

# REVISTA DE

## EL COLEGIO DE SAN LUIS

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At the Core of Institutional Care  
in Two Children's Residential  
Homes (Mexico)  
An Anthropological Approach

Al centro de la atención institucional en dos  
hogares residenciales para niños (México)  
Un enfoque antropológico

Élodie Razy

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# AT THE CORE OF INSTITUTIONAL CARE IN TWO CHILDREN'S RESIDENTIAL HOMES (MEXICO) AN ANTHROPOLOGICAL APPROACH

Al centro de la atención institucional  
en dos hogares residenciales para niños (México)  
Un enfoque antropológico

ÉLODIE RAZY\*

## ABSTRACT

This article examines what institutionalisation means for children under five, in two children's residential care homes (*casas cuna*) in Mexico through the concepts of care and agency. It stems from the observation that there is little literature on this topic in general and on Mexico City, in particular. There is both a lack of empirical studies and of general and statistical data on children, families, homes, children's institutional histories and staff. This paper aims to address this empirical gap by studying the daily lives of children. Based on five months of ethnographic fieldwork and using a reflexive critical anthropological approach, the interpersonal and material environments ("spaces") in which care is given were analysed using Goffman's "total institution". To contrast these findings, I also examine childcare workers' adjustments and further explore the "micro-agency" practiced by children through the example of clothing. These examples illustrate what my paper calls "counter-care", considered as the children's active, but often unrecognized, participation in their own care.

KEYWORDS: CHILD, CHILDREN'S RESIDENTIAL CARE HOME, CARE, AGENCY, MEXICO.

\* Université de Liège (Sart Tilman), eMail: [clodie.razy@uliege.be](mailto:clodie.razy@uliege.be)  
ORCID: <https://orcid.org/0000-0002-0883-0047>  
*AnthropoChildren*: <http://popups.ulg.ac.be/2034-8517/index.php>  
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## RESUMEN

Este artículo examina lo que significa la institucionalización para los niños menores de cinco años en dos hogares de cuidado residencial para niños (casas cuna) en México a través de los conceptos de cuidado y agencia, a partir de la observación de que hay poca literatura sobre este tema en general y sobre la Ciudad de México, en particular. Faltan estudios empíricos y datos generales y estadísticos sobre los niños, las familias, los hogares, las historias institucionales de los niños y el personal. Este documento tiene como objetivo abordar esta brecha empírica mediante el estudio de la vida cotidiana de los niños. A partir de un trabajo de campo etnográfico de cinco meses y con un enfoque antropológico crítico reflexivo, se analizaron los entornos interpersonales y materiales (“espacios”) en los que se brinda atención utilizando el concepto de “institución total” de Goffman. Para contrastar estos hallazgos, se examinan los ajustes que hacen las trabajadoras de cuidado infantil y se explora más a fondo la “micro-agencia” que ejercen los niños a través del ejemplo de la vestimenta. Esto permite comprender mejor lo que se llama en este documento “contra-cuidado”, considerado como la participación activa, pero a menudo no reconocida, de los niños en su propio cuidado.

PALABRAS CLAVE: NIÑO, CASA HOGAR INFANTIL, CUIDADOS, AGENCIA, MÉXICO.

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## INTRODUCTION

Each child's life is bound by a series of actions ("mothering" for Lallemand, 1997) carried out on their body by related or unrelated caretakers (Weisner & Gallimore, 1977) or caregivers (Hewlett & Lamb, 2002) who may be children themselves (García-Sánchez, 2018). These actions are located at the crossroads of the material, the imaginary and the symbolic (Godelier, 2007). They are embedded in a system of dynamic representations of body, person and subject, which circulate in society and permeate interpersonal relationships. The social and symbolic form and function of these gestures have been studied in various contexts and particularly in medical institutions (Saillant & Gagnon, 1999).

But what can be said about the mundane, everyday non-medical care given to the youngest children by various professionals in children's residential care homes (locally called *casas cuna*<sup>1</sup>)? Through a reflexive and critical anthropological approach promoting a holistic comprehension of institutional care based on five months of ethnographic fieldwork, I studied two *casas cuna* (*casa cuna* "Cielo azul" (Blue Sky) in Mexico City and *casa cuna* "Flor de calabaza" (Squash Blossom) in the north).<sup>2</sup> In them, children – abandoned, taken away from their parents or orphaned – are cared for under state custody until their sixth birthday.<sup>3</sup> What are the different forms and limits of institutional care? First, we must move away from the notion of dependency often associated with care, particularly in the field of health, and instead focus on a broader definition which would allow us to examine the dual circulation of adult/child care and child/adult care. Institutional care includes intentions, daily attitudes, actions and speech, and written or spoken medical, psychological, pedagogical or legal protocols. It is at the crossroads of several fields, disciplines and services. Of course, these are governed by national rules, but each *casa cuna* also has its own set of internal rules, which may be oral or written, collective or individual, explicit or tacit.

Data analysis revealed that care was supposed to follow a strict pattern but actually varied according to circumstances, children and staff. After a short and

<sup>1</sup> Many terms are used to refer to institutions run by the DIF (*Desarrollo Infantil & Familiar*, the Mexican child and family development agency) or the Mexican State Attorney General's Office to care for children under five – and, exceptionally, older children – including *casas (de) cuna*, *casas hogar*, *albergues infantiles* or *aldeas*.

<sup>2</sup> Both for ethical reasons and EU GDPR compliance, locations and participants are anonymised through pseudonyms.

<sup>3</sup> This research was supported by CONCAYT (264075), F.R.S.-FNRS and *El Colegio de San Luis* (I was visiting professor in 2017 and holder of the 2018 Joaquín Meade Chair, Anthropological Studies Programme).

selective literature review and a description of my methodology and fieldwork, I argue institutional care acquires a specific meaning in certain spaces (interpersonal and material environment) of the *casa cuna*, for both children and childcare workers. Therefore, I use Goffman's work to analyse the concrete performance of care and its effects on children's (de)individuation, as a cognitive ability expressed during the child's development, and (de)individualisation, as a social and cultural process of construction of the individual. These are two inseparable sides of the concept of the individual that many anthropologists and sociologists have dealt with, in particular Mauss (1938) and Dumont (1966).<sup>4</sup> I add nuance to my conclusions through examples of adjustments made by childcare workers. Finally, I interrogate children's agency through clothing and the micro-agency children develop as a specific part of institutional care: "counter-care."

