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Childhood Family Social Panorama and its Impact on Self Image and Social Anxiety

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DECLARATION FORM

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DECLARATION

I certify that the whole of this work is the result of my individual effort, and that all sources have been acknowledged.

Signed ..... (Student)

Date .....24.1.2025.....

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1. Introduction

1.1 Background of the Study

Seventy-five percent of all mental health disorders develop before the age of 25 (MIELI, 2021). According to Rovasalo (2022), in Finland, at least 20% of the adult population experiences significant anxiety related to public speaking, and approximately 7% reported fear in social situations within the past year.

1.2 Context and Justification of the Study

In this dissertation, I examine the methods I use as an NLP coach and their effectiveness in addressing social anxiety and self-image. I view social anxiety as a significant challenge for our society, as it can hinder young people’s ability to succeed in their studies and thrive in their careers (Kasteenpohja, 2023). Additionally, it increases health-related absences and decreases productivity, which in turn affects employees' functioning and workplace performance (Stein et al., 1999). These are just some of the economic consequences of mental health disorders. For example, according to an OECD (2018) report, mental health issues cost Finland approximately 11 billion euros annually even before the COVID-19 pandemic.

This research aims to broaden the understanding the impact and structures of social anxiety's, and to offer new perspectives for addressing it.

1.2.1 Filling Research Gaps: A New Spatial Perspective on Social Anxiety

My research examines social anxiety from a new perspective within the framework of Mental Space Psychology (MSP), focusing on childhood-family relationships, self-image, and spatial changes.

The Social Panorama theory posits that people have an unconscious "social landscape," and modifying these positions can impact social attitudes and behaviour.

Previous studies have not examined social anxiety through the MSP perspective or utilized Social Panorama interventions in this context. My research introduces a new dimension to the topic by investigating how Social Panorama interventions can target childhood-family relationships and self-image. This is followed by self-image interventions, that can transform an individual's self-image and reduce social anxiety, thus addressing a gap in prior research.

1.3 Objectives and Research Questions

This study aims to increase understanding of the possible structural factors underlying social anxiety and to evaluate the effectiveness of Social Panorama interventions on individuals' experiences of social anxiety and self-image.

Additionally, it seeks to provide new perspectives on reducing social anxiety and strengthening self-image through NLP and Social Panorama interventions while developing alternative and effective approaches to addressing social anxiety. The study also aims to offer new tools for professionals and individuals struggling with this common psychological challenge.

This study aims to increase awareness of spatial cognition methods and provide data on their benefits, encouraging their use in managing social anxiety and related issues.

Research Questions:

1. How does the childhood family’s social panorama influence an individual’s experience of social anxiety and their self-image?
2. How does the self-image intervention based on the Social Panorama Model affect social anxiety?"

1.4 The Expected Learning Outcomes

During the research process, my goals are to

My goals during this research are to develop professionally,

- deepen my understanding of social anxiety
- improve skills in guiding social panorama processes
- enhance practical skills in data management and presentation, and strengthen ethical considerations

1.5 Structure of the Dissertation

This dissertation consists of five main chapters. These chapters present:

1. The background, context, and justification for the study, as well as the research questions, gaps, and objectives.
2. Literature review, focusing on how beliefs, negative self-image, avoidance behaviour, and family influences contribute to the understanding of social anxiety.
3. Research paradigms, methodological approach, methods used in the study, implementation of the research, including participant selection, the stages of the research process, the criteria for participation, and descriptions of the interventions used in the study and ethical considerations.
4. The key findings and insights from the study, analyses the results, considers their significance, and reflects on the challenges encountered during the study.
5. Summarizes the findings, highlights the study's limitations, and identifies opportunities for future research.

2. Literature Review

2.1. Understanding Social Anxiety Through Beliefs, Self-Image, and Family Influence

This literature review examines the significance of beliefs, negative self-image, and family influences in understanding social anxiety. These themes also align with my

research, which investigates how changes at the structural level of experience impact social anxiety and self-image.

2.2. Cognitive and Metacognitive Theory Behind Social Anxiety

The cognitive theory examines how patterns of thinking—particularly automatic thoughts and harmful beliefs—affect emotions, behaviour, and well-being (Beck , 2019). According to Beck (2019), people's thinking often involves recurring, unconscious automatic thoughts that can be distorted and exaggerated, leading to negative emotions and problematic behaviours. The metacognitive theory (MCT) by Wells and Matthews (1994) focuses on how thought control and metacognitive beliefs influence emotions and behaviour. In MCT, the central focus is not on the content of thoughts but on an individual’s attitude toward their thoughts.

Based on the concepts of cognitive theory (Beck, 1976) and metacognitive theory (Wells & Matthews, 1994), Clark and Wells' (1995) social phobia model suggests that social anxiety originates from a negative self-image and self-focused attention, with avoidance and safety behaviour being a maintaining factor. According to the model, life experiences shape negative beliefs that become activated in social situations, triggering an automatic "anxiety program." This program directs attention, influences interpretations, behaviour, and somatic reactions. In the initial assessment phase of my research, I model how participants activate their “anxiety program” in imagined social situations.

2.3. The Role of Family, Attachment, and Environmental Factors in the Development of Social Anxiety

In their cognitive-behavioural model, Rapee and Heimberg (1997) emphasize the role of family in the development of social anxiety. They suggest that family-related factors such as parenting style, modelling, and limited social exposure can contribute to social anxiety.

Morán et al. (2018) developed a model that explains social anxiety among university students based on attachment theory and emotion regulation theories. Their study,

which involved 438 students, used structural equation modeling (SEM) to examine how expectations of social rejection and difficulties in emotion regulation contribute to the development of social anxiety. The results indicated that these factors, linked to insecure attachments developed in early childhood, significantly impact social anxiety. Furthermore, the study showed that female students experienced higher levels of social anxiety and rejection expectations than male students. This model provides a new perspective on understanding social anxiety through attachment theory and emotion regulation and highlights the significance of gender differences. The findings offer valuable insights into the prevention and treatment of social anxiety, particularly among university students.

Leigh and Clark (2018) focused on applying Clark and Wells' model to adolescents, emphasizing developmental factors such as family influence, peer bullying, and social media use. The study highlights how these factors—particularly family behavioural patterns such as overprotection, peer bullying, and social media use—considerably impact social anxiety in young people. The study underscores the need to develop targeted treatment methods for adolescents that consider these specific factors.

