

Motherhood: Inclusion and Containment, A Case Study

Dita Fischl, Smadar Ben-Asher

Asher Kaye College and Achva College, Israel

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ABSTRACT

This article explores the concept of motherhood and social inclusion in psychological and social contexts in a case study of a mother raising a child with special needs (ASD). The psychological context refers to the emotional “container” that provides support and protection for both mother and child. The social context refers to the reduction of barriers that enable participation, engagement, and acceptance within a new community.

Adopting a self-narrative approach, the study employs deductive content analysis using bricolage methods in content analysis and the discussion (Kincheloe et al., 2011; Ben-Asher, 2021). The analysis revealed three key insights from content analysis results:

the mother’s ability to include her son is grounded in her capability to self-acceptance;

Self-acceptance here is shaped by external social norms and personal (inner) traits, that influenced the mother’s sense of belonging and integration into a new community;

Personality traits, particularly self-criticism, was found to be significant in shaping experiences of motherhood containment and social inclusion.

Keywords: containment, social inclusion, self-acceptance, motherhood, parenting, social communication disorder (ASD).

INTRODUCTION

Containment, concerning motherhood and self-acceptance, perceived by researchers as “erupting” after birth, is a leading component in motherhood (George and Solomon, 2008; Raphael-Leff, 2005). The mother’s desire to contain expresses itself in satisfying the baby’s needs, as customary in her community, followed by creating conditions to foster his development. Theories on the subject also refer to the personal process mothers experience (Mercer, 1986; Emmanuel & John, 2010) and the multiple kinds of social support (De Sousa Machado et al., 2020) that mothers need.

During data analysis, we struggled with questions about self, motherhood, and containment, from the mother’s point of view such as: Is motherhood a process during which a relationship is created between mother and baby, or an eruption of strong feelings expressed by the mother’s desire to protect and supply the baby’s needs, ignoring her own? Or is it a process, related to the mother and baby’s behavior? We also encountered complex questions regarding interrelations between self, motherhood, behavior and containment of a newborn.

LITERATURE REVIEW

Literature review focused on characteristics of psychological containment and social inclusion related to motherhood, referring to traditional theories, psychological containment and social inclusion. This refers to two approaches: the traditional psychoanalytic approach (Bion, 1962, 1967; Klein, 1946, Symes, 2022) and the psycho-social approach (Jansen, et al., 2014, 2019; Shore et al., 2011), who sees inclusion as a hierarchical, two-dimensional concept, composed of belonging and authenticity, emphasizing the group’s priority over the

individual. This point of view has changed, and social inclusion looks now at the individual's needs, prior to the community's (Josten & Lordan, 2025).

The traditional psychoanalytic approach- container and contained

The "Container" concept developed from a projective identification, where the subject contains an aspect of the object. The inclusive capacity of the subject emphasizes the primary emotional contact between mother and child (Symes, 2022). Bion (1962, 1967) developed and expanded the idea of container and contained in several works, describing feelings projected by the baby to the mother, who contains them. Bion (1962) postulated that the process of creating thought depends on the mother's responses, especially on her ability to contain the distress and implications of the baby's frustration. Later in her/his development, he/she can assimilate the capacity to contain, which is internalized. The baby develops the ability to change (modify) the coping with frustration and helplessness, which in turn leads to learning from experience, enabling development and spiritual growth. According to this approach, containment is fundamental to spiritual development. The mother, behaving as a container that adapts and fulfills the baby's needs, can change hunger to satisfaction, pain to enjoyment, loneliness to company, and fear of death to peaceful feelings. Bion (1962, 1967) concludes that in every relationship between two people, there are three central feelings: love, hate, and knowledge. Klein (1946) sees the external object as a container that enables one to experience the inner event as bearable until it is assimilated in a way that lessens anxiety and breakdown. Our article suggests additional possibilities to mother's baby relationship, based on the mother's tendencies (the container).

Bion (1962) suggested three types of relations between the container and contained: a) "the container that does not succeed in containing" - the content transferred in the process of projective identification bombards and floods the container that cannot contain it. The relations built in this scheme are fragile, and the experience is mainly a feeling of not being contained; b) the "rigid container"- where the rigidity of the container does not allow any real expression of content to permeate it ; c) The "containing container"- the contained enters the container, influences it, while the container, because of its form and functioning, shapes the contained. The container-contained relations are flexible, developing, and growing. This is an ongoing process of mutual influence and operational survival. The mother, by her balanced capacity for containment, enables transformation and metabolization of her thoughts and feelings, and perhaps those of the baby, too (Masur, 2024). In this article, we analyzed the process of the mother's containment abilities and their links to her environment, as an enlargement of this possibility.