## STATE OF THE ART: THROUGH THE LENS OF CARE AND AGENCY

### *From Care to Institutional Care*

Saillant approaches the concept of care through her studies of "global" care in the field of health: care combines "bodily protection" with "social support" (Saillant, 1992: 98)<sup>5</sup> and encompasses both caring and curing. It is a "complex system of values and symbols, gestures and knowledge, which fosters support, help and care for people who are physically or mentally weakened, and therefore limited, whether temporarily or for life, in their ability to live independently" (Saillant, 1992: 96).<sup>6</sup>

Conversely, Holden and Littlewood reveal similarities between concepts of nursing and "[of] "care," women's care, and comfort" (1991: 153). For Littlewood (1991: 185), "the concept of nursing (...) is that caring, the nurse's central role, is the management of ambiguity" on the margins and frontiers of an individual's body. The author emphasises the patient's liminal situation, which the nurse shapes by acting as intermediary. Saillant (1992: 102), inspired by the concept of rites, casts care as "a form of ritual support through life transitions: it is essentially the work of mediation or being an intermediary."<sup>7</sup> Outside the medical sphere, Bonnet and

<sup>4</sup> See Razy (2012 and 2019) for further developments and debates.

<sup>5</sup> My translation.

<sup>6</sup> My translation.

<sup>7</sup> My translation.



Pourchez (2007) examine “domestic care” during childhood.<sup>8</sup> They document the multiple meanings of the concept of care to show that “care is simultaneously a technique, a ritual (or substitute for ritual), and a marker of the identity and social status of the child and their family” (Bonnet & Pourchez, 2007: 27).<sup>9</sup>

The concept of care is very frequently used in educational sciences and social-work studies with regards to children. Debate generally focuses on “professional care” (Pirard, 2016) for children aged 0-6 (in collective day care structures or schools) and “care work” (Eisikovits *et al.*, 1991; Geens & Vandembroeck, 2015), particularly with children and adolescents living in institutions. In both cases, it is a very broad concept encompassing various notions. “Care, which employs sensitivity, responsibility, availability in the service of wellbeing, is embedded in relationships of interdependence and complex interpersonal ties of power” (Rayna & Brougère, 2015: 10).<sup>10</sup> However, some authors distinguish social work from care: care is defined more as an interaction embedded within a preoccupation with the other. Mozère (2004) links this to Foucault’s idea of being preoccupied with the self, abandoning the idea of service (typically seen as feminine) in favour of availability. According to Rayna and Brougère (2015: 11), “regardless of sector, the attitudes and practices of care are ‘situated’ in a ‘collective undertaking,’ offering particular affordances to the involvement of the actors concerned and thus allowing for learning.”<sup>11</sup> In accordance with each country’s specific systems, the concept of care is sometimes associated with that of “educare” (Rayna & Brougère, 2015).

A more global insight about “institutional care” (Edward, 2016) shows that institutionalisation is more developed in punitive regimes. This is apparent when considering justice systems and welfare policies through a state comparative approach. Although control over families remains central for both regimes, punitive and non-punitive, it varies in degree and nature. Mexico seems to be at the crossroads because of its high degree of institutionalisation and very developed welfare policy in a punitive system.

Institutional care has no precise definition, but since the famous studies on “hospitalism” (Spitz, 1945), it has nevertheless been the subject of numerous studies in clinical psychology, psychiatry (Koepp, 2001), paedopsychiatry (Hochmann *et al.*, 2011) and social work, as underlined in Disney’s literature review (2015). As

<sup>8</sup> See also Razy (2019) about the rites of daily life and birth in Mali.

<sup>9</sup> My translation.

<sup>10</sup> My translation.

<sup>11</sup> My translation.

children are still described as suffering from a kind of irrelevant care (Maclean 2003) provided in institutions characterised by a number of common features (collective confinement, severe rules, strict boundaries between the inside and outside, power relationships, control, depersonalisation and status assignment, etc.). The latter is defined as Goffman's "total institution" (1961) – the asylum – and/or Foucault's "*institution disciplinaire*" (1975) – the prison –, eventually using related concepts, in various contributions in the literature, especially in children's geographies. In this perspective, Disney (2017) explores the diversity and complexity of spaces of care in Russian orphanages for the disabled based on new insights in Foucault's work arguing that stillness and restraint, aimed at avoiding risky mobility, can be considered as care in these institutions.

Works in anthropology and child development studies specifically on OVC (Orphan Vulnerable Child) have seen this label criticised because of the pernicious effects of the globalisation of orphanhood in Africa, in relation to the AIDS pandemic (Guillermot, 2010; Cheney, 2017; Lombe *et al.*, 2019). This is far from the case in Mexico, where there is limited quantitative and qualitative data on the living conditions in children's residential homes<sup>12</sup> and few anthropological studies, mainly focused on older children (Gómez Plata, 2008). More recently, Valencia Corral *et al.* (2021: 153) mention "that there are 1000 residential care homes in Mexico, which provide accommodation, food, and other services to 22,742 children and adolescents aged 0 to 19 years (INEGI, 2020)."

This gap can be partly explained by the fact that: (1) the youngest children are less the focus of study than their elders in general because of a lack of interest and/or of methodological, epistemological and ethical challenges related to their young age; (2) to many researchers, psychology still seems the most suitable discipline for the study of this period of life, especially in situations of vulnerability; (3) *casas cuna* are generally located in urban areas, which are less attractive in view of an anthropological tradition that still very much focuses on indigenous populations; and (4) *casas cuna* are relatively closed institutions. These are some hypotheses that need to be confirmed, but as in other parts of the world, one can find reports that are not always scientifically, rigorously and impartially written or dedicated to a specific problem in the area of medical or psychological care, social work, or government policies. This is the case for Mexico as described in Valencia Corral *et al.*'s paper (2021), where they mention their Spanish-language