In summary, understanding social anxiety requires a multi-layered approach that takes into account beliefs, self-image, family influences, and developmental factors. Clark and Wells' (1995) model provides a foundation for understanding the mechanisms of anxiety, while the studies by Morán et al. (2018) and Leigh and Clark (2018) expand this understanding by highlighting the importance of developmental and environmental factors, especially in the development of social anxiety in young people. In my research, I examine how spatial perception and changes occurring within mental space can significantly influence the experience of social anxiety. This approach provides a multi-layered perspective on the dynamics of social anxiety, offering deeper insight into its underlying factors and potential treatment strategies.

2.4. Social Anxiety and Self-Image

Research on the relationship between self-image and social anxiety provides a comprehensive understanding of how self-image influences both the experience and

treatment of social anxiety. This connection is crucial for developing effective interventions.

Lee, Ahn, and Kwon’s (2019) study showed that having a positive self-image can help alleviate anxiety and enhance emotional regulation in young adults diagnosed with social anxiety disorder (SAD). This finding aligns with the study by Meral and Vriends (2022), which emphasizes the impact of a negative self-image on the experience of social anxiety. Their results indicate that individuals with high social anxiety and a negative self-image experience greater anxiety in social interactions.

Gilboa-Schechtman et al. (2019), elaborate the role of identity in social anxiety in their literature review by emphasizing that understanding the concept of "self" is central to models of social anxiety. The study highlights that the experience of social anxiety is often linked to an individual's social status in relation to others and their social environment. This perspective is essential when considering the complex nature of social anxiety and its therapeutic interventions.

Dobinson, Norton, and Abbott (2020) focus on the role of negative self-image (NSI) in SAD, complementing the previously mentioned perspectives. Their findings indicate that the distorted and multisensory images and beliefs associated with NSI mediate the relationship between social anxiety and subsequent distress. This emphasizes the crucial role of NSI in both understanding and treating social anxiety. The findings illustrate how negative social memories and self-evaluative beliefs significantly contribute to the persistence of social anxiety.

Together, these studies demonstrate how self-image plays a fundamental role in both the onset and management of social anxiety. They highlight that a comprehensive understanding of social anxiety requires examining how positive and negative self-image, the individual's experience of their place in social relationships, and the social environment influence the experience of social anxiety, and play a role in the therapeutic process. In my own research, I explore self-image related to social anxiety within the framework of the Social Panorama. The goal is to enhance understanding of how structural changes in self-image can impact the experience of social anxiety and potentially alleviate it. This perspective complements the studies presented above by offering a new dimension to treatment possibilities for social anxiety.

2.5. Social Anxiety and Beliefs

The findings of Gregory et al. (2018) and Hopkins et al. (2021) together shed light on self-observation and social anxiety. Gregory et al. (2018) focused on the impact of cognitive behavioural therapy (CBT) on individuals with SAD. They found that a reduction in maladaptive beliefs over a 12-week period predicted a decrease in social anxiety symptoms. I believe their findings suggest that when patients develop a more positive perception of themselves, their experience of social anxiety decreases. However, the study found that the reduction in social anxiety did not automatically lead to more positive self-beliefs.

Hopkins et al. (2021) explored how socially anxious individuals form and maintain self-perceptions, particularly from the perspective of positive beliefs. The study used two different learning models to analyse how individuals update their self-perceptions. A key finding was that, although both models effectively describe the learning process, there are significant individual differences in how these models are applied. Socially anxious individuals were found to be more sensitive to negative feedback about themselves and held fewer positive beliefs about themselves. In my view, these findings underscore the importance of strengthening positive self-beliefs when treating social anxiety.

Nordahl et al. (2017) studied changes in cognitive and metacognitive beliefs in the treatment of SAD and the impact of these changes on symptom alleviation. The study was part of a larger randomized controlled trial (RCT) in which participants were treated with either SSRI medication, cognitive therapy based on the Clark and Wells (1995) model, or a combination of both. The results showed that all three treatment methods were effective, but cognitive therapy (CT) was significantly more effective than SSRI medication, with the combination therapy demonstrating an intermediate effect (Nordahl, et al., 2016). Furthermore, the findings suggest that in the treatment of SAD, addressing metacognitive beliefs, particularly those related to the uncontrollability and danger of thoughts, as well as self-awareness-related attentional processes, may be more effective than modifying cognitive beliefs.

Together, these studies emphasize that developing positive self-image and self-beliefs is an essential part of treating social anxiety. The study by Gregory et al. (2018) demonstrates that reducing negative self-beliefs can alleviate social anxiety, suggesting that an individual's self-perception is a central factor in their experience of anxiety. I believe that as an individual's self-image or perception of themselves changes, their self-beliefs can also transform. In my own research, I observed that as social anxiety decreased, some self-beliefs became more positive. At the same time, however, certain negative beliefs persisted, albeit in a weakened form.

Hopkins et al. (2021) also highlight the importance of maintaining and strengthening positive self-beliefs, particularly for those with social anxiety. Additionally, Nordahl et al. (2017) underscore the central role of metacognitive beliefs, such as the uncontrollability and danger of thoughts, in symptom alleviation, showing that addressing these beliefs may be crucial for successful treatment. I think that together, these studies support the idea that treatment for social anxiety should focus not only on alleviating anxiety but also on improving patients' self-beliefs and metacognitive perceptions.

The study by Figueiredo et al. (2023) on the applicability of Clark and Wells' model of social anxiety to adolescents supports the idea that factors maintaining social anxiety, such as negative social thoughts and beliefs, are significant among both socially anxious youth and healthy control groups. This finding aligns with the study by Wong and Heeren (2021), which emphasizes the role of high-standard beliefs in the dynamics of social anxiety. Wong and Heeren's findings on the interaction between high standards and social anxiety illustrate how these beliefs can both contribute to and result from social anxiety.

Meyer et al. (2019) examined the role of beliefs in safety behaviours in anxiety disorders, highlighting another dimension. They found that strong positive beliefs about safety behaviours predicted more frequent use of such behaviours, regardless of anxiety severity. This perspective is important when taken together with the findings of Daniel et al. (2020), which highlight the importance of beliefs for the possibility of managing and modifying emotions. This is an addition to their positive impact on daily emotional experiences, especially in individuals with social anxiety.

Finally, the study by Kelly-Turner and Radomsky (2022) highlights the impact of negative beliefs and fear of losing control on social anxiety symptoms. Their research illuminates how such beliefs contribute to the development and maintenance of SAD, offering a new dimension to understanding social anxiety.