Inclusion: Belonging and uniqueness

Belonging and uniqueness defines individual relations in context of group belonging, to the "extent the individual experiences the group's treatment as fulfilling to his sense of belonging and uniqueness" (Shore et al., 2011, p. 1265). Inclusion is perceived as providing for individuals' needs in the group. To provide these needs, people need frequent and positive interactions in a regular and stable group (Baumeister & Leary, 1995).

Belonging has two components: membership in a group and feelings of affection of the group towards the individual. While belonging to a group reflects the strength of the connection between the individual and the group, the group's affection for the individual expresses the valency of the connection (Allport, 1954; Allen et al., 2021). The need for uniqueness causes the individual to keep distance from significant others by lessening similarities between the individual and others while pointing out unique traits and opinions (Turner et al., 1987; Stewart, 2023). Uniqueness occurs after being accepted in a group, since at the beginning of the process the individual tries to get accepted and does not try to individualize. Therefore, as the individual feels more connected to others, he/she feels less unique (Sheldon & Bettencourt, 2002).

Social inclusion

Social inclusion is defined by the process of improving the terms of participation in society, particularly for disadvantaged people, through enhancing opportunities, access to resources, voice, and respect for rights (UN, 2016). It is also often perceived as "acceptance" or "a non-judgmental attitude for all (Smyth, 2017). In

social research, inclusion is defined as: "...a multi-dimensional, relational process of increasing opportunities for social participation, enhancing capabilities to fulfill normatively prescribed social roles, broadening social ties of respect and recognition, and at the collective level, enhancing social bonds, cohesion, integration, or solidarity. It may also refer to a process encouraging social interaction between people with different socially relevant attributes or an impersonal institutional mechanism of opening up access to participation in all spheres of social life" (Silver, 2015, p. 2-3). Allman (2013) asserts that social ex/inclusion is a means of managing and controlling marginalized people, especially those with adjustment difficulties. These assertion is relevant to all social norms. Living in a community is perceived as encouraging inclusion of individuals (European Agency, 2018). This situation is perceived by Allman (2013) as tolerance by the community to the "other", who sometimes does not meet the standards that the community demands of its members, but is still accepted, pertaining certain norms.

Parenting a child with communication difficulties

Parenting a child with communication difficulties (SCD/ASD) creates stress and change in a family (Siklos & Kerns, 2006). It might alter the parents' equilibrium, self and family perception, its future, shattering their expectations for their children and their attempts to rehabilitate these expectations. Events related to the disability, such as diagnosis, medical or behavioral crises, intensive treatment, and decisions about placement, might create changes in the family routine, and break existing and balancing patterns (Trepagnier, 1999; Dieleman et al., 2018). The change requires parents' adjustment, such as daily intensive care, managing the economic burden, giving up free time, and worries about the child's future. It also infringes on their social activities with friends and family, stigmatizing, and causing loneliness due to social exclusion, requiring ongoing support from the professional systems (Kielinen et al., 2005).

Research identified three elements that influence stress situations in these families: child characteristics, parent characteristics, and the existence or lack of formal and informal support (Abidin, 1995). Environment support includes social support from the family, the community, and the professional group support (Gray, 2006). Parents also need an opportunity to be heard, get recognition, and share their personal experiences with others. Support helps parents have hope for the future by achieving information about programs and interventions for their child. (Dunst et al., 1994; Kurz, 2018, Lai et al., 2015).

Narrative reflection

Narrative inquiry refers to experiences related by individuals or small groups, revealing the lived experience or particular perspective of the teller (Padgett, 2012). The term "narrative reflection" (Downey & Clandinin, 2010; Freeman, 2006, 2011) links narrative and reflection with storytelling. Ochs & Capps (1996) claimed that self-narrative integrates the micro-narratives of everyday life into macro-narratives, and the macro-narrative ties together self-understanding and characteristics, goals, and achievement.

The questions this article deals with are: 1) How does a mother whose child has been diagnosed with social communication disorder (ASD) tell her story, using narrative reflection? 2) What personal and social insights, related to personal and environmental resources, are revealed? 3) What is the meaning given to them in retrospective? 4) What elements of containment and community inclusion are identified in this process? 5) How can this article help professionals and parents?