<sup>12</sup> See among others: <http://redegresadoslatam.org/wp-content/uploads/2019/01/CRSA-M%C3%A9xico-Final.pdf>

sources as follows: “Documents prepared by international organizations on Latin America and the Caribbean, governmental data and the few existing empirical studies were examined.” Based on this, they critically address various issues such as: reasons for placement, staff’s lack of qualification and recognition, families’ and children’s profiles, with an insight into the case of minority families (indigenous or afro-descendants), and what they call “the care process,” namely the different phases that children in care go through from entry to exit. This latter point shows the lack of participation from the children and their families during the various stages of the process, the gap between the discourse on children’s rights and their implementation, as well as the impact of poverty in placement decisions in a context where no family support is provided (Valencia Corral *et al.*, 2021: 156-158). As reported in the media, several of the state-run or private children’s residential care homes have been the subject of scandals.<sup>13</sup> Valencia Corral *et al.* (2021: 158) relate these to a lack of organisation and monitoring: “The result of poor tracking and oversight of the residential care system in Mexico is that children and their families can get lost in isolated interventions, hierarchical structures, and a myriad of regulatory bodies which can further perpetuate a cycle of disenfranchisement leading to vulnerabilities ranging from exploitation to human trafficking; for instance, *Casitas del Sur* (Rojas, 2017), *Ciudad de los Niños Guanajuato* (Velázquez, 2017), *La Gran Familia* (Juárez, 2014).”

This leads Mexico, and other countries, to “a process of deinstitutionalization, however, it is considered that until this can be achieved efforts should focus on developing strategies that mitigate the consequences that children face when living in an unfamiliar environment (Groza & Bunkers, 2017). The redesign of residential care should be undertaken in conjunction with the implementation of family-based alternatives (Groza & Bunkers, 2017) and using evidence-based guidance.” (Valencia Corral *et al.* 2021: 159).

At a more global level, Meichsner (2020) also notes a lack of research on these institutions. She draws on three studies which address the multiple dimensions and specificities of residential care as well as their historical and political background at a micro- and macro-level in Japan (Goodman, 2000), Russia (Khlinovskaya Rockhill, 2010) and China (Wang, 2016). This serves to outline the challenges of such research, and perhaps its scarcity: the difficulties of accessing the field and of dealing with it once inside; the analytical skills and knowledge of childhood,

<sup>13</sup> [http://www.bbc.com/mundo/noticias/2014/07/140718\\_mama\\_rosa\\_michoacan\\_orfanato\\_mujer\\_an](http://www.bbc.com/mundo/noticias/2014/07/140718_mama_rosa_michoacan_orfanato_mujer_an)

society, public policy, etc., required to produce a thorough analysis; the ability to articulate different levels of analysis. She concludes by adding that: “the subject matter is highly sensitive and ethically complex to write about, and few researchers may therefore be willing to approach it” (Meichsner, 2020). Far from claiming to have such qualities and not aiming, in this article, at an exhaustive analysis of the studied phenomenon, I share Meichsner’s point of view. Nonetheless, I claim in this paper a partial vision focused on the trivial facts of children’s daily life in order to capture the hidden dynamics of institutional care and children’s agency.

More general literature about the country and its history, shows that Mexico is developing more boarding schools for indigenous children and more welfare policies for deprived children and children’s care homes (Dawson, 2012; Molina del Vilar, 2018; Gómez Plata & Zanabria Salcedo, 2009; Gonzalbo Aizpuru, 1982). However, regarding children’s residential homes, Disney claims: “[...] there remains very little research which draws upon qualitative or particularly ethnographic research which can reveal the actual lived experience of these spaces of care, and this is particularly so in Geography.” (Disney 2015: 30). This is the case with the very concrete reality of institutional care, since it is a pragmatic and relational setting of daily actions towards the youngest children, beyond the general care model.

### *From Agency to Micro-agency*

What about children’s agency in this context? When studying orphanages, Disney (2017) advocates for taking into account children’s agency rather than primarily focusing on adult *surveillance*. Given the extent of the literature on agency, and more specifically on children’s agency, looking at this controversial notion (Lancy, 2012; Spyrou, 2018), which spans several trends (Esser 2016), requires some caution. Two recent reviews of the English-language literature (Abebe, 2019 & Varpanen, 2019) show their choices and blind spots. We should consider the role of national traditions and the disciplines, trends or studies involved in any attempt to produce a general, necessarily incomplete, state of the art review. The first article is part of childhood studies and attempts to go beyond certain social science debates or disciplinary positions (i.e., developmental psychology) in order to address the complexity of the agency notion and the many terms related to its conceptualisation. The author proposes to focus on the contextual and relational dimension of agency, which is consistent with the premises of any anthropological approach, especially to children. This is embodied in the concept of “interdependent agency” (Abebe, 2019).

In the same vein but with a broader ambition, Varpanen (2019) tries to identify the theoretical trends underlying the uses of agency in research on early childhood education, in order to propose a typology and to point out avenues of research. He identifies the role of the old debate between individual/society, structure/agency raging since the beginnings of anthropology and sociology and not yet resolved. In this typology and within the papers he is studying – including sociology of childhood, socio-cultural theory and the post-structural approach –, he identifies the main following trends, according to their different aims: “Socio-cultural theory is used more to create a better understanding of agency, while the new sociology of childhood and post-structural theory are more often connected to emancipatory aims” (Varpanen, 2019: 6). There are differing views on agency when such trends are used: with the sociology of childhood, “agency can be seen as the capacity of an individual, something existing in the individual”, whereas with socio-cultural and post-structural theories “agency can be seen as emerging in social interactions” (Varpanen, 2019: 2) and certain authors “posit a more relational ontology for agency (see Edwards, 2005; Esser *et al.*, 2016)” (Varpanen, 2019: 6). Varpanen points out that a single author can refer to different views on agency. However, he insists that each author should firmly posit the contradictions they must overcome when using theoretical references that are sometimes at odds. He advocates going beyond the simple assertion of their complementarity and explaining their “contradictory aspects” (Varpanen, 2019: 8).

Though I agree with Varpanen on the necessity for researchers to situate themselves and to make explicit the genealogy and the conceptual framework of their view on agency, I do not necessarily see contradictions between the use of seemingly opposing theories that bring complexity where binarity is often at work. The theoretical “bricolage” advocated by Godelier (2007) is the premise of any anthropological analysis: it is not a matter of fitting the diversity of ethnographic materials collected and produced into a single, pre-established unified theoretical framework, as this would risk obscuring a large part of the complexity of reality. Rather, we must submit the most seemingly relevant theories and concepts to the test of ethnographic materials and we must question and reformulate these theories and concepts when appropriate.