When examining studies on beliefs related to social anxiety, both similarities and differences can be observed among them. Each study illuminates this multifaceted phenomenon from a different perspective, and together they provide a comprehensive view of the dynamics of social anxiety. Collectively, these studies offer an in-depth understanding of how various beliefs shape and sustain social anxiety. They emphasize the need to develop diverse treatment methods that focus on identifying and modifying beliefs. The studies also present new perspectives for future research and practical applications in the treatment of social anxiety.

2.6. Summary of Literature Review

A review of recent studies indicates that social anxiety is a complex phenomenon influenced by both personal and environmental factors. Previous research has highlighted the importance of negative self-image, restrictive beliefs, metacognitive factors in the development of social anxiety (Dobinson, Norton & Abbott, 2020; Gilboa-Schechtman et al., 2019; Lee, Ahn & Kwon, 2019; Meral & Vriends, 2022; Gregory et al., 2018; Hopkins et al., 2021; Figueiredo et al., 2023; Wong & Heeren, 2021; Meyer et al., 2019; Daniel et al., 2020; Kelly-Turner & Radomsky, 2022; Clark & Wells, 1995; Nordahl et al., 2017). Strengthening a positive self-image has been found to be associated with a reduction in social anxiety, while negative self-beliefs and sensitivity to negative feedback have been linked to an increase in anxiety. Family influence, particularly early attachment styles and parenting practices, are also key factors in the development of social anxiety (Rapee & Heimberg, 1997; Morán et al., 2018). Childhood experiences and family behaviour patterns can shape an individual's beliefs and self-image, affecting their experience of social anxiety.

3. Methodology

3.1. Ontological and Epistemological Foundations

This research is based on an interpretive paradigm with a relativist ontological foundation (Scotland, 2012), as well as the MSP paradigm. These paradigms complement each other in studying social relationships, identity, and experiences. Ritchie and Lewis (2003) state that reality is constructed through personal experiences and social meanings. Guba and Lincoln (1994) support the theory that identity and social phenomena are shaped by interaction with the environment and personal experiences. They suggest that these social phenomena are complex and formed through subjective interpretations, making them impossible to measure or generalize objectively. Moreover, current theories are too simplistic to capture complex experiences, so acceptable knowledge includes narratives, stories, observations, and interpretations (Saunders et al., 2016).

Manea & Barbu (2017) argue that the MSP paradigm views the human mind through space and location. According to this framework, spatial images and cognitive representations significantly influence how individuals experience social relationships, their identity, and their environment. In MSP, space is a fundamental organizing principle of the mind, guiding both cognitive and emotional processes (SOMPS, 2019). From this perspective, altering spatial models can change experiences and behaviuor, which is useful in psychotherapy and interventions like social panorama and Clean Language.

According to Ryan (2018), the epistemological emphasis of the interpretive approach lies in the subjectivity of knowledge, meaning that understanding is shaped by the experiences and interpretations of both the researcher and participants. Ryan emphasizes that the researcher’s values and preconceptions affect data collection and interpretation. My values and preconceptions, in line with the MSP framework, NLP presuppositions, and the social panorama model, influence data collection and analysis. This approach supports understanding individual experiences, where the researcher’s and participants’ perspectives collaboratively generate new insights.

I combined interpretive and MSP paradigms because they effectively explore how individual and spatial experiences influence social anxiety. The interpretive paradigm examines subjective experiences and meanings, while the MSP paradigm analyses spatial and cognitive models. Combining these approaches allows a deeper understanding of factors influencing social anxiety.

3.2. Methodological Approach

This study applies qualitative methods to understand humans and phenomena (Tuomi & Sarajärvi, 2018). Puusa and Juuti (2020) note that this procedure focuses on human life, particularly emphasizing personal experiences, thoughts, and emotions.

This phenomenological approach focuses on the experiential relationship between individuals and their world (Vilkka, 2021). Vilkka states that the researcher presents their understanding, preconceptions, and assumptions while striving to comprehend the concepts people use to make sense of the world (Ritchie et al., 2013, p. 18).

Conducted as a case study, this research enables in-depth examination of participants' experiences within their life circumstances, where contextual factors influencing social anxiety and self-image are intertwined with the phenomenon (Yin, 2018). Case studies focus on various processes, and data is collected using multiple methods, making this approach well-suited for examining individual experiences (Hirsjärvi et al., 2018).

Additionally, the study employs a hands-on research approach focusing on understanding, developing, and evaluating concrete actions and method (Shaw & Lunt, 2018). This participatory and experience-based approach means the practitioner operates within their work environment or with clients (Cullen, et al., 2013). The aim is to produce theoretical knowledge and promote applied skills and professional development (Heikkinen, et al., 2016).

I selected these approaches to focus on participants' subjective experiences and how their perceptions of themselves and social anxiety are constructed. These approaches provide an opportunity to comprehensively examine the phenomenon and gain a deep understanding from participants' perspectives. I sought to utilize

methods that support exploring subjective experiences and evaluating practical interventions. This combination aligns with my objective to study the phenomenon holistically and understand participants' experiences.

3.3. Methods Used

The research utilizes a variety of data collection methods, including semi-structured interviews, recorded discussions, modeling, and observation. This combination provides a deep understanding of participants' experiences and the impact of the interventions.

Semi-structured interviews explore personal and subconscious issues (Metsämuuronen, 2009). Modeling uncovers the thought and behavioural patterns that have led to specific outcomes (Hiltunen, et al., 2020), in this case, the experience of social anxiety. Recording and transcribing enable detailed analysis, discovering themes, identifying new perspectives, and enhancing qualitative analysis reliability.

To assess baseline social anxiety and changes, the Liebowitz Social Anxiety Scale (LSAS) and the Finnish version of The Social Phobia Inventory (SPIN-FIN) were used. The LSAS is a widely used and reliable method for evaluating social anxiety (Heimberg et al., 1999; Fresco et al., 2001; Rytwinski, et al., 2009). The SPIN-FIN complements the LSAS by providing detailed information about participants' fears, such as fear of judgment, looking foolish, or feeling embarrassed. This measure is also reliable (Antony et al., 2006; Ranta, 2008). Despite some overlap, combining these questionnaires offers a comprehensive view of social anxiety. Results are presented numerically and illustrated in tables.

