of natural science is shaped by the empirical method, and phenomenology dwells and constitutes the lived world. One can dwell or transform this centrality.

Lived time is a temporal duration moving forward to a future. Moss (1996) develops Straus' theme thus: "The individual life presents a series of one time actions and decisions, each of which irreversibly shapes all later actions and events. "Time is unforgiving, and one cannot play back the tape." (p.417) Neurosis becomes a turning away from engaging time by being productive.

Human beings pass through various unique phases of temporal transformation. These transformations enable the "im-parting" of communication. Clinical experience requires one to investigate the hidden structure in a dialogue. In diagnostics and psychotherapy there are philosophical issues to deal with. Philosophy guides psychotherapy by showing how to move from the Cartesian "passions of the soul" to an opposition between the private and shared worlds that have been obscured, if not obliterated, by the clouding of consciousness.

Straus (1969) sums up the fundamental features of the I-Allon relations as follows:

1. In rising up against gravity motile beings effectuate the I-Allon relationship.
2. Sensory experience is embedded within this relation to the Allon.

3. Through several sense modalities we are directed toward the Allon.
4. In standing up, my here is constituted in contraposition to the many there.
5. In our "auto-nomy" vis-à-vis the Allon we are never radically separated from it.
6. The boundaries are displaceable. I reach out and am dominated by the Allon.
7. The relation of motile creature to the Allon is that of a part to a whole.
8. The relation to the Allon is bipolar.
9. In rising up from the ground we overcome heft but partially.
10. Relation of part to whole enables "im-parting" of communication.
11. The structured order of lived time disintegrates in psychoses. (pp.76-77)

THE UPRIGHT POSTURE AND PSYCHOTHERAPY

Straus (1966) blends the primacy of perception with the architecture of Upright Posture.

While quadrupeds look to earth upright humans lift up their eyes unto the stars. In rising up against the earth's gravity human being effectuate the I-Allon relation. Every sensory experience of the world is a duration that is detachable in communication. Temporal duration in the world is a source of communication. Communication sustains and challenges one and all. There is an inter-subjective, ongoing cumulative partnership in I-Allon. It is cultural and historical where hermeneutic phenomenology plays a major role in initiating growth and maturity over time by directing its course of action.

A bilingual Festschrift for Straus (Baeyer & Griffith, 1966) with the title "Condition Humana" sums up his philosophical anthropology. A phenomenology of the human condition is a phenomenology of a community of upright human beings, literally and metaphorically. The human condition is rooted in a "human world" rather than a material or scientific world. Straus' approach provides a "meditative" and "communicative" thinking to supplement the "calculative" or "empirical" thinking of neuropsychology and neuropsychiatry as it carries the mainstream of traditional psychotherapy.. Communication in therapy is an ongoing process of explanation which entails understanding. No explanation is possible without a prior understanding.

Erwin Straus' holistic view of the human person runs through his work from the "Primary World of the Senses" (1935/1963) to the collection of clinical papers that comprise his "Phenomenological Psychology" (1966). The wholeness of the world as it unfolds in its sensory splendor was a primary source for his philosophical anthropology. Moss (1998) traces the historical humanistic roots of Straus' philosophical work and highlights Straus' phenomenology. Traditional psychoanalysis has its archeology going from the past to the present. Straus calls for a movement in the opposite direction going from present to future, and from the norm of the lived world to an understanding of what went wrong.

Straus (1969) states: "In order to understand a change we have to know both the final stage and the initial one. A psychology of the human world evaluates the meaning and importance of a biographical event by knowing more about the initial condition and studying its unique history. In psychotherapy listening to a patient describing a conflict allows the therapist to identify with the patient's experience via a translation of the verbally expressed experience into labels such as disgust, decay, or need for perfection. The therapist remains close to the patient's world and avoids imposing DSM IV labels on them. The therapist re-interprets the patient's sensory experience of a disturbed interpersonal relation by matching his world with the patient's world. Therapy is conducted as a process in a relation of the part to the whole, the objective order in its suchness and invariance, and at the same time the order of our own comportment toward it." (Straus & Ey, p.77)

Psychotherapy provides a renewal of hope to understand how the patient uses his or her language to narrate his or her inner world experience. The therapist brackets the objective criteria of depression in order to reach the subjective narrative of the patient's experience. Labels borrowed from DSM IV like decay or disgust need to be seen within a temporal order from past life to an open future of what it means to the patient to experience a delusion of a shadow following him or her.