Following this line, I consider myself at the crossroads of the three main trends (and authors) that Varpanen identified. Nevertheless, I would add some others that are mentioned at the end of his paper (i.e., psychology) or not mentioned at all (i.e., anthropological subfields). This is due to the different foundation of my

approach (first in anthropology and second specifically in anthropology of childhood and children, sociology, childhood studies) and the use of both anglophone and francophone literature. The role of sociology and anthropology in the debate about agency in adults, as well as the literature on non-humans', animals' or objects' agency, and childhood studies shape the conditions under which this paper questions children's agency.

The typologies, of which Varpanen (2019) gives examples, seem to be useful for characterising different types of agency. However, their use does not seem to me to be relevant here because my aim is rather to demonstrate how agency – held, I assume, by any subject who is also a social actor within power relations in a given cultural context – is individually and collectively expressed at a microlevel. Most of the time this level is not considered at all.

## FIELDWORK AND METHODOLOGY

Both *casas cuna* I studied were state-run, administrated by the DIF and specifically cared for children under five. They were part of the SNDIF<sup>14</sup> which is a government organisation in charge of social public policies, programmes and actions run by government or private institutions dedicated to vulnerable children, adolescents, adults, families and communities, and their coordination and supervision at federal, local and municipal level.<sup>15</sup> Some *casas cuna* can also be denominational or secular institutions run by private foundations, NGOs or members of civil society.

During my fieldwork, *casa cuna Cielo azul* was caring for around 50 children aged up to six years old. It had more than 200 employees working in shifts. The 24-hour a day was organised into “rotations”, each covered by one team. These employees had various occupations comprising all necessary services: administrative staff, medics, paramedics, social workers, psychologists, schoolmistresses, cooks, laundry workers, management and directors. The *casa cuna* is divided into several zones, each with strictly regulated access according to children's ages, staff professions (medical, psychological, pedagogical, etc) or function (refectory, garden, etc). Although the *casa cuna* is an enclosed space, there are numerous, varied

<sup>14</sup> *Sistema Nacional para el Desarrollo Infantil & Familiar* (National System for the Development of Children and Families) <https://www.gob.mx/difnacional/cs/#6085>

<sup>15</sup> About the history of the SNFIDF and the placing of children under custody, see Gómez Plata and Zanabria Salcedo (2009) and Valencia Corral *et al.* (2021).



but controlled, two-way exchanges with the outside world (schooling, medical appointments, DIF events). Children also receive visits from families (few of them) and from foundations, associations, individuals, businesses, and universities, either donating clothes, strollers or toys, or giving a performance. The functioning of *casa cuna Flor de calabaza* was smoother and the space was organised into two main sleeping areas, the first one for the youngest children and the second one for the older ones, and internal as well as external zones.

In both cases, I explained my research and its ethical basis as well as my official affiliation with the COLSAN (San Luis Potosí) through a friend's contact working in the *casa cuna*. I had three appointments with various officials (at DIF and in *casa cuna Cielo azul* and with officials in *casa cuna Flor de calabaza*). This was before starting fieldwork within a framework I established with the managers of these facilities. It took some time before I earned their trust and appeased their fears that I was not monitoring their work. In *casa cuna Cielo azul* (50 children), I spent full "rotations" within the facilities with younger children, alternating day and night, weekdays and weekends. Conversely, in *casa cuna Flor de calabaza* (36 children), I spent rotations during weekends, constructing relationships of trust by sharing the routine and learning norms, values and practices. In both *casas cuna*, I carried out participant observation. This allowed me to explore their daily operations from the perspective of the children and various staff. I promoted a "pragmatic and processual ethics" (Razy, 2018), which means, among other things, that I would only participate in the interaction if asked or if positive verbal or non-verbal signals, either from the adults or from the children, engaged me. With the children, specifically, I applied a four-point based approach (Razy, 2019: 138): "i) recognition of babies as subjects; ii) knowledge of certain babies as subjects in their surroundings and environment constellations (Razy, 2012); iii) consideration of the baby's agency in terms of his/her local culture; and iv) knowledge of society."

Based on critical anthropology and childhood studies (Hardmann, 1973; Christensen and Prout, 2002; Christensen and James, 2008; Cheney, 2018), I alternated a child-centred and a childcare worker-centred approach, both based on the politics of intersubjectivity (Fabian, 2014). Some examples of this are: standing by children without adopting an adult role and, sitting on the floor, being available, doing nothing special but co-experiencing play and a form of waiting or boredom with the TV on, and arguments over games in an enclosed space under distant adult supervision; tirelessly picking up the toys that the babies threw from the cots when the childcare workers did not and giving them back to the delighted babies I

interacted with. These also include: helping to feed the children when there was a lack of staff, as well as exchanging confidences about the childcare workers' or my relationships and our families. All that I learnt about the children's cases (origins, reasons and length of stay, health, etc.) came from informal conversations. I never could access any official file within the *casa cuna* "due to their confidentiality", as explained to me by those in charge of the facilities. In addition, I could not organise structured interviews because of the childcare workers' lack of time and the control exerted on individuals within the *casa cuna*. Anyway, I carried out a single or multiple individual informal interviews with at least 30 workers in *casa cuna Cielo azul* and 15 in *casa cuna Flor de calabaza*.

These informal talks with the staff took place throughout the day (or at night), during childcare activities, breaks or meals, excursions, medical visits, children's naps, that is, during all the moments of life in the home in which I participated and engaged with the staff, specifically with childcare workers. I did not systematically ask questions and the exchanges often arose from questions that I was asked about my work, about the situation of children in *casas cuna* in my country or even about my family. During informal talks, the questions were more like follow-up questions or requests for clarification about what had been said. When I wanted to address a specific point, such as their place in the process of adoption, I asked a general open-ended question: what happens when a child is adopted?