A 1–10 scale is used to assess participants' social anxiety. Participants select a test situation based on their LSAS and SPIN-FIN results or discussions, highlighting particularly distressing situations. Participants rate their anxiety intensity from 1 (neutral) to 10 (extreme) in the test situation. This self-assessment is repeated during follow-up sessions, followed by a self-image intervention (Appendix 8). The scale provides a subjective perspective on changes experienced by participants, complementing LSAS and SPIN-FIN data on the intervention's effects. Social anxiety

is assessed using the scale in the test situation, where self-image is also explored. Self-image is modeled and analysed qualitatively. However, self-image is not evaluated numerically; instead, it is modeled and analysed qualitatively as part of the study.

A key method is the social panorama process (Appendix 6) focused on the childhood family, examining its effectiveness and the impact of the social panorama self-image intervention (Appendix 8) on social anxiety.

I chose these methods because they support my research objectives, exploring the structure of experience and examining how spatial interventions influence social anxiety, self-image, and beliefs. NLP and the social panorama approach provide a framework for reshaping unconscious thought patterns and social models. Social panorama interventions offer an opportunity to explore and modify these patterns and models of individuals and their relationships (Derks, 2005, p. xii). I selected the self-assessment measures for their reliability and clarity, providing precise and comparable data on social anxiety changes.

3.4. Research Implementation

The research began in May and ended in November 2024. The duration with each participant varied based on their schedules and processing pace. The study examined the impact of the childhood family social panorama intervention on social anxiety and self-image.

3.4.1 Criteria for Participation and Exclusion in the Study

Table 1 presents the criteria for participation and exclusion in the study

Table 1

Criteria for Participation in the Study	Criteria for Exclusion from the Study
The participant is at least 18 years old.	Under 18 years of age.
Consent to record sessions through audio recordings and note-taking.	Refusal to allow data collection, recording, and use of research material in the thesis and potentially in future materials.
Willingness to participate in the study and to allow the collected data to be used anonymously in the thesis and potentially in future materials, such as articles or a dissertation.	Inability or unwillingness to participate in the guided interventions on the childhood family's social panorama and self-image.
Willingness and ability to participate in researcher-led interventions on the childhood family's social panorama and self-image.	Insufficient Finnish or English language skills that hinder interaction with the researcher.
	Failure to attend research sessions or discontinuation of the process.

3.4.2. Participant Recruitment and Research Environment

Participants were recruited via a local mental health rehabilitation association and social media, using videos to explain the study, participation process, and criteria. All five individuals who expressed interest were included to ensure study feasibility and data adequacy.

The participants were females aged 18 to 38, of whom three completed the process. Participants 3 and 5 withdrew but were offered free coaching sessions. The work was conducted in the practitioner's centrally located office with good transport connections, providing a suitable environment for discussions and interventions.

3.4.3 Research Phases

Table 2 illustrates the research phases

Table 2

Phase	Description
May 2024	Reviewing the data protection statement and informed consent, conducting initial interviews, completing the LSAS and SPIN-FIN self-assessment questionnaires, setting goals, assessment of beliefs, selecting a test situation that provokes social anxiety, assessing social anxiety and its intensity on a self-assessment scale (1–10), and modelling the self-image related to the situation.
June–September 2024	Social panorama process of the childhood family.
August–November 2024	Follow-up meetings and evaluation of the effects of intervention, repeating the LSAS and SPIN-FIN questionnaires, assessment of social anxiety intensity using a 1–10 scale, review of self-image in the test situation, implementation of self-image interventions, and assessment of beliefs and achievement of goals.

During the initial meeting, the data protection statement was reviewed, and informed consent (Appendix 4) was obtained. Participants completed the LSAS and SPIN-FIN questionnaires at the beginning of the study and during follow-up meetings. A preliminary assessment was conducted to gain perspective on participants' experiences and beliefs related to social anxiety.

Situations triggering social anxiety and related self-images were modeled. Participants selected a test situation, rated their anxiety intensity on a 1–10 scale (1 = neutral, 10 = extreme), and modeled their self-image based on this situation. The test situation was revisited during follow-up meetings to assess the process's effects. Participants also set study goals.

In the first follow-up meeting, the effects of the family social panorama process were evaluated. The LSAS and SPIN-FIN questionnaires were repeated, and participants assessed their social anxiety intensity in the test situation. Their self-images were revisited, and a social panorama self-image intervention was conducted, observing its effects on anxiety intensity.

In the second follow-up meeting, social anxiety intensity was reassessed using the LSAS and SPIN-FIN questionnaires. The test situation was revisited to explore participants' experiences. A second self-image intervention was conducted, and its

effects on well-being were evaluated. Participants were interviewed about their beliefs and goals, and the self-assessment results were reviewed and discussed.

3.4.4. Duration of the Process

The duration varied based on participants' schedules and processing pace. Table 3 presents the duration and number of meetings for each participant, including time between initial and follow-up meetings.

Table 3

Participant	Duration of Process	Number of Meetings á 2hrs	Time Between Initial and 1st Follow-up Meeting	Time Between 1st and 2nd Follow-up Meeting
Participant 1	May 6 – November 14, 2024 (≈6 months)	11	4 months	2 months
Participant 2	May 10 – October 8, 2024 (≈5 months)	8	3 months	2 months
Participant 4	May 24 – November 29, 2024 (≈6 months)	14	4 months	2 months

3.4.5. Summary of Research Implementation

The study examined the effects of childhood family social panorama and self-image interventions on social anxiety. Conducted from May to November 2024, recruitment was via social media and a local association, including all five volunteers, three of whom completed the process. Conducted in the researcher's office, the study involved initial interviews, interventions, and follow-up sessions. Despite the limited number of participants, the study provided in-depth insights into the interventions' impacts on participants' experiences.

3.5. Ethical Considerations

Research ethics and adherence to good scientific practice are essential (Vilkka, 2021). This research follows the guidelines of the Finnish National Board on Research Integrity (TENK, 2023) and the ethical guidelines of the University of Wales Trinity Saint David (UWTSD, 2022).

Ethical approval (Appendix 1) was obtained from UWTSD prior to commencement. Necessary permissions, consents, and ethical reviews were completed before data collection. The research ensured the safety of participants' and the researcher's mental health. Personal data processing and anonymization were conducted in accordance with data protection legislation (2016), and research material management was based on confidentiality and appropriate agreements.

The ethical foundation is based on reliability, honesty, respect, and accountability at all stages (Figure 1). These principles ensure accurate presentation of research objectives, methods, and results. Proper citation of sources is essential. The study received no external funding, eliminating financial and commercial interests and reducing bias.