Psychotherapy is concerned with opening up new horizons of meanings to what is disclosed. Discovering the enigmatic I-World, or what Straus calls I-Allon, relation is a process of becoming aware of the novum aspects of communication. The therapist and patient have two nervous systems to process two narratives of each other. I-Allon remains the same for both of them. Behavior is a function of degrees of confidence in one's world and the extent to which this world is the same as that of others, Therapy is a search for constancy within a context of the norm that has occurred. The therapist identifies for the patient potentialities within a life history. Therapy deconstructs, i.e. without prior presuppositions, the past understanding of one's personal and social alienation in the course of diagnosis or therapy. In diagnosis the therapist explains the patient's complaints within a flowing or frozen temporal order. There are symptoms within a syndrome that may or may not jive with the patient's experiential account. The therapist effects a transition from theoretical psychiatric categories to the private world at hand. In psychotherapy the process of perceiving the world as Allon encompasses both therapist and patient as sharing the same world. Psychotherapy is a process that

relates language to sediments of a meaningful history of I-Other encounters. These encounters are re-interpreted in a dialogical narrative during therapy. The transition from oneself to another requires a language of explanation and understanding opening up new horizons of meaning. Both therapist and patient are in the world, belong to it and yet detach themselves from it "Within the world we counter the world." (Straus, 1966, p.76)

Phenomenology of the world does away with the separation between a perceiver in an external world at a distance from objects. There is a binding temporal unity of both subject and object in perception. Straus (1969) writes: "The visible and I belong to one world. The visible and I belong to our world, not the world to me. My egocentric encounter with the other takes place within the world common to all of us. We meet one another as part-ners within the world, not in my world." (Straus, 1966, p.28)

Straus (1969) maintains that everything that is visible stands with me as an I-Allon unity. It is enigmatic, hidden and open at the same time. "What is visible to you and to me in common is, in relation to us both, a Third, and in relation to each one of us, the Other. That must be so, for only a Third accessible to you as well as to me, yet nevertheless distinct from you and me, can remain vis-à-vis us both and can be shared by us. The visible can be a Third for us only when it is the Other in its respective relationships to me and to you." (Straus & Ey, 1969, pp.24-25)

Traditionally sensory experience has been interpreted as purely receptive. The organs seeing and hearing have been reduced to mere receptors in the brain. They are reduced to the appearance of images in consciousness. Human beings in the medical model are passive and stationary. Straus (1966, 1969) contends that upright humans are motile, not stationary as other objects in the world. Human beings are awake not asleep, and the order of sensory experience must change accordingly. A human being is a creature who rises up from the ground and acts within the I-Allon. Action in the visible world of the Allon is action on the Third Other. Sensory experience is an active attainment and acquisition of the norm. This norm is what needs to be processed and disclosed in psychotherapy.

The therapist and patient do not face each other directly as ego and alter ego. They meet one another in the common world. "Only because we comport ourselves toward the Allon and because each of us, as a part, has risen up from the common ground, can we enter into communication with one another. In analogy with the Allon we term our partner the heteros, to show, merely by a linguistic relation, the other fellow, whom we understand imparts himself to us as a part of the Allon.

How is the relation to the Allon disturbed? Straus (1969) provides two possibilities for I-Allon norms to be disturbed. Norms are disturbed during asleep, a trance, dementia, or loss of a full grasp over one's inner history: The I-Allon is disturbed when consciousness is clouded by hypnosis, or when one senses falling off the edge and losing the centrality of being. When we are not awake and alert to the unity of I-Allon consciousness is clouded and one is in a state of suggestibility which mixes dream with reality. While awake we can see, hear, and walk. Motility enables one to detach oneself from the Allon as well as share it with others. A clouded consciousness is found in hypnosis and various pathognomic states. Woodard (2005) unravels the mystery of sympathy in hypnotizing and being hypnotized in a phenomenology akin to Straus (1925) in his monograph on "Essence and Process of Suggestion".