METHODOLOGY

Research genre

The research uses a qualitative and self-narrative methodology. It examined data by deductive content analysis, narrative self-reflection, and principles of bricolage research (Ben Asher, 2021; Levi- Strauss, 1966). The main principle of bricolage research is presenting data and explaining it in ways that challenge the reader to look at the research subject differently and unexpectedly (Wibberley, 2017). It also presents multiple perspectives and theories, adopting eclectic methodologies (Rogers, 2012). Adopting the bricolage approach means there is no "right" story, and each person views it from a different point of view (Denzin & Lincoln, 2011).

Participants

In this research, there are two kinds of participants: The main participants, the mother, who writes a journal, and her firstborn son. The second circle of participants are the husband, the mother's parents, the community, the professional people and friends from the learning community.

The mother is 36 years old and lives in a rural location in southern Israel, a two-hour drive from urban centers. She works as a special education teacher and is completing an MA degree in educational counseling. Her spouse, 38 years old, was born and raised in the place they live, and works in the family's business. They are parents to two boys; the older, five and a half, was diagnosed at the age of three with ASD. The second boy is a year and a half old.

Research procedure

The documentation process had two stages, the first was written in a journal by the mother, as part of an assignment during her studies in educational counseling. The journal was written as a reflective narrative, meant to reconstruct events and create a retrospective point of view that included: a) Personal background, studies, relationships, marriage, moving to the spouse's place, the pregnancy, the birth and the new baby, the behavior change followed by the diagnosis, and the relationships that developed between the mother and her environment, in context of her son's behavior, and her need of help; b) In the second stage the mother chose five pictures from the family albums and documents linked to her coping with her firstborn. After getting the writer's approval, a deductive content analysis was performed. Deductive qualitative analysis, allows researchers to use existing theory to examine meanings, processes, and narratives of interpersonal and intrapersonal phenomena using bricolage techniques (Gilgun, 2005, 2019; Fife et al., 2024).

Analysis procedure

Deductive content data analysis and bricolage techniques focused on identifying and characterizing motherhood in context of containment and inclusion on two levels: a) The psychological level, as a container that receives and creates, protecting the mother and her child; b) On the social level, as a process of lowering barriers to enable participation, involvement, and acceptance in a new community, related to inclusion.

Accordingly, the questions this article deals with are: 1) How does a mother whose child has been diagnosed with social communication disorder (ASD) tell her story, using narrative reflection? 2) What personal and social insights, related to personal and environmental resources, are revealed? 3) What is the meaning given to them in retrospect? 4) What elements of containment and community inclusion are identified in this process? 5) How can this article help professionals and parents?

Since the data is based on a case study, the results suggest a follow up research, assuming that even a single case can indicate the presence of a phenomena.

RESULTS

Results indicated: a) The mother told her story using hierarchic time sequence; b) She was very attentive to the "outer" voice of her environment, which also represent her social norms; c) She perceived her and her son's inclusion as dependent on her complying with the community demands, and felt that the condition for being accepted in the new community was if she and her son behaved as expected by the community norms, as she interpreted them.

Content analysis also revealed issues related to motherhood and inclusion, such as: What characterizes motherhood? What influences self-inclusion? How is social inclusion expressed from the mother's point of view, and what influences it? How are self-inclusion and social inclusion linked, and what characterizes these links?

Containment, from the mother's point of view, referred to the process that identified personal and professional influences for herself, as a mother, a spouse, a member of a community, and a special educator. The analysis

process focused on two coping axes, linked to psychological and social inclusion:

In the first axis, the mother had to accept/contain/include herself, as an individual, a married woman, and later as a mother, in a new community. Later, she had to contain/include her baby: but first, she had to prove to herself and her environment that she is a good mother, by giving her baby the best care, from the community's and her own point of view, followed by appreciation and acceptance of her environment: her family, and the new community, and later, get help from them.

In the second axis, in the process of diagnosing her son as having communication disorders (ASD), the mother had to negotiate with herself, her spouse, her family, and formal and informal parts of her new community issues such as: accepting the diagnosis, distinguish between her parental skills and her son's functioning, overcoming her shame and concern of community exclusion, protecting her son and creating for him and herself, a supportive and empowering environment.

