Brain Organization and Brain Function
(A need for semantic and conceptual revision)

The problem of mind and matter shaped Western philosophy for quite a long time till the last century. It seems to be, by now, the keystone of the contemporary impasse of psychiatry. The belief that the brain and behavior are linked is a corner stone of contemporary biology. However, the gap between mind and body is still existing and perhaps expanding inspite of the various efforts trying to make or find some sort of ambiguous bridge. The gallop towards direct chemical interpretation of human behaviour is failing to bridge such illusive gap. The character and function of a synapse have not succeeded to represent a micro-human being. This quantitative reductionistic tendency is to find its root in a personal defense serving to avoid both intolerable ambiguity and any overdose of threatening insight.

Through my call for expansion of the medical model in psychiatry I have asked to change the vocabulary from localization hyper-or hypo-function... into organizational language in terms of level, harmony, synchrony and assimilation (Rakhawy, 1980).

In order to overcome the growing gap between the so-called organic (sometimes misnamed as biological) psychiatrists and the so-called psychologically minded ones we have to revise our language and concepts in relation to brain structure, function and human behaviour. For instance, the word biologic should no more be used as synonymous with organic. The term psychological should not he least exclude the term biological since they come to be one and the same at a certain depth. Without such painstaking revision there seems to be no hope to find out the higher dialectic unit out of this present impasse. In this introductory note I can only present some titles of the challenging controversies.

1. Localization (of centres for specific behaviour) versus Organization (of levels for wholistic functioning).

2. Extent versus Specialization,

3. Synaptic chemistry versus wholistic biological activity including intracellular organization.

4. Hierarchical versus Independent organization.

5. Spatial versus Temporal organization.

If we succeed to go back to drop, in psychiatric theorization and practice, terms like **lesion, centre, focus** and **locality,** we have to come to use more appropriate language including terms like **pattern, organization, level, system**... The recent approach to cerebral laterality and psychiatry (Wexler, 1980) may represent some appropriate approach using the new wholistic organization language.

REFERENCES

Rakhawy, Y.T. (1980 Expansion of the concept of "medical model" in psychiatry. *The Egyptian Journal of psychiatry,* 3 : 159-161.

Wexler, B.E. (1980) Cerebral laterality and psychiatry : A review of the literature *The American Journal of psychiatry,* **137** : 279-291.

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