There is a simultaneity of temporal co-acting and sequence within an event like hypnosis. Intentionality and causality blend as well as transcend sequence of present, past, and future. The life world can be replaced by chronological time. Therapy is an attempt to recapture the life world in its integrity without fragmentation. The primary world of the senses generates centrality of one's being in relations of empathy with others. The therapist who is acquainted with the intricacies of sensory perception in wakefulness and hypnosis provides some validation for these issues. Language and verbal expression provide a medium of an immediate understanding of the world.

NORM AND PATHOLOGY

Rojcewicz & Lutgens (1966), and Rojcewicz & Rojcewicz (1967) developed the "intentional arc" theory as the link to a genetic phenomenology of one's personal history.

They provide an intentional arc that explains the transition from perception to an understanding of the meaning of I-Allon relations in norm and pathology.

Rojcewicz & Rojcewicz (1997) give an example from the phenomenology of hallucinations as passive sensory experience. Straus comments: "Here, perception is not understood as the relation of a perceiving creature to an object perceived. The experience of perceiving is reduced in its totality to a perception occurring in consciousness, a kind of picture made from mental colors. Intentionality is deleted." (Straus, 1966, p.282)

Symptoms of depression or delusion do not present themselves to the patient as a deficiency of catecholamine that can be altered by medication. Symptoms are temporal processes of coping with stress. A patient who is mourning the loss of his buddy in combat tries to re-live the altered state of consciousness he experienced in combat. He or she is in a panic, a disordered way of relating to the world. What he or she utters is a recollection from the past as past in the present, and re-lived in the

manner of describing it to the therapist. The intention of the narrative is more important than its reality. Reality is a thought, a judgment, or a belief. The soldier's loss in Vietnam threatens the relation with his wife who can empathize with his loss. The I- World relation of bonding with a comrade-in-arms is threatened if one or more members perish in combat. The patient needs to understand what he means by bonding in the past in accordance with what he or she was taught in boot camp.

Losing a buddy in combat may evoke auditory hallucinations. A process of bereavement may assist the patient to resolve his bereavement. A patient who is having auditory hallucination experiences a wide variety of symptoms. The significance of a symptom resides within a network of alternate ways of relating to the world. Along with a particular symptom like withdrawal from others there is likely to be other symptoms such as brooding over ways of coping with loss.

One's perception of the world is recognized as perception with the recognition of several other possible perspectives on the perceived object. In pathological cases there is only one profile, his or hers, and no other can be tolerated as possible. I-Allon is caught up in the density of chronological time, a series of now with no end in sight.

Straus (1966) explains how the I-Allon is an ongoing inter-subjective state of being with others in an empathic way. The loss of a comrade in combat is life threatening and threatens one's existence. This demonstrates the maxim that life is inherently social. There is anger and a desire to mete out vengeance on the enemy. The therapist is faced with the patient's guilt and suicidal thinking. Implementing a technique like the 12 steps of anger in PTSD may provide a path where one size fits all. A phenomenological therapist needs to enter the world of combat to understand a hidden life history.

Sensory experience is the locus of meaning in a historiological sense. The world is not out there as a physical surrounding. One dwells in ones' world as inner personal history, and yet one is not aware of this identification within a changing world. In sensory experience, we are aware of things and ourselves, not one before the other, not one without the other. Therapist and patient move from inner history to philosophy of life and back to personal history.

Rojcewicz and Lutgens (1996) present the central thesis of a genetic phenomenology. They describe the motivational relation between body and soul as follows: "There are two moments in all perception, and these establish an intentional arc; a solicitation offered on part of things to be perceived and a free ascent given on the part of the perceiver. Without the ascent, there is no perception in the normal sense; and insofar as it is perception that gives us a world to live in, there is then no inhabitable world in

the normal sense. The failure to ascent may be partial and intermittent, a revocation of an earlier ascent, a 'slackening' in the words. The slackening may be related to some distortions of selective perception in the context of interpersonal relations. This may lead to a more pathological way of being, an emotional withdrawal from the shared world. This may result in a pathological I-Allon relation that results in the subject losing grip on the real world. The subject is no longer at home with his world as his Allon.