The first axis- self-inclusion

This axis describes and interprets events linked to the mother's self-inclusion, by presenting her social conceptions and later her motherhood containing qualities. The events refer to self-containment/inclusion, social inclusion and motherhood skills. Two types of containment/self-inclusion are identified on this axis: self-inclusion related to herself (the mother), and self-inclusion related to her son (motherhood qualities). In self-inclusion, she describes a picture of belonging, including a feeling of ease and coordination between the way she sees herself and the way her environment sees her. She describes stages in her life before motherhood and after she gave birth. Before giving birth, she describes her life as "normal", growing up in a family, serving in the army, working, studying, relationships, marriage, moving south, pregnancy, and birth. There are no signs of seeking individuality, which means that she does not want to separate herself from her environment. She explains the difficulties of being accepted in her new place, her husband's home, as a matter of time, the need to know and be known. This description indicates her social norms. This conception is tested when she has to cope with new, unique, and unknown situations, such as motherhood, and later, caring for a son with diverse needs:

"I moved to a rural location six years ago. The move from a city to a remote, rural location was difficult. I drove to the city whenever I could. After my son was born and started kindergarten, I began to go out more, create relationships with other mothers. Now I have three good friends."

At the beginning in her new community, she does not try to create for herself new friends. She says so openly: *"I drove to the city whenever I could"*. Six years is a long time...did she want to be accepted by her husband's community? Or maybe she rejected them? The change came after her first born began kindergarten: *"I began to go out more, create relationships with other mothers. Now I have three good friends"*. Here we see a first sign of individuality, free will, and concession after her son was born. She accepts her new community and begins to make friends. Why? Because of her son, or are there other reasons? Maybe she did not want to belong before? And if so, why, and what changed?

The self-inclusion process, related first to her transition to a new community and later to her motherhood, is described and emphasized by an unexpected and difficult birth, followed by difficulties in breastfeeding. Before she copes with the environment that encourages breastfeeding, she writes: *"I came back with a week-old baby, tired and frustrated because I failed to breastfeed him"*.

She describes breastfeeding as a personal difficulty while she copes with her new environment. As opposed to the transition to a new place, where she sees herself experiencing the usual stages of accommodation, breastfeeding makes her feel personally frustrated and pressured by the community. However, she admits that no one approached her on the subject, but she still interprets it as a personal failure and lack of acceptance from the community. She seems to judge herself more severely than the community.

"I was lonely. My spouse worked long hours, and I was a newcomer in the community. I did not know many people. I remember this time as a dark one. I closed myself in my room, in the darkness, sleeping and waking

up, looking at the watch, counting the hours until my baby woke up and I will have to breastfeed him again."

She blames herself: *"When I understood that I am angry because he wakes up and wants to be fed, I let go"*. This is the first act of containment she does for her son; she gives up a social norm, that she sees as important for his sake. This enables her to move ahead in her relationship with her son, despite her concerns and unsolved problems with the community:

"I was still ashamed to go out, so everyone saw that I was not breastfeeding. I found myself apologizing to women I did not know, explaining why it didn't succeed. Bottle feeding helped....my spouse fed him, and I could sleep. A routine was established. I was still stressed about how many hours he slept, how to keep him from throwing up, and how to check his temperature. I went to sleep each night feeling choked with the uncertainty."

Anxiety and concern related to taking care of the baby are linked to motherhood and self-inclusion. In the first descriptions, there is no expression of feelings towards the baby. She writes only about her difficulties. This is not a happy motherhood, more of a new and difficult task she tries to perform. Her feelings are focused on herself and her environment, and less on the baby.

And then a breakthrough happens, first between herself and the baby and then with her new community: *"He was an 'angelic baby', a good eater, went to sleep easily, slept long periods, played independently, adapted easily to changes, and was very social... I felt lucky... my friends envied me..."*

The transition from the personal difficulty, "the dark time", to feeling lucky happens because of the baby's behavior... which she interprets as "luck", something she had no relation, but she is happy. This situation goes on until the son is two years old, he goes to a new kindergarten and she feels that she has "succeeded" as a mother. Motherhood feels less threatening, she feels she has proven herself to be a good mother. Nights with teething pains, gas, and fever convulsions proved her abilities. Her need to prove herself as a mother is, first, a personal need, linked to her norms, also related to her environment, as she interprets it, past and present. Until then there is no reference to the baby... besides his good behavior that enabled her to do other things too and be the envy of her friends...When difficulties appeared in kindergarten, she saw them as a test of her motherhood again. She describes deep feelings of guilt:

"I did not know and did not understand why taking care of my son became so difficult. From an "angel" baby who slept all night, he became a challenging boy, one who wakes up and cannot sleep again, a boy who hits and pulls the hair of everyone nearby, bites and hits me when he does not get what he wants, throws toys when he does not succeed making them work. The thought that crossed my mind was that I had "damaged" him. He was a great baby and the longer he stayed with me, the worse he got ..."