Figure 1 The basic principles of research integrity according to the European Code of Conduct for Research Integrity

3.6. Summary of Methodology

This study's methodology integrates interpretative and MSP paradigms, enabling an in-depth examination of factors influencing experiences of social anxiety and self-concept. The methods support a comprehensive understanding of participants' experiences and the evaluation of intervention outcomes, providing a holistic perspective both theoretically and practically.

4. Findings

This section presents the key findings of the study for each participant, focusing on their experiences at different stages of the process. The results are based on participants' accounts and the outcomes of the LSAS and SPIN-FIN self-assessment questionnaires, which illustrate changes in social anxiety over the course of the study. Additionally, anxiety levels and self-image were assessed in the test situation. The results are presented in stages following the research process, evaluating changes in social anxiety, self-image, and beliefs. At the end of the section, the achievement of the personal goals set during the study is examined, followed by a summary of the key findings. Finally, the results are examined using interpretative phenomenological analysis (IPA) to understand how participants experienced the changes. Each participant's process is analysed both individually and collectively.

4.1 Overview of Participants

Originally, five individuals were selected for the study on a voluntary basis. Their interest and willingness to participate enabled the collection of data and the implementation of the research. Although their backgrounds and circumstances varied, all participants shared the experience of social anxiety and a desire to take part in the study. However, the final data set included only three participants, identified as 1, 2, and 4.

Participant 3 mentioned concentration difficulties during the first meeting, which became clearly evident during the second session, as acknowledged by the participant. When it came to Participant 5, it was observed early on that they struggled to connect with emotional experiences and sustain emotional states long enough for anchoring, an essential skill for the social panorama process, which involves repeated emotional work.

I considered how much time could be dedicated to supporting both participants in developing their focus and ability to recognize and associate with emotional experiences alongside guiding the research process. In the case of Participant 3, I questioned their ability to concentrate and commit to an intensive, long-term process. Participant 5, on the other hand, expressed early on that they saw no connection between their family of origin and their social anxiety and felt that the process's goals, such as employment, were unnecessary for their personal objectives.

For these reasons, I suggested that both participants withdraw from the study. As a token of appreciation for their interest, I offered them seven free coaching sessions which could be tailored to their individual needs and preferences more flexibly in my role as a coach. This seemed referable to guiding them through an intensive process primarily designed to evaluate the effectiveness of my research.

The three participants who completed the study (1, 2, and 4) reported experiencing significant social anxiety, particularly in public speaking, group settings, and meeting new people. They also described avoidance behaviours that limited their daily lives, social interactions, and opportunities for activities.

4.2 Participants' Background and Goals

This section provides the background information and the personal goals of each participant. The participants' experiences with social anxiety, their challenges, and their aspirations for the coaching process are described in detail to provide context for their involvement in the study. Table 4 presents the participants' background information and the goals during the study.

Table 4

Participant	Age, gender & Diagnosis	Social Anxiety Challenges	Coaching Goals
Participant 1	38, female ADHD, autism traits, recurrent depression, anxiety disorder	Being the center of attention - public speaking - peer group leadership Avoids being in social situations where she feels uncertain about others' opinions	-Reduce social anxiety and manage it so it no longer restricts life. Understand its roots and build confidence in social situations without fear of judgment. -Lead peer support groups stress-free, without anxiety or hyperventilation. -Act more relaxed, without backup plans, and silence the "bogeyman" that criticizes. -Feel content and experience a sense of accomplishment.
Participant 2	18, female Depression	Being the center of attention - presentations - expressing opinions. Avoids phone calls to doctors and eating alone at school.	-Increase awareness of social anxiety triggers and understand reaction causes. -Learn to manage anxiety so it no longer limits life. -Act more relaxed and courageous when faced with challenges -Being herself without fear of judgment. -Gain confidence to apply for jobs in person -Express opinions and say "no" instead of always agreeing with others' expectations.
Participant 4	34, female Anxiety disorder, severe OCD, PTSD symptoms	Being physically close to others in group activities or public spaces. Avoids offending others and constantly analyses surroundings, adjusting behavior accordingly.	-Strengthen self-image -Gain confidence to express opinions without fear of others' reactions. -Accept herself without seeking constant approval. -Act according to her own needs and well-being without people-pleasing. -Build courage to pursue what she truly wants. -Break free from "internal chains" and stand up for herself to fully embrace life's opportunities.

4.3 Baseline Assessment of Participants

In the initial assessment, the participants' baseline levels of social anxiety were evaluated using the LSAS and SPIN-FIN self-assessment questionnaires. Additionally, their experiences of social anxiety and self-image were modeled in a selected test situation, and their beliefs and goals related to the study were explored. This baseline information served as the foundation for evaluating the effects of the interventions during later stages of the research process.

4.3.1 LSAS and SPIN-FIN Results at Baseline

The individual baseline results of the participants are presented in Table 5

Table 5

Participant	LSAS score	SPIN-FIN score	Anxiety-Provoking Situation
Participant 1	57	42	Speaking on the phone in the presence of others, contributing to group discussions, presenting in front of an audience, being the center of attention, expressing a differing opinion to someone they do not know well
Participant 2	80	45	Public speaking, working under observation, interactions with strangers or individuals in authority, making phone calls to someone they do not know well
Participant 4	85	46	Public speaking, interactions with strangers or individuals in authority, expressing a differing opinion to someone they do not know well

4.3.2 Self-Image and Anxiety Levels at Baseline

In the test situation, participants rated their experience of social anxiety on a scale of 1–10, and their self-image was modeled. This provided a starting point for assessing later changes in self-image and the experience of anxiety. The participants' anxiety levels, as assessed in the test situation, are presented in Table 7. Information about the participants' self-image is presented in Table 6. Further information regarding the self-image can be found in (Appendix 7)

Table 7

Participant	Test situation	Anxiety Level 1–10
1	Presenting in front of a group at school	8
2	Working under observation by others	8–9
4	Interaction where unfairness was felt, and understanding was lacking	9

Table 6

Participant	Baseline	The Kinaesthetic Self	Connection	Representation of Self-Image	Direction and Distance	Height of Gaze
Participant 1	Negative	Outside the body, "somewhere over there," diagonally to the right, ~20 cm at chest height	No connection	Indifferent, participant's age, disconnected from oneself	~2.5 m in front, facing participant, looking downward	10 cm lower than participant's gaze
Participant 2	Weak	In the throat, constricting band	Leash in participant's right hand to wolf's neck	Captive wolf	Diagonally behind to the right, 4:00-5:00 position, ~2 m away	1 m lower than participant's gaze
Participant 4	Weak	Constriction in the upper chest area	Blanket in participant's right hand, self-image on blanket	9-year-old, fist-sized, curled-up child	Upper right diagonal, 1:00 position, within arm's reach	20 cm lower than participant's gaze

4.3.3 Beliefs at Baseline

In the initial assessment, the participants' beliefs related to their identity and social relationships were explored. The examination of these beliefs utilized the participants' descriptions of their thoughts and experiences in social situations. This

baseline information, summarized in Table 8, served as a foundation for evaluating changes in their beliefs during the study.