These studies by Rojcewicz & Lutgens (1996) and Rojcewicz & Rojcewicz (1997) provide a philosophy of perception relevant to Straus' schema for norm and pathology and how they affect I-Allon relations. There are a number of other interpretations for the meaning attributed to human voices such as those cited by Rojcewicz & Rojcewicz relative to one's mode of being with others and alongside with others. The intentional arc, Rojcewicz & Rojcewicz (1997) invoke a passage from form to content. The form as essence or meaning of a communication is determined by the matter as a whole, by the various aspects of the things to be perceived, since normally, the subject responds to a solicitation by delving into that matter. As communication unfolds, initial impressions of sensing may be clarified, modified or rejected. The I-Allon for one veteran with a series of panic attacks may refer to enemy threats without an identifiable course of action. This is a phenomenology of my perception of the veteran's experience.

PHENOMENOLOGY OF PTSD

I-Allon relations are surmised from the narrative of a veteran who is obsessed with war scenes that he witnessed as a dog-handler in Vietnam. He is not able to banish his fear of being ambushed again and again. He is on a constant state of being hyper-alert to his alien surroundings. The intentional arc is restricted to a rigid bonding with his dog that may have saved his life in Vietnam. He had to abandon his faithful dog "Kabook" when he returned to the United States. Kabook has not left his world. Both inhabit an imaginary "as if" world. Veteran continues to hear Kabook growling "as if" ready to attack the enemy. The Allon is alien to him in the "as if" world of the jungle. He relates to it in a bodily fight or flight movement. Kabook sees the shadow people and the dog's movement blocks off any danger to the veteran. Veteran talks to the therapist as if Kabook is right beside the two of them. Veteran's Allon has not yet blended with the real world during therapy sessions. He solicits varieties of sympathy in order to make sense of his uncanny feelings toward danger. Danger dwells the world as he goes through day and night over a 40 year span. The veteran's world has shrunk as a frozen architecture of space and time without geography. He calls on Kabook to get the enemy that was hiding in the shadows. The veteran gave me a photo of Kapok which hangs in my office. He knows that this photo was taken in Vietnam, and Kabook is no longer with us. Bonding is attachment, a loyalty to a duration that must be frozen like a relic of the past that he brings alive during his reverie. He reminds me of St. Francis making a prayer for the presence of all of God's creatures; large and small. He has two dogs of the same breed at home as his pets, and he does not go anywhere without them. He relives Vietnam with his dogs. It is a doggie do world. The dog is loyal to his master just as this veteran is loyal to his country. Dogs hear at a distance

that exceeds the human ear. The patient remains hyperalert as Kabook used to be in his company. The primary world of the senses is alive and well. Veteran hears "shadow" people that I cannot see, but I know that they are present to him. This is where presence is also dwelling. Temporality is not understood without a place, a war zone location. He dwells in that location surrounded by disembodied enemy eyes. I must find words to describe what he is sensing while he is living his thoughts by hefty movements to and fro. He must stand guard at all times. He must guard his house day and night. He stands at attention and never sits down throughout the therapy session. "Kabook" is present in his I-Allon, and he strives to make his wife and children accept this world as the only one that matters. It has shaped his being in the world for good. He built a hooch in his backyard to sleep in. He moves with his dogs from the hooch to the house each night in a door to the door search for the shadow people. The door must remain locked at all times. Suddenly he thinks that he sees "shadow people" trampling on his neighbor's yard. Vietnam is living not public history. As long as Kabook is alive this world goes on and on. He carries his gun with him at all times to clear the distance with the Allon. As long as he is awake he is able to pace the floor to and fro for 45 minutes. His dreams seem to alternate with his wakeful narrative of Kabook. At moments of doubt he points his finger at the therapist to see if he is scared or steadfast. The therapist listens and wonders whether his world is ever likely to provide him with safety. He is frozen in a perennial combat situation, and he cannot relax except by this déjà vu performance. He seeks the company of other veterans who share the same attachment to Vietnam. His wife stood by him for 32 years. As his therapist I am behaving passively like a confederate in the Ash experiment on conformity. I know that Kabook is not with him, but I behave as if he is. His loyal wife remains bonded to her husband is a family with a valiant but estranged father who cannot relate to his son as he relates to his dog. As long as the veteran senses support for his bonding he will continue to live in peace. He has a semblance of a peaceful family life.