"Adopting blame" is a familiar feeling for mothers. Social inclusion, of herself and her baby, depends on her motherhood successes, as she was raised to see them. She describes her feelings, where success is met with gladness and feeling "lucky", namely, it does not depend on her, it is chance, while failure is her doing. This is part of her being. There is almost no reference to her spouse, only once, when she mentions his help in feeding the baby. Is he part of the parental system? Or is his absence a result of the emotional overload she experiences as a mother? Later, her spouse is described as an anchor due to his calm behavior and his inner faith, which does not rely on the environment. This axis describes the mother as a person who is committed to outer social norms and is critical and self-aware of herself.

The second axis- the diagnosis process

This axis includes the process of the mother's coping with the growing difficulties of her son's behavior at home and kindergarten, contacting professionals, getting a diagnosis and accepting it, and coping with family and community.

Again, before her environment reacts, she judges herself as a mother and as a professional:

"I imagined mothers of my pupils saying to each other: How can she be an educator when she cannot control her little son?"

"We had to be on guard all the time to prevent him from hitting children around him, to keep him quiet, prevent him from throwing toys...I began to feel ashamed of my son's behavior..."

These sentences reflect the mother's attitude and her coping. She is worried about the environment reaction and less worried about her son...she is ashamed... Her spouse is mentioned as helping in coping with these behaviors. The child's difficulties are accompanied by the mother's feelings that everything should be done to belong ...This feeling is personal, and reflects her social norms and her priorities, since she does not report rejection from the environment.

She tries to keep herself and her son in the community by supervising his behavior. She describes her feelings: *"Sometimes I hated him. I know it sounds awful, but when he hit me or bit me forcefully, or when I had to hold him so he did not lash out, I hated his behavior and I hated him"*. Her sincerity in describing her feelings is part of her inner strength, but it is also part of the blame she takes on herself and her relationship with her spouse.*"we were a good couple, we loved each other, and we felt friendship and mutual respect. We were perfectly matched, so how could a child of ours not be perfect?"*

This naïve attitude reflects her faith and will to see the positive things, and since she saw herself as part of a "good and successful family,"... therefore they cannot have a "special" child... In her social - personal perception, a good relationship, could not lead to a "damaged child". This belief is part of her way to see and interpret her environment and life...namely, a "good relationship" leads to successful children.

In the next description, the mother refers for the first time to her son's appearance and his character, as his strengths, and as part of proof that he cannot be "special":

"Despite all the behaviors I mentioned, he was an enchanting baby. Chubby, with big green eyes, he expressed warmth and joy and smiled a lot. The polarity in his behavior caused my spouse and me to misunderstand that something was wrong. I had the feeling that there could not be a problem..."

Again, the mother's belief that physical appearances and "being a good couple" can promise that their child is "OK". This also means that children with various needs have problematic parents and are not "enchanting". This is said by a special education teacher and an educational counselor, who is very much aware of her environment... These issues will be discussed in the discussion.

The mother also described funny incidents, such as her son using sentences from TV programs as a way of communicating:

"One evening he tried to get down from his bed and did not manage to get over the bed guard. I heard him shouting: "Guys, we are in trouble", a sentence from a beloved program. He did not know how to tell us that he needed help, but he knew how to achieve his goal..."

This is a touching insight from the mother's side, the first time that she refers to her son's verbal communication abilities, mixed with a humorous side, despite his difficulties.

The following quotation describes her inner circle reactions, such as her father's: *"... When I told my parents about it, my father said: Nonsense, the child needs a good slap, to set him right..."*

The mother felt that her father's comment referred to their parenting capabilities, *"This, said by my father who never said anything, made us feel like incompetent parents..."* Again, her interpretation of her father's reaction is seen as a criticism of herself and her spouse, although there was no open critique from her father. This is part of the way she sees things and interprets them ...and again, the focus is on herself and not on her child.

The next stage in the son's evaluation process was meeting with a developmental specialist. The specialist diagnosed a developmental delay, planned a meeting with a child psychiatrist, and mentioned that she would recommend parental guidance since they seem to be "a nice and serious" couple.