Since writing was the norm in the *casas cuna* (booklet with medical prescriptions, information on faeces and urine, feeding, child's behaviour, etc.), I used my field diary which was placed on a windowsill alongside a pen. I explained its use to both adults and children to reassure them. I always placed it at a distance so as not to use it permanently and to remain "100% present" during the interaction. I would write down elements that I considered important from time to time. I did the same for the informal talks. When I absolutely wanted to remember specific expressions or what was said word for word, I made sure to note them in my field diary. In some cases, it was not useful to immediately write down what had been said and I had to remember it afterwards. In any case, I took full notes in my field diary as soon as I left the *casa cuna*. The words in quotation marks in the text are therefore words spoken verbatim by my interlocutors and the words in indirect style are paraphrased words, translated from Spanish.



## INSTITUTIONAL CARE AS PART OF A PROCESS OF A SOCIAL AND CULTURAL DEINDIVIDUALISATION?

As shown in other contexts, a nowadays classic way of describing this kind of institution is to employ Goffman's and/or Foucault's work. Starting from the ethnographic account, I follow Goffman's interactionism and the features of psychiatric institutions to show that care at the *casa cuna* is part of a kind of "total institution" described as: "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961: xiii). The description made by Valencia Corral *et al.* (2021: 154) which summarises different sources seems to perfectly fit this definition:

The services provided by staff at residential care homes are characterised by a lack of individualised attention and high turnover rates (Red Latinoamericana de Egresados de Protección *et al.*, 2019). Turnover is perceived by children as an experience of loss and impacts their emotional and relational well-being in a variety of complex ways (Curry, 2019)."

My analysis leads me to temper "the lack of individualisation" statement and to distinguish the staff turnover from the many internal "visitors" who come and go in the living units.

The first space of institutional care is the interpersonal framework. What is most immediately striking in the *casa cuna* is the considerable number of people with whom each child comes into contact on a daily basis. I am not talking here about the rotations of the permanent staff which the children seem to have assimilated very well into their routine. Staff did not change during my fieldwork in the two *casas cuna*. As an example reflective of the daily situation in these facilities, eight people passed by in two hours, without counting the three staff members who were present at the time, that is to say 11 people altogether. Some stayed a few minutes, others between ten to 45 minutes approximately. Some interacted with the children, others only with the adults who were present, talking about the children or not. Finally, others spoke with both adults and children:

The two childcare workers, Fernanda and Nayeli, and the unit leader, a nurse called María, arrive. Between 8 and 10 am, the unit received: a trainee, a doctor, a speech therapist, the childcare worker who comes to sell desserts during her break, the children's physiotherapist, an administrator, a cleaning lady and a kitchen lady. (*casa cuna* Cielo azul, 02/2016).

Each weekday sees visits from various staff, including three daytime and two night-time rotations by the two or three childcare workers assigned to each room. Weekend and holiday rotations see different sets of childcare workers. There are also changes due to staff holidays and absences. Staff circulate on variable schedules: interns who stay from one day to several months, independent social workers offering occasional activities or external visitors who do not always know the children and are added to usual staff. There is a notable contrast between the quasi-medical environment and the constant activity which prevails there. As I explained to Leticia (the nurse who was in charge of monitoring the medical aspects of one of the facilities), I wondered about the large number of people who passed through each unit every day. She told me that “the children forget your face after a few days, as a form of protection given the various people” (*casa cuna Cielo azul*, 04/2016). She thus explained the children’s indifference or even fear by focusing on the large number of people without distinguishing the type of interventions they participated in, the regularity of their visits, or the relationships they established with the children. She also did not consider the fact that some children greeted all the “visitors” with a smile, whether they were occasional, regular, distant, or inclined to interact. Apart from routine care, each child is the object of selective and targeted attention centred on his/her temporary or chronic medical problems. This gives rise to very sporadic interventions during the day or night with more or less contact, as the following example shows.

Eva (aged 2 weeks) arrived a few days ago. She is two weeks old. María, a doctor, comes to the unit to check in the booklet how much milk she drinks a day and to adjust the quantities. (*casa cuna Cielo azul*, 04/2016).

Many problems (such as medical treatments) can be solved by referencing the various booklets containing all important information. The child is considered entirely via their file. Furthermore, some children do not systematically look for eye contact, adapting to how the person interacts with them, quasi removing themselves from the scene.

What does this endless procession of people mean for the child’s living space? In many societies, the child is exposed daily to many people from a very young age, without this hindering their development or their social skills – quite the opposite (Gottlieb, 2004; Rabain, [1979]1994; Razy, 2007). Children thus occupy a very important place in interactions, even if they do not speak yet nor are necessarily

the privileged interlocutors. Despite social and family changes, children from indigenous populations or from large urban families in Mexico are still exposed on a daily basis to many people early on (Reyes Domínguez, 2018; Muñoz Lopez, 2020), and this is a part of how they develop and learn social skills. In these contexts, the social and interpersonal norms, values and skills transmitted to children are customary and thus make sense to them. The comparison between an institution and societies where children are subject to meeting lots of individuals daily is therefore limited. By contrast, in the *casa cuna*, the child's place is that of the "institutionalised child" and there is no social or cultural meaning to this daily exposure to dozens of "visitors." The institutionalised child is not being socialised with a view to becoming a fully-fledged member of a "*casa cuna* society" governed by its own norms and values. There is therefore no socially or culturally valued meaning to the situation. Living in an institution is considered almost "unnatural." Despite the staff's good intentions and tireless work, the child seems to constantly oscillate between some focused interest and full invisibility.

A second key space is the material environment in which institutional care is enacted, as well as the physical materials used. Almost everything in the *casa cuna* is shared and children have no lasting possessions of their own.

In the dormitory, the cribs and beds are all identical, interchangeable and relatively impersonal. On rare occasions, a rag doll or soft cloth is given to the smallest children, but they will not keep it.<sup>16</sup> Unlike in *casa cuna Cielo azul*, in *casa cuna Flor de calabaza*, the dormitories are not mixed.

In *casa cuna Cielo azul*, each crib or bed is labelled with the child's information (surname, forenames, date of birth, date of arrival, medical problems). Occasionally, a child attaches a drawing to the bed, but it does not stay there long. The sleeping space is not individualised: the child is a "patient" who has blended into the institution. The arrival of a new director at *casa cuna Flor de calabaza* led to a framed photo, with each child's name, being attached above each bed. This shows how contingent on personality, curriculum and involvement of management and staff the anonymisation policies are.