The veteran's voice echoes "Kabook" as he paces the floor, He gave him this name because it echoes the accuracy of a 306 that he used with impeccable accuracy. Ka-book is the sound of gun fire: "Ka-book. Ka-book". The veteran hollers very close to my ears. He moves his finger so close to my eye to see if I would flinch. He wants to scare me, and he does at times. One never knows what might happen in a self induced trance. He points at the imaginary enemy and shouts: "Come on you mother-fuckerŠ you're dead meatŠ you mother-fucker." He goes on repeating so many other expletives, a dozen times or so, until he gains some relief. This takes about ten minutes, and when he recovers from the trance I am able to explain to him how his own narrative movements impress me as a sympathetic observer. Is that my role as a therapist? How else am I able to reach him in his "as if" world. How is he to regain the unity of I-Allon in the world of being with others, with his wife, and with his healthy grown up son. I explain to him that hearing and obeying go together. Sound is indefinite in its direction, and detachable in form. Hearing the enemy is more conducive to hallucination than it is to a vision. Explaining the connection between hearing and obeying seem to give him some re-assurance that his thoughts are not necessarily psychotic hallucinations given his high arousal and lack of sleep. Why does he insist on standing up throughout the session? He says that he prefers to stand up all day. He is on high alert to confront an imaginary enemy, and willfully resents going back to his hooch.

Rojcewicz & Rojcewicz (1997) contend that the voices heard in auditory hallucinations are the basic human voices of trusting and caring for the Other as a partner.

Rojcewicz & Rojcewicz (1997) explain: "In the family of origin as well as in human society as a whole, hearing is embedded in the human environment, an early and a basic connection to understanding of meaning and to relating to others." (p.32)

Straus (1969) says that in observing we stand in a twofold relation to things. We are affected by them, and in being affected by them we grasp them as objects. The question is how the veteran's relation to the world is analogous to Kabook's relation. In combat, he says, it is a dog eats dog relation. There is an enemy intent to kill him, and he needs Kabook's sharp senses to kill. The patient performs a "live" encounter with the enemy in the VA clinic. I have been with him for five years and he continues to be in a hypnotic trance as he demonstrates to himself and to me how traumatic it was to kill or get killed. Straus refers to the "pathic" in a manner similar to Scheler's varieties of sympathy. We are both empathizing with one another in the hope of providing some insight. The veteran's sensorium allows him to move in two directions at the same time. I am aware of the two-fold relation of being with others, and I try to impart an explanation of his state of being in a trance as reliving and surviving an ambush with "Kabook" in Vietnam.

A depressed patient may disclose feelings of sadness and loss of hope. The Allon becomes hidden from a withdrawn depressed patient. Beck calls depression a mode of "catastrophizing" negative cognitions. The depressed patient may not be perceive his thoughts as negative cognitions. He may be intrigued by them and believes that they are true. He cannot identify with what his therapist perceives as a delusion. It is not a harmful delusion unless it results in losing his thoughts as movements of his body which has not been the case for all these years. What is missing is the ability to sort out motives to get him to engage in a deconstruction. In order to do that a gestalt of the patient's being-in-the-world needs to be identified.

The patient cannot sort out what Straus calls the "Novum" in his pattern of the past. Therapy is a process of discovering the clue to a negative judgment. The Novum is inaccessible to the depressed patient. Intentionality is a movement forward to capture the Novum as insight, and this is missing in the I-Allon relation of the depressed or obsessed patient. Negativity has to be understood in a lived world in order to arrive at the intentionality or subjective meaning of the Novum. Therapy is a long evaluative search for the Novum. It is insight into the new order of I-Allon, Straus might say.

Therapy develops its own language of communication. Straus puts it this way: "Communication cannot be solipsistic, though it is, to be sure, ego-centric, so that the other seen from my position, is a part of the world opened to me, the world into which I find myself inserted as a part. Communications is im-part-ing; I meet the other one as a part-ner." (Straus, 1966, p. 24)

Straus inspired a group of psychiatrists and psychologists into phenomenology stemming from Husserl and Heidegger. Moss (1998) gave a comprehensive account of Erwin Straus and his associates and followers including Beshai (1976, 2005), Bruzina (1976,1997), Eng (1976, 1994) Chessick (1994) Dublin, (1971), Fischer (1994), Griffith (1964), Hoeller (1976), Gendlin (1973), Greene (1970), Titleman (1976).