She describes the meeting:

"I remember entering a room full of chairs and professional people. I was surprised to see so many people and felt uncomfortable. I felt tested again. Five professionals will look and see what a bad mother I was...I felt my motherly instincts were rejected."

Again, the mother is in the center, feeling attacked...

They leave the meeting feeling hurt:

"I managed to hold back my tears till I buckled my son into his car seat. He fell asleep instantly, and I cried. My spouse was angry... because a young child was brought into a crowded, hot room, when he was tired, without suitable stimulation. He was angry because he felt the doctor patronized him. He was angry with me because I listened to everything I was told."

In these two events, the mother described the professional environment as lacking in support and empathy towards them. She felt tested and judged, even if these feelings had no evidence, since the meeting was meant to evaluate the child's functioning. There is no reference to the boy, his behavior, how he reacts to these strangers and what happened during the meeting. She described an additional meeting meant to decide on the preferred learning environment for her son. Again, there is exposure and loss of privacy, but mainly regarding her feelings:

"I think there should be a law about the number of people allowed in these meetings. I don't understand why someone should cope with a "firing squad". I sat in the middle of a circle, professionals around me, my heart was racing. The meeting started with compliments: how cute he is, how happy and musical... and then the "but" sentences...and I started to cry... I felt awful, like they found the most painful spot in me and kept pressing on it. We took a break, I drank water, washed my face, and went back into the room. Suddenly, I understood parents who experienced these meetings, and I understood that I will be a better teacher..."

This event demonstrates the different roles a person fulfills in life and the need for a supportive and empathetic attitude from the environment towards those involved. Presenting and analyzing her reactions to the committee's members' remarks, she also refers to the professional and maternal perspectives. Still, only her feelings are in the center. At that meeting, she hears for the first time the reference to her son's communication disorder, and she is taken aback and upset since there is no diagnosis yet:

"And then the psychologist said calmly something that stunned me: Yes, he is high functioning... as a teacher of special education, I understood immediately what she meant. The term describes high-functioning children with autism. I was shocked by the way she said it, and I did not think it was true. I told her that it made no sense, that he loved children, and he sought to create social connections. His teacher disagreed, too. I left the meeting feeling very emotional. I was very angry with the psychologist for giving a diagnosis in an offhand way, without preparation or a diagnostic process. I thought about the non-professional way she behaved and about other mothers who experienced the same attitude without knowing what it meant. I thought about a mother who looks up the term on the internet and finds out that her son has autism... I went home and told my spouse, and he agreed with me that it is nonsense...I told him that I hated the psychologist and would never talk to her again..."

Later, she describes her feelings about the diagnosis:

"To accept the fact that your son has autism is not a simple thing. Sometimes I think it is impossible. I don't remember the ground shaking or my endless crying. Nothing changed in our lives, except one thing: the feeling that there is a reason for his behavior and his difficulties, and it's not me. The problem was not my inability to be a mother and educate him properly. It seemed funny, but somehow I was relieved. As I mentioned, the pain caused by the diagnosis did not paralyze me; it gradually emerged in different situations in my life."

This description refers to herself as a mother and her ability to contain herself and her son from a personal and environmental point of view. She understood that to help, support, and love, she had to know that she was not

the reason for her son's behavior. This finding has an additional aspect, relating to herself. Why was she so eager to exonerate herself from blame? Who is blaming her? These questions should be asked in similar situations, such as a diagnosed illness or situations that can be seen as having a "shared responsibility" with the affected person. Still, she is not the affected person; she is his mother. What does it mean? This is part of containing, since she sees herself as responsible for her son's behavior, but at the same time, she seems to ignore him.

"Despite the psychiatrist's diagnosis, we were not sure he had autism. He spoke more, managed to explain himself, and liked other children's company. Since I studied and practiced special education, I was aware of behaviors that matched the diagnosis. My spouse was doubtful; he found logical explanations for many of his behaviors. My sister-in-law explained that I was anxious, that everything was alright, and that we had problems like all parents. My spouse joined her, and I began feeling that I was wrong to accept the diagnosis that my son has autism. I felt I did not resist the diagnosis, and I should look at the positive behaviors instead of looking at the autistic behaviors, accepting them. I felt I was accepting the role of a special child mother."

Again, there is a strong self-criticism; she doubts the diagnosis, something she never did before, since she accepted the specialist's diagnosis. The family's influence can be seen, her father, who believed the child needed "only" a slap, her spouse, and his sister, who saw the normative side of her son's behavior.... These feelings affect the mother's conceptions and her doubts about herself: *"My greatest fear was that everybody around me was right, that I made my son autistic without him being so. I imagined him sitting on a psychologist's sofa some years later and saying that his mother did not believe in him and thought he had autism"*.

