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Volume 11, numéro 1S, supplément, 2024

Congress 2023

URI : <https://id.erudit.org/iderudit/1110258ar>

DOI : <https://doi.org/10.26443/ijwpc.v11i1.418>

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Éditeur(s)

McGill University Library

ISSN

2291-918X (numérique)

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Citer ce document

Schwartz, E. (2024). The early encounter: Shallow looking and the manifest presence in medical education. *The International Journal of Whole Person Care*, 11(1S), s51–s52. <https://doi.org/10.26443/ijwpc.v11i1.418>

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POSTER

THE EARLY ENCOUNTER: SHALLOW LOOKING AND THE MANIFEST PRESENCE IN MEDICAL EDUCATION

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Keywords: Early medical encounter, Visual art

If the pressure of patient flow limits a doctor's visit to fifteen minutes, the importance of the early encounter is increasing. My proposal is dedicated to the first moment of the intersubjective encounter (with art or otherwise), that defined by the unconscious assessment a priori to conscious interpretation, its authority in the clinical encounter, and how to address this moment in medical education.

The dynamics between observer and artwork occur in two stages. First, the observer's senses are attacked, indeed overwhelmed, by the work. Our adaptive unconscious uses reflexive techniques (e.g., thin-slicing) to triage and resolve this information to a more manageable load. Because pattern collection, discovery, and comparison are under unconscious control, the question arises concerning accountability for snap judgments. By studying the patterns that thin-slicing utilizes, and our immediate reaction given these patterns, the conscious self can predict—or at least become more accountable—for these judgments.

Second, uncomfortable as the victim of a sensory attack, the observer dominates the artwork through the act of interpretation. The observer's intellect and desire to interpret (both under conscious control) dissolve the uncertainty of the encounter by categorizing it into a comfortable system. Once attuned to this conscious

power reversal, we can restrain the unconscious desire prompting the reversal and maintain space in the intersubjective encounter.

As visual art is a strong vehicle to discuss the theory behind the dynamics of the early encounter, it is also the appropriate method by which to coach medical students through the early medical encounter. ■