Table 8

Participant	Positive Beliefs	Negative Beliefs
1	Solution-oriented, artistic, creative, friendly, empathetic, intelligent, nice	Fear of rejection and failure, judged and excluded, feeling insignificant, "I'm not good enough", "I'm not worthy of love", "I'm deficient", bitter, demanding, indifferent, very difficult, black-and-white, hard to understand
2	Open, accepting, positive, good friend, belief in staying present and getting through	Anxiety as part of identity, "I'm a worrier", "I feel anxious about everything", "I consider myself bad at everything", "I always ruin everything", "Others are better than me", "I've failed in relation to others"
4	Authentic, true to self, socially intelligent, highly empathetic, open to learning, desire to make life meaningful	Sense of failure and uncertainty about worth, "I am entirely a failure", "I am worthless", "I am stupid", "I am a failed lump", "Others are more socially advanced", "I've failed in relation to others"

4.4 The Social Panorama Process of the Childhood Family

The family social panorama process involves stages aimed at modifying the participant's experience of early childhood family relationships. It can also be used to identify and modify social personality traits that developed during childhood (SOMSP, 2019, p. 114). In this section, the progression of the process is first described, followed by the general practices I use when guiding the process.

In the social panorama process of the childhood family, the participants examined the dynamics and personifications within their family relationships. At the beginning of the process, each participant identified a recurring problematic, social behavioural pattern and selected a related test situation in which they aimed to achieve their desired state. At the conclusion of the process, these test situations were reassessed to evaluate whether the behavioural patterns had changed, and the desired states had been achieved.

During the process, three panoramic images were made, which illustrate the participants' experiences of their family relationships at different stages. The location

of the personifications belonging to the childhood family is presented in tables and the changes that occurred in the panorama are discussed in the analysis section.

(Appendix 6) contains a description of the process and more detailed information about the process and its management.

Participant 1

Before starting the process, Participant 1 experienced a strong need to avoid social situations and push people away by behaving arrogantly. The test situation involved everyday scenarios where, while running errands with their spouse, the spouse would stop to talk with people. In these moments, the participant would leave the scene, feeling anxious and a need to “escape.” Their goal was to achieve a neutral and “normal” feeling while staying put and waiting for their spouse.

The participant’s process did not proceed in a straight line but required several intermediate interventions (Appendix 10) and time for discussions. Despite occasional resistance, the participant achieved their goals and felt that their experience of their family had improved.

The results of the participant's panorama process are presented as Table 9, Table 10, and Table 11. Drawings of the panorama can be found (Appendix 12)

Table 9 The First Childhood Family Panorama on 12.7.2024

Personification	Distance	Clock	Gaze Direction	Gaze Height
Mother	0,5 m	Between 1:00 and 2:00	Facing the participant but looking past them	1,5 m higher
Father	0.5 m	7:00	Looking in the direction of the mother	1.5 m lower
Older Sister	3 m	1:00	Looking at the participant	1 m higher
Maternal Grandmother D eceased "Monster"	0.7 m	Between 1:00 and 2:00	Looking at the mother	1.7 m higher
Maternal Grandfather	1.5 m	2:00	Looking at the mother	1.5 m higher
Maternal Grandfather's Spouse	1.5 m	Slightly to the right from 2:00	Looking at the ground	0.2 m higher
Paternal Grandmother	0.5 m	1:00	Looking at the participant	1 m higher
Paternal Grandfather	20 m	10:00	Looking upwards and to the right at 2:00	Same level
Maternal Aunt	2 m	Between 2:00 and 3:00	Looking at the participant, unpleasant	1.5 m higher
Cousin	2 m	1:00	Looking at the participant	Same level
Alcohol	2 m	11:00	Looking to the right at the maternal grandmother	2.5 m higher
Hatred	3 m	12:00	Looking to the right towards the maternal family	2 m higher

At the start of the intervention, the process of drawing the first panorama and strengthening ancestral resources brought up feelings of bitterness and disappointment for the participant These emotions were linked to their sense that their life had not progressed as they had hoped. They expressed that these feelings were important as a way to ensure that the negative legacy of the family would not continue. This experience was discussed, and the participant was guided through an emotion-focused meditation, which helped them continue the process.

Table 10 The Second Childhood Family Panorama on 26.7.2024

Personification	Distance	Clock	Gaze Direction	Gaze Height
Mother	1 m	1:00	Looking up and to the left	0.5 m higher
Father	Very close, Touching	8:00	Looking in the same direction as the participant	0.5 m higher
Older Sister	4–5 m	10:00	Looking at the participant	30 cm lower
Maternal Grandmother Deceased	3–4 m	2:00	Covered by hands (shame)	30 cm lower
Maternal Grandfather "A complete bastard"	2 m	2:00	Looking at the participant (empty gaze)	0.5 m higher
Maternal Grandfather's Spouse	2 m	2:00	Looking at the participant and smiling gently	Same level
Paternal Grandmother "Radiating golden light and protecting. Glowing like an angel" "Others remain in darkness and are insignificant"	0.5 m	11:00	Looking at the participant	30 cm higher
Paternal Grandfather	3 m	10:00	Looking at the participant	20 cm higher
Maternal Aunt	5 m	12:00	Looking at the participant	Same level
Cousin	0.5 m	Between 4:00 and 5:00	Looking at the participant	Same level
Alcohol	3 m	11:00	Looking to the right at the maternal family	4 m higher
Hatred	3 m	12:00	Spinning at floor level, looking at everyone	1 m lower

After the second drawing, the process stalled, and the participant felt the need to address negative feelings and experiences related to their family history. They were guided through a social panorama trauma intervention to deal with associated trauma, as well as the Clean Language method, which allowed the process to continue. Additionally, more resources were needed for family members, and the foundational principles of the social panorama method were reviewed with the participant.