These descriptions describe feelings that often remain private. The inner struggle between accepting the expert's diagnosis and listening to her family, who doubted the diagnosis, caused her doubt and fear. She saw herself as responsible for the diagnosis.

The relationships linked to the mother include several circles: Herself, the mother's personal circle and her family (her spouse and her son), the extended family (her parents and her spouse's family), their living environment, the mother's working environment, and the therapeutic environment (professionals who work with the family and their son). Each supportive and challenging environment was part of the relationship, whose contribution is revealed from the mother's point of view. Part of these circles are intermingled, and the mother refers to that too: *"I found that things got mixed, meaning that family and personal matters were dealt with at work. Many times, that's the way things are in small places, something you have to get used to."*

The mother links herself to goodwill and intuition, despite being a conservative person who tends to rely on outside ("scientific") knowledge and social norms. The educational inclusion of the professional community is evident in its readiness to initiate educational acts, as well as the environment's willingness to adopt and support staff initiatives, thereby empowering them. Slowly, the mother felt the community's support and cooperated with it.

She also gets support from her learning group:

"My luck was that at that time, I was studying educational counseling, and a supportive and warm group formed during my studies. On the days I studied, I could talk ... they contained my fear and pain, shared with me their difficulties as mothers, and gave me good advice. One friend who worked with the special education supervisor advised me on how to approach the system, what could be obtained, and how to do so. Another friend connected me with a speech therapist, and a third friend used to take me on shopping sprees.... now I understand how much the feeling that there is a group that can contain you, accept your pain and your child's difficulty, that does not resist or reject your pain, helps you cope and believe in your motherly instincts".

The mother needs to belong, feel accepted and loved, while fearing the environment's criticism. Her learning group is a supportive group that meets her needs unconditionally, a little like a mother's containment.

During data analysis, four questions about results arose: Is motherhood:

1) A relationship between the baby and his mother that evolves as a process, or 2) an uncontrollable eruption of strong feelings that express themselves by fulfilling needs and protecting the newborn while ignoring the mother's needs? 3) What focus (inner or outer) influences the mother's feeling of containment towards her son? And how does it express itself? 4) Who is the "subject" in the mother's narrative?

DISCUSSION

Motherhood and social inclusion were researched in this article in a case study, on two levels: psychological and social, focusing on the mother's point of view about her firstborn son, who was diagnosed later with ASD, and herself. The questions asked changed during the content analysis, and were: Is motherhood a process during which a relationship is created between mother and baby, or an eruption of strong feelings expressed by the mother's desire to protect and supply the baby's needs, ignoring her own? What locus of control (inner or outer) influences the mother's self-inclusion and containment of her son? And who is the "subject" in the mother's narrative? Results are based on deductive content analysis findings. These findings should be researched further to facilitate generalization (Stets & Lee, 2021), and implemented in professional work. Therefore, two issues will be discussed, which are related to the article's subject and the research questions: motherhood containment and social inclusion.

Motherhood is widely researched (such as Paz & Petrucci, 2023; Barlow et al., 1997). But, as opposed to Bion (1962, 1967), who sees motherhood as a uniform process that all mothers experience, motherhood in current studies is seen as a personal, unique, and developmental process. In our study, motherhood is focused on the mother's social norms.

Barlow et al. (1997) described motherhood as a process that "...involves a continuous re-evaluation of attitudes, beliefs, and personal characteristics and provides opportunities for personal growth and development. Mothering is an active, self-directed process of psychological development for women" (p.232). In this case study, motherhood is a process. She was anxious and fearful, which hinders the development of the relationship between mother and child. Self, motherhood, and social inclusion are presented in our research as a container aiming to accept and protect the mother and her son. Social inclusion linked to motherhood containing, refers to the mother's feelings of belonging to her family and community (Satterfield, 2020).

Locus of control related to motherhood is less researched, although it seems logical to assume that social norms, such as breastfeeding, partly design motherhood. Locus of control (LOC) has many definitions (Golding et al., 2017), one of which defines LOC as: "...individuals' expectancies regarding their ability to affect what happens to them based on how they behave. The more they believe their behavior has something to do with what happens to them, the more internal they are. The more they perceive that what happens to them is beyond their control and determined by luck, fate, chance, or powerful others, the more external they are" (Golding et al., 2017, p.1; Rotter, (1992).