These are samples of several publications in the US and Europe that have followed through the phenomenology of Erwin Straus. A few that I am familiar with are to be found in the work of Eng (1976, 1988,1994) where he shows how one learns what happens to a veteran who lives on the edge of the world, and how I-Allon changes into "falling" from the edge of being.

Fischer (1966) provides a philosophical reflection on the structure of anxiety as a phenomenology of anxiety as developed by psychological theories of anxiety on the one hand as well as descriptive accounts of anxiety by philosophers like Straus, Heidegger, and Kierkegaard.

Griffith (1964) gives a phenomenological study of the myth of the Lorelei where "Golden Coins and Golden Curls" reveal the hidden links between innocence and sensuality, sensibility and sensuousness, and the meanings residing in sensing, knowing and being. There are deep secrets of mysteries of the I-world relationship residing in the epistemology and ontology of I-Allon relations.

Connie Fischer (1994) individualizes psychological assessment by focusing on an inner personal movement in the history of a patient in addition to the quantitative measurement aspect. She draws attention to the importance of grasping the hidden "novum" in the patient's lived world. Behavior is not a random series of events that need to be recorded, measured and tabulated to provide a meaningful pattern. This pattern is shaped and preserved by the individual as an active perceiving I-Allon. In addition to the bits of information collected by an empirically valid test there is a primary world. In addition to empirical validity there is an existential qualitative validity which is preserved by individualizing assessment.

Without philosophy psychotherapy cannot make a claim to insight. This is accomplished by a phenomenology of the link between sensing, knowing and being. Beshai (1976, 2005) provides two cases of PTSD related suicide to explain the tension within the Upright Posture of "standing up" and "falling". Additional research was conducted by followers of Straus. Some may be found in five volumes of the VA Lexington, Ky. conferences on "Phenomenology: Pure and Applied", edited by Erwin Straus (1964, 1967, 1970, 1970, 1975).

SUMMARY

Psychopathology and psychotherapy are related to the extent that both belong to the history of philosophy. The cogito for Straus is a gift of the Upright Posture and the emergence of an inner time consciousness of becoming a history-making human. Phenomenology is a precious clue to a cardinal insight into the nature of consciousness. "It is not sufficient to do; it is also necessary to understand." (Straus & Ey, 1969, p.IX)

"A full scope of conscious life is brought into view and given legitimation. And with this conception of the primacy of consciousness comes a new emphasis on the eminent position of the immediacy of the world of daily life, the *Lebenswelt* within which each individual intends and interprets the cosmos" (Straus & Ey, 1969, p.VIII)

Psychotherapy rehabilitates the narratives of patients in communication with the world and with a significant other. The therapist is a shepherd of being who assists the patient to understand his or her being in an individualized world with others.

Straus' emphasis on human movement (aisthesis) is an expression of the unity between upright posture and the co-constitution of the human world. Standing up is an opposition to gravity. Standing up and taking a distance from the ground and from others enables human beings to develop tools of language for communication. Language is the tool of tools in Straus' hermeneutical phenomenology.

Erwin Straus (1891-1975) developed a hermeneutic theme that the human experience of time is at the core of human individuality. The human condition has historical-psychological categories which can be used in psychotherapy. The experiencing person understands himself historiologically, i.e. as continuously emergent. By attending to the directionality of consciousness the psychiatrist or psychologist is able to offer a variegated and detailed set of descriptions of the phenomena.

Several publications by Straus and his followers in the US and Europe extend his rigorous existential approach to psychotherapy. Straus calls upon a post-modern dehumanized world to regain its roots in the search for truth beyond the world of science. The Phenomenology of the human condition reveals the primacy of perception over the abstract concepts and theories of natural science., Upright Posture is rooted in a unity of the observer and the observed, the one seeing to the one seen, and the reciprocity between them. In psychotherapy a meditative human being seeks to deconstruct communication between two narratives: his and those of patients.

While I-Allon is a unity of inter-subjectivity: It may be understood as "I-Other-World." Psychotherapy provides a "meditative" or "communicative" nucleus to supplement the "calculative" or "empirical" thinking of neuropsychology and neuropsychiatry.