Table 11 The Third Childhood Family Panorama on 5.9.2024

Father	0.3 m	Between 1:00 and 2:00	Looking at the participant	0.5 m higher
Older Sister	1 m	9:00	Looking in the same direction as participant	30 cm higher
Maternal Grandmother Deceased (Found a final resting place underground)	1 m	10:00	Looking at the mother	1.3 m lower
Maternal Grandfather	1.5 m	11:00	Looking at the mother	0.2 m higher
Maternal Grandfather's Spouse	1.5 m	Slightly to the right from 11:00	Looking forward, (in the opposite direction then the participant)	0.2 m higher
Paternal Grandmother	1 m	11:00	Looking at the father	0.8 m higher
Paternal Grandfather	1 m	1:00	Looking at the participant	0.8 m higher
Maternal Aunt	1.5 m	3:00	Looking in the same direction as the participant	Same level
Cousin	1.5 m	Between 2:00 and 3:00	Looking in the same direction as the participant	0,2 m higher

At the end of the process, the initial test situation was reassessed. The participant reported a significant change in their experience, stating that they were now able to stay beside their spouse while their spouse conversed with others without feeling the need to leave. They described feeling neutral and calm, which had been their original goal.

Participant 2

Before the process began, Participant 2 found it difficult to express their opinions due to fear of others' reactions. This often led them to remain silent or to conform to others' views. The test situation involved a group of friends, where one member acted aggressively and criticized them, making the situation challenging. The participant aimed to learn how to accept criticism without experiencing fear or anxiety. They also wanted to feel good about themselves and stay calm while expressing their viewpoints.

The participant was also guided to an intermediate intervention (Appendix 11) after the second panorama because he felt that his father's trauma had affected the family pattern. The results of the participant's panorama process are illustrated as Table 12, Table 13, and Table 14. Drawings of the panorama can be found (Participant 13)

Table 12 The First Childhood Family Panorama on 14.6.2024

Father	5 m	10:00	Looking at the participant	1 m higher
Younger Brother	5 m	Slightly to the left from 10:00	Looking at the participant	0,3 m lower
Maternal Grandmother (Deceased)	20 m	1:00	Looking at the mother	0,2 m higher
Maternal Grandfather	10 m	1:00	Looking at the participant	1,2 m higher
Paternal Grandmother	7 m	10:00	Looking at the participant	0,3 m higher
Paternal Grandfather	7 m	Between 10:00 and 11:00	Looking at the father	0,6 m higher
Nanny	1 m	2:00	Looking at the participant	Same level

Table 13 The Second Childhood Family Panorama on 19.6.2024

Personification	Distance	Clock	Gaze Direction	Gaze Height
Mother	0.3 m	12:00	Looking at the participant	1,1 m higher
Father	3 m	9:00	Looking in the same direction as the participant, at his own parents	1 m higher
Younger Brother	5 m	Slightly to the left from 10:00	Looking at the participant	0,2 m lower
Maternal Grandmother (Deceased)	20 m	1:00	Looking at the mother	0,4 m higher
Maternal Grandfather	5 m	1:00	Looking at the mother	0,4 m higher
Paternal Grandmother	7 m	11:00	Looking at the participant and the father	0,4 m higher
Paternal Grandfather	7 m	Between 10:00 and 11:00	Looking at the father	1 m higher
Nanny	1 m	2:00	Looking at the participant	Same level

After the second panorama, the participant reflected on the distance of the younger brother and felt they had not been close to him. The father was still perceived as distant, despite moving closer. The process encountered a temporary block when the participant felt the father's traumas had influenced the family dynamics. To address this, a social panorama intervention for trauma processing was conducted in an associated state, enabling the process to continue.

Table 14 The Third Childhood Family Panorama on 24.6.2024

Personification	Distance	Clock	Gaze Direction	Gaze Height
Mother	1 m	Between 12:00 and 1:00	Looking at the participant	1,1 m higher
Father	1.1 m	Between 11:00 and 12:00	Looking at the participant and younger brother	1,1 m higher
Younger Brother	0,7 m	9:00	Looking at the mother and father	0,3 m lower
Maternal Grandmother (Deceased)	3 m (underground)	Between 12:00 and 1:00	Looking at the mother	5 m lower
Maternal Grandfather	3 m	1:00	Looking at the mother	0,6 m higher
Paternal Grandmother	4 m	Between 11:00 and 12:00	Looking at the father	0,4 m higher
Paternal Grandfather	4 m	Between 10:00 and 11:00	Looking at the father	1 m higher
Nanny	1 m	7:00	Looking at the younger brother	0,3 m higher

During the process, the test scenario began to change, and the participant reported being able to express their opinion calmly to the aggressive member of the friend group. By the end of the process, when the test scenario was revisited, the participant noted significant changes in their feelings and reactions. They stated they could address matters directly and constructively, while also expressing their emotions and experiences. Additionally, they had learned to say no to tasks they did not want or feel capable of handling and to push themselves to engage in and complete activities they had previously avoided. Finally, the participant expressed being at peace with the idea that not everyone needed to like them.

Participant 4

Before the process began, Participant 4 easily felt a sense of failure, which left them feeling discouraged and upset. They imagined they were not good enough and were unworthy of their loved ones. The test situation was interactions where the participant felt misunderstood, even though understanding was expected from them. In such situations, they withdrew and built a "protective wall," distancing themselves emotionally. Their goal was to learn to view these situations as opportunities for growth rather than automatically concluding they had failed.

The results of the participant's panorama process are presented as Table 15, Table 16, and Table 17. Drawings of the panorama can be found (Appendix14)

Table 15 The First Childhood Family Panorama on 19.6.2024

Personification	Distance	Clock	Gaze Direction	Gaze Height
Mother	2 m	2:00	Looking at the younger brother	1 m higher
Father	2 m	11:00	Looking at mother and younger brother	1.5 m higher
Older Sister	2 m	Slightly to the right from 2:00	Looking at the participant	5 cm lower
Younger Brother	2 m	2:00	Looking at the mother	2 m higher
Maternal Grandmother (Deceased)	2.5 m	3:00	Looking through the participant towards 9:00	1.2 m higher
Maternal Grandfather	2.6 m	3:00	Looking over the participant towards 9:00	0.8 m higher
Paternal Grandmother	2.8 m	3:00	Looking towards 10:00	2 m higher
Paternal Grandfather	2.8 m	Between 3:00 and 4:00	Looking towards paternal grandmother but not at her	2 m higher