The influences of social norms and acceptance in a new community on a mother and her son are separate questions, although they both are about acceptance. Can they be linked?

In this paper, the relationship between the mother and her newborn happens gradually and improves as the baby's behaviors become normative (eats, sleeps, plays). The social norm, compatible with the mother's worldview, is highlighted and supported by Bowlby (1958), who claimed that the baby's needs in the beginning are mainly physiological.

According to the psychoanalytic approach (Malone & Dayton, 2015), the mother and her son's experiences are meaningful to their social behavior in the future. This means that the relationship between the mother and her baby affects the child's social development and his interaction with people later in life. Fraiberg and colleagues (Fraiberg et al., 1975) claim that the interaction between mother and her baby is affected by the mother's relations with her mother, which means that the issue extends over generations. We have no data concerning the mother's relations with her mother, therefore we cannot discuss this, but we can assume that the mother's conceptions about motherhood are based on her past experiences.

Deductive content analysis showed that the relationship between mother and child demands first self-acceptance of the mother, followed by her acceptance of the baby based on her social norms and personality characteristics. We found no research on this issue. The mother's containment of her son was rigid at the beginning (Bion, 1962). Later, when the baby displayed "good behaviors", the mother's containment improved, which indicates her tendency towards social norms, which were stronger than her mother instincts. These findings demand further research (Adams & Almonte, 2022). Current research describes motherhood as a complex situation (Schmidt et al., 2023).

Research about parents coping with their children's difficulties identified three elements that influence stress situations: child characteristics, parent characteristics, and existence/lack of support sources (Abudllahi, 2018; Abidin, 1995). Support includes social support from the community, family, professional people, and others (Gray, 2006). Content analysis results supported these elements. We saw the community's contribution to creating and diminishing stress, such as the mother giving up breastfeeding, and the environment supporting her.

The answer to the question of whether the containment of the baby by his mother is linked or conditioned by his mother's concept of motherhood or social norms, and self-containment is affirmative in this study, pent by the mother's personality. We found no research on the baby's part in this relationship. Bion (1962, 1967) claims that the mother contains her baby, accepting everything he "throws" at her. In our study, the mother tries to make her baby "behave" as expected, such as breastfeeding, and gets frustrated when he does not cooperate.

Henderson (2018) examined the relationship between a mother and her children and concluded that there is an ontological connection that can be shaped by external variables, such as education, personal history, and especially if the question of becoming a mother was her choice. She does not define these variables as "environment", but these "external variables" are a close description of it. In the data we analyzed, the mother describes the pregnancy and the birth as events that were not planned. This means that there may have been a lack of preparation for motherhood, which might have affected her behavior after birth. She tried very much to be a good mother, to fulfill her baby's needs, while testing and evaluating herself all the time, motivated by a desire to give her child the best that she could, while seeking the community's acceptance. Her sincere intent supports Bion's (1962) theory.

The question about the inclusion/acceptance of the baby by his mother: was it linked to the mother's conception of motherhood or to social norms and self-acceptance?

Examining the interaction between the mother and her environment, we identified the mother's tendency to accept the authority of professional people, and a difficulty in coping with the community's criticism even when only implied, a desire to fulfill the community's expectations, such as breastfeeding, and the mother's constant concern about her mothering skills, even when there was no open criticism. It seems that these findings affect her relationship with her son (Schmidt, 2023).

Hansen & Petrakis (2018) asserted that the way an individual sees and defines himself influences the environment's reactions and the individual's social world. Self-acceptance positions the individual and his/her place in the world. The answers to the first two questions showed that social norms, lack of self-acceptance, and high self-criticism influenced the mother's conceptions of motherhood. Research on motherhood shows that self-acceptance is an important component for new mothers (Wills, 2017).

Sedikides & Brewer (2001) described the self as an individual, linked, or associated with a group. The individual self is about the differentiation of oneself from others. The relational self is linked to a group and is about the way we integrate meaningful others into our self. The collective self represents the inclusion of the individual in the social group as compared to other groups. Miller (2005) maintains that mothers integrate a "new self", a mother's self, into the existing personal schemes. The self-changes and develops and has a part in the process of self-concept as a mother (Rich, 1976), namely, the "self" is multi-dimensional.

Summarizing, our data showed that self-containment, related to inclusion and belonging to a group, is necessary during the process of a mother containing her baby. The research should be further researched.

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