

## The Psychoanalytic Anthropology of Third-Millennium Medicine

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### A B S T R A C T

High-tech surgical interventions involving the implantation of external prostheses or internal devices are increasingly frequent in contemporary medicine. These operations restore or improve physical function, but healthcare providers and patients often do not focus on dependent variables that do not affect the outcome.

This work aims to observe the psychological dynamics following these modern treatments which actually alter personal identity.

The Bionic-Prosthetic Paradigm, a new psychoanalytic model, is offered as a helpful tool for comprehending the subjective reaction to the modification of the body and its subjective self-perception.

Starting from the distinction between patients with internal devices and patients with external prostheses, this article aims to define an innovative anthropological vision at the service of medicine that can conceive the composite and mutant personal identity. Specifically, this new perspective is capable of broadening concepts of acceptance or non-acceptance of the object, rejection, and compliance.

**Keywords:** Prosthesis, Device, Prosthetic-Bionic Paradigm, Identity, Technological Medicine

**Abbreviations:** BPB: Prosthetic-Bionic Paradigm

### 1. Main Text

The development of contemporary Western medicine depends on increasing evolutions in biomedical and bio-genetic technology's field. The growing number of medical and surgical interventions, which involve the grafting of devices or prostheses to support deficient or impaired physical functions, results in many cases of increased longevity and life expectancy. These kinds of interventions may assist patients to recover clinically in terms of their physical health, but they are not necessarily

effective in terms of psychological health<sup>1-3</sup>. In particular, the outcome of modern treatments carried out with advanced technologies induce recovery from the disease but do not allow a true *restitutio ad integrum*, since the recovered health does not restore the initial condition modified by the presence of artificial devices<sup>4</sup> or prostheses<sup>5</sup> into the body. As a result, the individual's subjective response may be a more or less conscious discomfort involving distress, connoted by perturbing disorientation, which might immobilize or lead to impulsive and angry action or rejection<sup>6</sup>. From the study of these consequential psychological

manifestations, the Bionic Prosthetic Paradigm<sup>7</sup> was born. This theory allows us to identify how the subjects reform and reconstitute themselves as a consequence of the “introduction of an “object” into the body. This psychoanalytically oriented conceptualization takes its basis from the contributions of the later Freud, referring especially to Note on Magic Notes<sup>8</sup>, The Discontents of Civilization<sup>9</sup>, and The Compendium of Psychoanalysis<sup>10</sup>, to the later contributions of Sergio Finzi<sup>11</sup> and the definition of “prosthesis” proposed by Virginia Finzi Ghisi<sup>12</sup>.

According to the Bionic-Prosthetic Paradigm (PBP), it is possible to distinguish between two main categories of people: 1) bionic or cyborg patients, who have an external device implanted inside their bodies so that it is invisible and not freely removable; and 2) prosthetic patients, who wear external prostheses that are outside the body, visible, and removable. Specifically, external prostheses might provide a physiological purpose or psychological function, or they can also serve both functions.

It is also fundamental to make a distinction between primary and secondary prostheses. Primary prostheses are those that can replace a limb, or teeth, or provide support through so-called orthoses. They are functional to execute sensory or motor functions. Secondary prostheses can be conceived as clothing, accessory items like eyeglasses or cosmetics, tattoos, and body piercings (the percentage of which is internal or external is unknown because they are placed inside the body but are visible from the outside). These kinds of prosthetics are aesthetic and decorative; they historicize the body by telling its tale. For instance, because tattoos are tribal in nature, they could convey the tale of our ancestors and describe our affiliation with a tribe, clan, family, or filiation. They should thus be considered decorative elements, but they are also connotative, telling us something about the identity of an individual. Accordingly, internal prostheses<sup>13</sup> refer to a diverse group of objects that are inserted into the human body. Some are endoprotheses (such as transplants, pacemakers, defibrillators, Deep Brain Stimulators, infusers, or port-a-caths), while others can be medications, such as psychotropic drugs or insulin, silicone, hyaluronic acid, and other substances. Although they can be considered lifesavers, they also drastically may change behavior, attention, and other cognitive processes and they are not without a variety of uncomfortable side effects that are occasionally overt and other times layered, suspended, or masked.

The prosthesis is typically not felt by the subjects physically, but it should be needed some time to adjust to the idea that they are hosting a foreign object inside the body. Even though the presence of internal prosthesis may significantly improve life quality, people may still show worry or even resistance. This occurs because, to accept the prosthesis (or the invasive medical treatment), the subject must include it in a significant reorganization and integration process of a new personal identity. This evidence also has been found in a recent pilot study conducted by Iossa Fasano, et al.<sup>14</sup> that led to the international validation of the PBP-Q (Bionic-Prosthetic Paradigm- Questionnaire), an assessment and evaluation tool aiming to assess the effects of the presence of a prosthesis or device in the body by evaluating 5-dimensional areas: psychological well-being, interpersonal relationships, professional relationships, autonomy and safety, compulsive addictions, and obsessions.

Because of their ubiquitous nature and easy usability, prostheses serve a fundamental purpose that regulates how

people interact with the outside world. They also may act as a relationship mediator. The PBP term for the ongoing process of interacting with and adapting to reality is “prosthetic identity”

Human identity has a prosthetic nature<sup>15</sup>, it originates from the relationship with others. Every first experience in our life is mediated by an external tool put between the mind and the body. This characteristic begins to develop when the child, after the first year of life, stops using only the fingers and uses crayons on a sheet of paper; in other words, the child protrudes no longer to the surface of the body, but to another external surface. Along this line, the prosthesis may serve as a mediator between the self and the outside world, experiencing ongoing transformations as it grows and employs ever-more sophisticated tools. Furthermore, the concept of prosthetic identity is not only based on the relationship between subject and object but on the representations that arise from the experiences mediated through the body.

By using a more comprehensive view, it is thus possible to go over the dichotomy between acceptance and non-acceptance of the new object. Indeed, a shared trait of all prosthetic users could be the ability to tolerate some degree of the missing organ or function, rather than expecting the prosthesis to fully compensate.

The topic has also been examined from a meta-psychological perspective about online treatments, which require hybridization and *prothesization* processes to be successful<sup>14</sup>. Therefore, human identity cannot be defined solely in terms of psychological factors or by taking into account aspects of the physicality of the body, but must also take into account all that is prosthetic, particularly those aspects that demonstrate that, as Levi Strauss (1971) noted, “Man is never naked; there is always a man with an element, a cultural artificial element”.

## 2. Conclusions

The overall focus of our suggestion orients toward a change of perspective. This should allow us to see how a person can be integrated on the physical plane (body-mind) with a third entity, which is not immediately visible. This entity is composed of a particular category of external tools that are prosthetic and/or auxiliary objects, and that can enhance, protect, and/or personalize our bodies. They should be conceived as physical components that lengthen the body and expand its range of motion, either defensively or offensively. The mind indeed is what allows the body to absorb and integrate these aspects.

Contemporary medicine must re-conceive its focus of attention, that is, man, by proposing a unified model gathering mind and body. In particular, we propose to recover the centrality of the subjective identity and full equality with normally endowed individuals (which is not unrelated to the issue of integrity and the potential for retaining or regaining identity even in the event of functional or structural loss). It should be recognized that each individual has a composite and mutant identity, made up of a body, prosthesis, and psyche, that may change over time.

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## 4. Conflicts of Interest

The article is free from any such conflicts between authors or with others in any aspect.

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