This relatively poor individualisation of the sleeping space can be taken to the extreme, as I observed several times due to a lack of or change in staff, or to an interns' incorporation, or to circumstances (dirty sheet, deep clean).

<sup>16</sup> The use of cuddly toys or comfort blankets, considered transitional objects in psychology, does not seem widespread in Mexico.

Margarita, a childcare worker passing through, who does not know the children very well, mixes up two cradles and lays Miguel Ángel (9-month-old), whom she has changed, in Arturo's cradle (absent because of a medical appointment). After 30 minutes, the regular childcare worker, Elena, notices the mistake and puts Miguel Ángel back in his cot without a word. (*casa cuna Cielo azul*, 02/2016).

This can also occur intentionally and leads to the question of whether the identical, interchangeable beds reveal a perception of the children as interchangeable. No specific care linked to a specific child development or life history was mentioned nor observed (except for two of them with developmental precocity or delay). According to observations and discussions with childcare workers, this can happen because a few, less committed childcare workers are accomplishing their duty mechanically, with poor contact with the children, or occasionally for others because of personal, professional or situational reasons.

Although the situation in the *casa cuna* does not necessarily differ in this respect from the child's environment of origin, which may be marked by poverty, or may have other norms and values around sleep, the widespread Euro-American ideology – echoed in children's toys, cartoons and television programmes, school, professional curriculum and people at large – socially and culturally contributes to promote individuation and tends towards individualising children at ever-younger ages, particularly through personalising their bedrooms (Glévarec, 2009; Julien, 2017; Rollet *et al.*, 2014). The *casa cuna*'s policy on sleeping spaces and associated objects apparently contradicts the ideal promoted within society, and thus contributes to the children's deindividuation and depersonalisation.

Nevertheless, institutional care is not by nature part of this process. Indeed, institutional and non-institutional care do not differ *per se*. The same gestures and words usually occur in and outside institutions, particularly those following the “nursification” of society that has promoted successive fashionable childcare practices inspired by hygienist, medical norms, through maternity wards, the paediatric unit and specialist publications (Delais de Parseval & Lallemand, 1980). What makes them part of this process is their performance context, the discontinuity they provoke, their disjunction with the dominant Euro-American model of childhood which the staff conveys and to which children are exposed through various media. This in addition to the very rare acts of individualisation and personalisation serving as a counterpart to this process. However, we should also ask what place the childcare workers can occupy in such settings.

The material and immaterial interventions of adults (particularly childcare workers) adapt to the situation, and certain rules are omitted or rejected despite a constant control through camera surveillance, supervision and care tracking booklets. Moreover, childcare workers can invert the highly mechanical routine of institutional care socially and culturally individuating/individualising children. This varies according to the childcare worker and the immediate circumstances in the interpersonal framework and material environment described above but tends to follow the same general patterns.

Hairstyling in both *casas cuna* takes some time and offers a chance for numerous exchanges with the children. Small girls sometimes choose their hairclips or ties and can even ask for their preferred hairstyle from the childcare worker. However, these temporary individual allocations (hair clips or ties will then be gathered in a collective bag) and choices are often presented as a reward for “good behaviour”, to which children somehow try to conform; this also occurs when new clothes arrive. Being the first one to wear these clothes becomes a way to distinguish the child from others, to make him/her unique, thus, to promote individuation and to individualise him/her.

Conversely, children can be refused this freedom to choose or this allocation, or even have the clothes taken away, returning to the impersonal and anonymous mass, as punishment for “bad” behaviour, as part of the surveillance and punishment system described by Disney (2017) following Foucault (1975). This individualisation “on merit” is thus institutionalised.

Jesús (aged 3½) is a very sensitive and communicative little boy who speaks very well, has a remarkable ability to remember and a very strong personality, according to several childcare workers. He is wearing a new pyjama and has been authorised to go to the bathroom at night but Teresa, his usual childcare worker, went away and the other one, Yolanda, is not aware of this. She thus punishes him by taking the new pyjama away. Jesús is inconsolable and tries to argue unsuccessfully. (*casa cuna Cielo azul*, 03/2016)

Nevertheless, clothing is also the subject of daily adjustments, which contribute to individuating/individualising each child. In the two *casas cuna*, childcare workers take the time to choose each child’s clothing, both girls and boys, depending on each childcare worker’s taste and the child’s sex. In *casa cuna Cielo azul*, one older childcare worker called Itzel always chooses the children’s clothes with them, combining colours and silhouettes, meant to suit them well. Once they are dressed, she

always finishes with: “You look lovely!”. Here is another example clearly reflecting the treatment of children in the two *casas cuna* in terms of clothing and hair:

Verónica, a childcare worker, selected a pink top and socks. She combined them with grey pants and shoes for Araceli (aged 12 months). When finishing, she looks at her and says that she is very pretty. She finishes with hair clips after thoroughly brushing her hair. (casa cuna Flor de calabaza, 05/2016).

Adjustments are also made to the most banal everyday interactions: the nicknames given to some children, the attribution of a child to a particular childcare worker, joking about kinship (Razy, 2021) or even tales of memories linked to a child’s arrival or first months. In the aftermath of little Eva’s (2 weeks old) arrival, the childcare workers remembered the arrival of some of the other children. For several days, they recounted their memories, the particularities of each child, their character, etc.

Several times, the childcare workers, Elena and Josefina, talked about Miguel (10 months old) who arrived as a baby with long brown hair, “like a lion”; they all called him that and laughed, making jokes about him. (casa cuna Cielo azul, 04/2016).

These remembrances, which were partly recounted in front of the child, and their happy way of speaking, helped to insert the child into a relational network and in an institutional timeframe (from his or her arrival at the *casa cuna* to the present day) embodied and based on the family model, as a space for individuation. In this case, the narratives of memories are part of the individuation process. These memories provide the child with a history. Notwithstanding, this remains purely oral, since no trace of daily life in the *casa cuna* is collected, beyond what is recorded in the child’s administrative and medical file.

After having demonstrated how institutional care contributes to anonymisation and the way the staff tries to modulate it with various adjustments as elements of an individualisation process, I will explore whether children have a margin for manoeuvring.

