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Itemizing the technological present

May 20, 2014 (<http://somatosphere.net/2014/05/scale.html>)

Scale (<http://somatosphere.net/2014/05/scale.html>)

By Emily Yates-Doerr (<http://somatosphere.net/author/emily-yates-doerr>)

*Science,
Medicine, and
Anthropology*

A collaborative website
covering the intersections of
medical anthropology,
science and technology
studies, cultural psychiatry,
psychology and bioethics.



Guatemala, 2013.

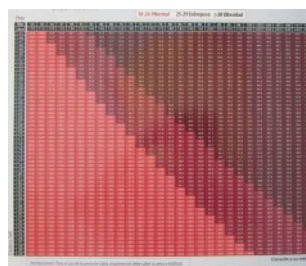
Someone had drawn two footprints on green construction paper and taped it to the back of a box of cornflakes to show patients how to stand. In one corner the person had written out the word *Nutrición*; in another, perhaps because the impending task was at once ridiculous and frightening, the person had placed a sticker of the ogre Shrek. Many patients were women who had spent lifetimes walking with ease through busy markets with baskets, heavy with food, stacked high above their heads. Adept at market scales, the women could quickly, and without error, determine the weight of five pounds of tomatoes with their hands. But holding still on the small, wobbly platform while the balance stabilized around their own weight was a different matter.



(http://somatosphere.net/2014/05/scale.html/vates-doerr_footprints)

When the hospital began its outpatient obesity services, the nutritionists would scavenge empty consultation rooms at dawn looking for a scale without a rusty level or loose, uneven stand. Now six years later, they had a scale which, though a second-hand U.S. import, worked like new. Nonetheless, this was still a novel practice for many patients. Sore joints and vertigo were common afflictions, which made standing motionless on the small platform difficult. The nutritionists would often hold the patients' hands. The scale demanded that they let go of each other to get an accurate number, but given the risk of falling, close enough was usually preferable to accuracy.

Telling you about the inventive ways the nutritionists put these strange instruments to use would require more space than I have here, but what the nutritionists were supposed to do was this: measure the patient's weight; find the height on his/her identity card; calculate the *Índice Masa Corporal* (Body Mass Index); locate this number on the World Health Organization's guidelines; and then determine how much weight the patient needed to lose so as to fall within the range of normal (18-24.9).



(http://somatosphere.net/2014/05/scale.html/vates-doerr_bmi)

One scale brings another scale into being: the scale in which data on the weight and health of individuals aggregated somewhere far away can then be disaggregated into dietary guidelines for the patient in the clinic to follow. The seemingly transparent measure of body mass provided the means for scaling between the individual and the population and back again, naturalizing these categories while also making translations between them appear clean and stable.

The nutritionists, having calculated recommended weight-loss according to global standards, next presented the patient with a weekly diet that reduced caloric intake by the advised amount and indicated exactly what should be eaten for the designated three meals and two snacks per day. They called the

diets *personalized*, but they were based on just a few key variables – weight, height, age, gender – that were combined with no small sleight of hand (or sleight of software for those nutritionists with access to computers) to ensure that each day’s micronutrients were appropriately balanced. This was a balance conceived for a person whose activities were singularized, measurable, and determinate, whose maladies could be fixed with mere shifts in calculation.

(http://somatosphere.net/2014/05/scale.html/yates-doerr_market-weigh-2)

This balanced diet, despite all its quantitative alchemy, carried the authority of precision. Eat these nutrients; lose this amount of weight. With attention directed toward well-packaged metrics, the other problem of balance, the problem that it is not so easy to hold still when your bones are aching and the world is spinning around you (and you have not heard from your only son, who left for the United States last year; and your daughter was just diagnosed with diabetes; and your *quetzales* buy far less produce in the market today than in the past) might be more difficult to notice. Unless, of course, you are a patient being asked to freeze your motion and eat more produce, or a nutritionist tired of the public health community’s focus on weight. In this case, it is hard to overlook the ridiculousness of these scales – the one that transforms aching, spinning worlds into an individualized number, the other which aggregates and disaggregates between patient and population as if bodies and the worlds they inhabit can be captured by a measure of mass.

The hospital scales took mass (in Spanish *masa*) to be a universal metric, but for the people in the clinic *masa* was not universal at all. Their *masa* was instead the soft dough of maize (also called *masa*) eaten at nearly every meal. Cultivated on the vertiginous hillsides of the surrounding land, this dough was the ingredient of humanity[i] (# edn1) – but unlike the ingredients of the prescribed diets, it was not to be cleanly calculated. It was to be planted, cared for, eaten, enjoyed, and replanted. This *masa* did not index the weight or health of bodies but was the very stuff from which bodies were formed – though body, with its implicit boundaries, may not be quite the right term for this vitality. To speak of mutual dependence (maize needing humans, humans needing maize) is to already fail to understand that the boundaries stabilized by scales, are not so precise – or so important – in other situations. After all, even when it came to being weighed in a hospital, nutritionists often held on to their patients lest they fall.

Concerned about the power that scales wield, some have suggested that “there is no such thing as scale” (cf. Marston, Jones, and Woodward 2005:416). But in my fieldwork they were everywhere: two plastic bowls used to weigh produce in markets; the imported apparatus with its wobbly platform and rusty level in the urban hospital; the rural clinic’s round circle, with pounds featured like time on a clock, connected by a hook to a sack that fits a baby; embedded in the rowdy music of the microbus; in clinic maps used by international food aid organizations; implicit in charts depicting global standards for health, whose color, from light to a deeper red, may be a form of scale too. Scales are also evoked, inevitably, in analytic maneuvers. They enable attempts to illustrate the significance of a particular case; to shift from the patient to her worlds; to use something like *masa* (be it maize or weight) to say something about borders (here, in a place I have called Guatemala, in a time I have called 2013). It is possible that even my address to *you*, the reader, enacts a sort of scale: me, here, sitting at my desk, and you, there, reading what I’ve written.

“The scales are useful, only because they give us a place to start,” a nutritionist who didn’t much like the practice of weighing her patients told me. For her, the scale did not record; it did not have explanatory, evidentiary function. It was instead a generative device, the scaffolding it offered so broken that she and her patients had to work together, amidst monsters at once frightening and ridiculous, to move toward something else.

Rather than attempt do away with scales, it might be considerably wiser to follow this nutritionist and take them to be generative devices that variously stabilize certain differences and make certain comparisons possible. The anthropology of the Americas is a field particularly aware that “the world” is not flat (and not simply because of its false myths of discovery and vertiginous hillsides); instead of attempting to make it so, it might make a good deal more sense to expand and enrich the contours of scaling. Did you wonder about the “something else” toward which the nutritionist and her patients moved? I cannot tell you where or what this is; the clinic is new, they are just figuring this out, and it will certainly change. But I can suggest we ask this of ourselves: what comparisons – what differences – do we want to make? Which of our scales are broken? And which might help to generate the kinds of worlds we want to be able to depict?

(http://somatosphere.net/2014/05/scale.html/yatesdoerr_scale_slideshow_loop_hs)

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[il (# ednref1)] In Denis Tedlock's translation of the Popul Voh, maize is described as the "ingredient" of the human body (1996:145 (# ENREF 13)). In a word-by-word translation, the term ingredient is not used; maize is instead described as entering flesh:

<http://www.mesoweb.com/publications/Christenson/PV-Literal.pdf>

Image: "[1/6 scale custom clothes – denim jacket – making is progress. by Hegemony77](https://www.flickr.com/photos/hegemony77/10000000000/)" (<https://flic.kr/p/ejzvAR>). Flickr.

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