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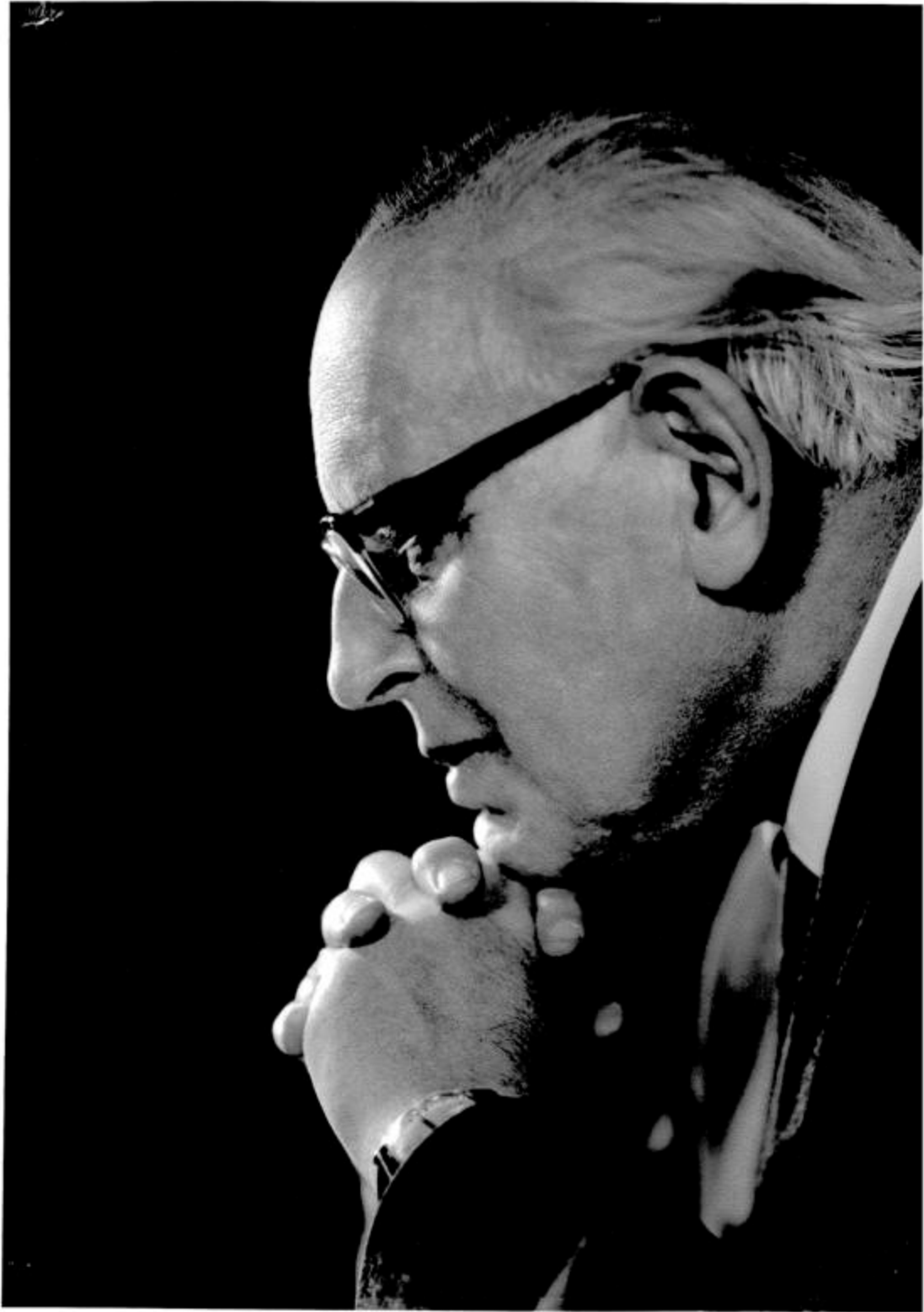
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*(From bottom, left to right, ascending row by row. Erwin Straus, Peter Jones, Amedeo Marazzi, George Talland, James Edie, George Schrader, Aaron Mason,Herbrt Spiegelberg, Richard Zaner, Carl Eisdorfor, Charles Schwartz, William Fischer, Erling Eng, Joseph Parker, Calvin Schrag, Manfred Finge, Amedeo Giorgi, James Beshai, Stuart Specker, Richard Griffith and Paul Jossman.



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