## ANOTHER VIEW ON CHILDREN'S AGENCY THROUGH THE NOTION OF COUNTER-CARE: THE EXAMPLE OF CLOTHING

Literature on institutional care cannot escape the old debate between agency and structure, between action and passivity (Ossipow & Pache Huber, 2012). Of course, the use of these concepts varies across time and space (Lancy, 2012) as pointed out in the introductory section. I assume that this debate entails how children's agency can produce changes in their reality (James, 2009) and decided to call it micro-agency because of its vague and non-prominent feature in my own case study.

I use the notion of micro-agency in order to bring to light small, apparently insignificant gestures, attitudes or games. Its analysis allows me to show how children partly shape their daily life, at their own scale and with the available means, by individually and collaboratively mobilising their imagination and their social and cultural skills. Children's micro-agency sometimes meets adjustments from the staff who also transform the linear, one-way undifferentiated character of the process of institutionalising children. However, most of the time, children's micro-agency and the staff's adjustments reflect different concerns.

Upon arrival, children very quickly learn the rules of life in the *casa cuna* and the various childcare workers' patterns. Seizing every opportunity, they question certain aspects of institutional care, using their own resources and inspiration from other children. They adjust to the limits imposed by institutional care, and they challenge the standardising and depersonalising collective practices of the institution by directly addressing the staff. Some children (from age 2 onwards) play with bed allocations – asking to change beds, playing jokes on childcare workers or deliberately “mistaking” which is their bed – but the margin for manoeuvring seems to be narrow. This is a mild form of the mobility restriction described by Disney (2017: 1912-1914).

At first glance, these reactions might be interpreted as challenges to the staff's authority as shown by Goffman in his book about institutionalised intellectually disabled people in the U.S. (1961). However, absolute necessity and the repetition of certain practices suggest that it is actually a type of response to anonymisation, practised by toddlers. They create their own specific cultural spaces for individual(lisa)tion and for the recognition of other children as individuals and members of their peer group.

Moreover, it is within interpersonal relationships that children tend to construct more intimate and individualising spaces. Sometimes sustained and repeated



relationships with childcare workers are formed during care. However, these vary from day to day and from person to person. The emotional and interpersonal dimension of care is therefore relatively random. Nevertheless, I did observe the development of privileged relationships between certain children and certain members of staff. Apart from their relationships with advisors (psychologists, teachers, etc), some children bond with a childcare worker, a nurse or a cleaner. Children play an important role in these elective affinities provoking or responding with gestures or words when they speak. They are culturally expressed in the language of kinship, and even within the model of joking about kinship as shown in a comparative analysis of Pays Soninké (Mali)/Bamako (Mali)/Mexico (Razy, 2021), by others in *casa cuna Cielo azul*:

“It’s your son, take the child, he’s crying,” says Rosario frequently to Alejandra about José, laughing (both women are childcare workers).

“I’ve come to see my daughter,” (Ana, 2 years old) says a nurse, Gloria, every time she visits the unit.

Moreover, other staff often humorously “accuse” those concerned of preferring “their” child to others: making a difference in treatment evidently shows a kind of promotion of individualisation. This privileged relationship is due to a mutual inclination, which generally starts when the child arrives at the *casa cuna*. Care given within the specific framework of this relationship embeds gestures in affective exchanges, breaking with their usually mechanical, repetitive and sometimes impersonal or disembodied nature. The staff constantly and ambiguously oscillate between anonymisation and personalisation thus questioning their job’s limits and the children’s identities.

The best way to grasp the child’s role in institutional care in the *casa cuna* seems to be to interrogate its links with Littlewood’s notions of marginality and ambiguity (1991). Institutionalised children are on the margins of society and their families, and thus have an ambiguous status, outside the dominant norm of a “good childhood.”

During a discussion on childcare and her relationship with them, the very dedicated physiotherapist, Ana, told me:



“On the one hand, they are different from ‘home-children’ and on the other hand, one shouldn’t be too kind to them because when they leave the *casa cuna* to go to another institution (from 6 up to 18 years), it’s tough and they are on their own. They don’t have anybody. It’s very hard. They must be prepared.” (*casa cuna Cielo azul*, 01/2021).

To some members of staff, they appear different “by nature” due to their history and their institutionalisation. So how does the child then concretely contribute to (de)constructing institutional care?

Following what the analysis of children’s micro-agency revealed above, I will now discuss conceptual implications with a more detailed ethnographic example of care: clothing. This “second skin” has provoked interest in numerous disciplines and societies. Even though clothing oneself is one of the bodily techniques listed by Mauss as early as 1950, the anthropology of clothing is yet to be widely studied (Bartholeyns, 2011; Delaporte, 1984), particularly for children. Sociology has taken an interest in clothing, but it privileges an analysis of the gendered aspects of dress and the links which pre-adolescents and adolescents have with global brands (Mardon, 2010; Monnot, 2009). In any case, clothing plays a dominant role in the construction of identities and self-presentation (Goffman, 1973). As has been explained, childcare workers accord meaning to the clothes they choose for the children: they select colours and outfits, commenting on how their choices are perfectly suited to each child.

In Mexican cities more specifically, parents expend significant effort to ensure their children are always “clean,” “well-dressed” and “well-groomed.” This marker distinguishes working-class, middle-class and upper-class families from those who live in the street, migrants, the poor and/or Indigenous people. This is observable in everyday life, when children go to school in their uniform or go for Sunday walks with their families, and in various religious and secular rituals (such as the end of kindergarten or the child’s presentation in church) delineating childhood and representing “good parents”.<sup>17</sup> This shows the importance of appearance, codified around hygienist notions of clean bodies and clothes, which serve as “signs of distinction” (Bourdieu, 1979), particularly for indigenous children. Several childcare workers in *casa cuna Cielo azul* spontaneously told me at a birthday party where the children were wearing their everyday outfits how different it used to be in the *casa cuna* before. In this regard, Isabel, a child worker, said:

<sup>17</sup> Also visible through the important annual clothing of the statuette of the Child Jesus, “Niño Dios”, very widespread in Mexico (Razy and Suremain, 2020).

“We miss ‘the old days’ when we dressed the children in party clothes for special events. The former director placed great importance on the children’s clothing.” (casa cuna Cielo azul, 03/2016).

We can therefore deduce that clothing plays an important role in children’s lives in the *casa cuna* both for adults and children.

Notwithstanding, only school uniforms and shoes are temporarily personal. Other clothes are changed at least three times a day “for hygiene reasons” as a nurse told me. Each *casa cuna* has a single clothing store, organised by size. All clothes are interchangeable, including underwear, except in cases of contagious disease. Interchangeable and anonymous clothes do not allow children to differentiate themselves from each other or affirm each other in a clothing continuity because of the constant change. Nevertheless, neither does it allow them to form a collective identity because it is not a uniform. As such, clothing can be seen as a variation of the uniform (Goffman, 1961; Foucault, 1975), and the customs and practices pertaining to clothing transform it into a “border-object” (Goffman, 1973). However, I observed several examples of the children’s desire to wear new pyjamas or their attraction to a given pair of shoes, demonstrating the children’s own involvement with these “border-objects” (Goffman, 1973). The long-term effects of institutional clothing policies contributing to processes of anonymisation can be better understood with an example reported by a childcare worker. She is still in contact with the adoptive mother of a child I have not personally met:

One adoptive mother told her son’s former childcare worker, Carmen, that she receives endless calls from her son’s school, reprimanding him for taking other children’s coats instead of his own. (casa cuna Flor de calabaza, 04/2016).

Childcare workers from *casa cuna Flor de calabaza* temporarily label the clothes each child will receive after showering (this institutional rule saves time, by dividing tasks between the different rotations). Being authorised to collect the labels, some children chew their own label, others stick them on their foreheads or guard them jealously on their chests. Most of the time, the labels go through all these stages (collected, stuck, guarded, chewed) at each dressing time.

Children (2½ - 5) start to look at all the labels in order to recognise theirs; the youngest ask for help. Juanita (4 years old) asks me to read her label and then sticks it on her forehead while

being dressed by Lucía, a childcare worker. She then regularly takes it off to try to read it and ends up chewing it after 30 minutes. (casa cuna Flor de calabaza, 02/2016).

On several occasions, I observed various “games” played with these labels. Because of their codification, repetition, rules and a shared commitment they can be called rituals. I was drawn into a game where one child would collect/assign all the labels.

Patricia (4½ years old) is a playful, rather happy little girl with a slight language delay according to Guadalupe, the casa cuna’s teacher. She calls on me for specific tasks that vary from those of the interns or childcare workers. She comes up to me and, without asking, sticks all the labels on my clothes, arms and face asking me: “Can you keep them?” I assured her I would take good care of them when I left because I understood what these labels meant to her. I then gathered them all up and stuck them on a sheet, which I still have. (casa cuna Flor de calabaza, 02/2016).

On another occasion, I was in charge of collecting all the labels that were given to me to be cared for by Ximena (3½ years old), Yolanda (8 years old), who was still in the casa cuna because of her motor disability and the lack of space elsewhere, claimed them with the authoritative tone she often takes, especially with children younger than her, but also with me, whose in-between status she had understood perfectly (neither child nor responsible adult, like the childcare workers, for example): “Give them all to me!”. I tried to negotiate in order to keep my word, by just relinquishing her label. In the end, I had to give her other labels in response to her insistent demands and her promise to keep them in her little bag. (casa cuna Flor de calabaza, 04/2016).

Here, anonymous clothing became a real means for the children to achieve individualisation for themselves and others through their written surname, whether they can read it or not. The children turned functional labelling into a medium of identification, appropriation, and recognition for themselves and others.

This labels ritual shows how children exercise micro-agency through what I call “counter-care.” This may be defined as a child’s verbal and/or physical demonstration culturally shared with others in response to institutional care, learnt by the youngest. Through their involvement in institutional care, the children effectively offer individual responses, which can be understood as culturally codified. Their (re)actions to the “treatment” they receive are intertwined with regular collective responses based on imitation and interactions among peers. They therefore may be

seen both as part of the social group made up of children and as a creative part of the institutional care itself. Ultimately, they complete institutional care, because they cover its social, cultural and even emotional gaps by making sense of them, both individually and collectively. Thus, they can be seen as part of an individual and collective individualisation process driven by the children themselves.

## CONCLUSION

In order to better understand the daily life of children under six in two *casas cuna* in Mexico, I examined institutional care as part of a general care model (“total institution”) and as a pragmatic and relational setting of actions. This allowed me to explore domains (interpersonal and material environments), dimensions and enactment of care by staff and by the children themselves. Institutional care designates practices here controlled and regulated by the institution, but it does not sufficiently encompass care as it is executed on a daily basis. Nor does it encompass its multiple emotional, social, symbolic dimensions and also the fact that it is subject to changes and circumventions.

Using ethnographic data, I have shown processes by which the children experience deindividuation through institutional care as one of the features of the *casa cuna* as a “total institution.” Nevertheless, I also demonstrated how childcare workers balance out this pattern by making space for individualisation. Moreover, I explored how children themselves respond to this type of care by participating, circumventing rules and complementing practices through innovative acts. Exercising their agency, they interrogate the inherent contradictions of institutional care and redefine its contours with practices that can be called “counter-care.” The example of clothing exemplifies this: all clothes are shared (no individualisation) but practices of certain childcare workers (individualisation) and temporary labels with the children’s names (institutional individualisation) when allocated to a child for the day by a childcare worker make this care a more complex process. The children thus both challenge and complement the institutional care when ritualising actions and interactions with their own and others’ labels. The notion of counter-care allows us to consider the complexity and role of children’s individual and collective agency.

Ultimately, it seems that the children in the *casa cuna* represent a good case study for institutional care. Their specific situation and status allow us to analyse both

the limits and contradictions of institutional care and its critics (only considering its negative aspects). Thus, we can allow more space for children's agency. It is not a matter of denying the psychological suffering of the children nor the abuses and structural problems of the children's residential care model and of specific practices, as acknowledged in the literature, but to recognise the children's (endeavour of) participation in the care process, as far from passive. Moving from institutional care to care in the institution also opens an avenue to study care among peers in institutions and their core contribution to the process of individualisation for one another.

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