Table 16 The Second Childhood Family Panorama on 5.9.2024

Personification	Distance	Clock	Gaze Direction	Gaze Height
Mother	0,9 m	1:00	Looking at the participant	1 m higher
Father	0,9 m	11:00	Looking at the participant	1,2 m higher
Older Sister	0,9 m	Between 2:00 and 3:00	Looking at mother and father	0,185 m higher
Younger Brother	0,9 m	Between 9:00 and 10:00	Looking at mother and father	0,15 m lower
Maternal Grandmother (Deceased)	2,1 m	Between 1:00 and 2:00	Looking at the mother	1,25 m higher
Maternal Grandfather	2,1 m	Between 12:00 and 1:00	Looking at the mother	1,25 m higher
Paternal Grandmother	2,11 m	Between 10:00 and 11:00	Looking at the father	1,27 m higher
Paternal Grandfather	2,11 m	10:00	Looking at the father	1,27 m higher

Table 17 The Third Childhood Family Panorama on 12.9.2024

Father	0,65 m	11:00	Looking at all children	1,15 m higher
Older Sister	0,65 m	Between 2:00 and 3:00	Looking at parents	0,18 m higher
Younger Brother	0,65 m	Between 9:00 and 10:00	Looking at parents	0,15 m lower
Maternal Grandmother (Deceased)	2,65 m	Between 1:00 and 2:00	Looking at the family	1,15 m higher
Maternal Grandfather	2,65 m	Between 12:00 and 1:00	Looking at the family	1,15 m higher
Paternal Grandmother	2,65 m	Between11:00 and 12:00	Looking at the family	1,15 m higher
Paternal Grandfather	2,65 m	Between 10:00 and 11:00	Looking at the family and at the father	1,15 m higher

At the end of the process, the participant reported feeling more self-confident and trusting that things would turn out well. They experienced an increased sense of safety and felt comfortable being themselves without worrying about others' opinions, feeling good just as they were. They also felt a stronger sense of belonging within their family. Upon reassessing the test situation, the participant noted that they no longer experienced "anxiety spikes" as they had before. They were able to listen to others’ perspectives and express their own views on matters. Although they still experienced feelings of disappointment in situations where they were not understood, they reflected on ways to defend themselves and establish boundaries. During the process, they achieved their goals and felt that the changes in the family panorama supported their well-being.

4.4.1. Summary of the Childhood Family Social Panorama

All participants achieved significant changes in the problematic behavioural patterns they had identified at the beginning of the process. In the test situations, these behavioural patterns had shifted, and by the end of the process, the participants had reached their goals. At the conclusion of the process, each participant reported positive changes in their relationships with the personifications of their childhood family. The changes in the family panoramas showed differences in how participants depicted their family relationships and their position within the family compared to the

baseline. These changes and processes are examined in more detail in the analysis section.

4.5. First Follow-Up Meeting

In the first follow-up session, the effects of the childhood family social panorama process on the participants' social anxiety and self-image were evaluated. In addition, a self-image intervention was conducted, and its effects were monitored. Changes in social anxiety were examined using the LSAS and SPIN-FIN self-assessment scales. The level of anxiety and changes in self-image were also assessed in the test situation. Furthermore, the effects of the self-image intervention on anxiety and self-image were analysed.

4.5.1. First Follow-Up Meeting: LSAS and SPIN-FIN Results

The results are presented in Table 18 illustrating the changes in each participant's scores compared to the baseline assessment.

Table 18

Partici-pant	LSAS initial mapping	LSAS 1. follow-up meeting	Change	SPIN-FIN initial mapping	SPIN-FIN 1. follow-up meeting	Change
1	57	37	- 20	42	14	- 28
2	80	59	-21	45	31	- 14
4	85	81	- 4	46	33	- 13

4.5.2 The First Follow-Up Meeting: Self-Image and Anxiety Levels

The participants' self-image and anxiety experienced in the test situations were assessed at the first follow-up meeting using the same method as at baseline. Table 19 presents how participants perceived their self-image after the childhood family

social panorama but before the self-image intervention. Table 20 shows the changes in self-image representation from the first meeting to the first follow-up meeting, and how the intervention affected the participants.

During the first follow-up meeting, participants were guided through a self-image intervention, the effects of which were assessed in a test situation. Table 21 illustrates the changes in social anxiety experienced by participants before and after the intervention.

Table 19

Participant	1st Follow-Up	The Kinaesthetic Self	Connection	Representation of Self-Image	Direction and Distance	Height of Gaze
Participant 1	Self-image shifted from negative to weak	Throughout the whole body, felt like a "snail"	Invisible but encompassed the whole body	25-year-old version of themselves, 13 years younger than their actual age	11:00, approximately 3 meters away, looking past the participant	10 cm lower than the participant's own gaze
Participant 2	remained weak	Upper chest	Beam of light running from the participant's center to the child's center	5-year-old child	Directly behind at 6:00, about 5 meters away, looking at the participant	Approximately 1 meter lower than the participant's own gaze
Participant 4	remained weak	Throat, experienced being a 16-year-old	White cord running from the participant's right wrist to the self-image's left wrist	16-year-old	1:00, approximately 2 meters away, looking downward, left side facing the participant	20 cm lower than the participant's own gaze

Table 20

Participant	Baseline	Representation of Self-Image	1st Follow-Up	Impact of Self-Image Intervention
Participant 1	Negative	A self-image disconnected from oneself	Weak, 25-year-old	Participant self-image grew to match the participant's current age. The participant described feeling calm and neutral following the intervention.
Participant 2	Weak	Metaphorical wolf	Weak, 5-year-old child	The participant reported being able to focus on their own actions, which felt relieving.
Participant 4	Weak	Curled-up 9-year-old child	Weak, 16-year-old	The participant felt that they had the right to be themselves, which significantly alleviated their anxiety.

Table 21

Participant	Test situation	Anxiety Level 1–10 Baseline	Anxiety Level 1–10 1st Follow-Up	Anxiety Level 1–10 1st Follow-Up after intervention	Change
1	Presenting in front of a group at school	8	2	1	-1
2	Working under observation by others	8–9	7	4	-3
4	Interaction where unfairness was felt, and understanding was lacking	9	8	6	-2

4.6. The Second Follow-Up Meeting

In the second follow-up session, participants' levels of social anxiety were assessed using the LSAS and SPIN-FIN self-assessment scales, and changes in their self-image and experience of anxiety were examined in the test situation. A new self-image intervention was also conducted, and its effects were observed. Additionally, participants' beliefs were explored and compared to the baseline assessment, and the achievement of the personal goals set at the beginning of the study was evaluated.

4.6.1. The Second Follow-Up Meeting: LSAS and SPIN-FIN Results

The results are presented in Table 22 and Table 23, demonstrating the changes in each participant's scores over the entire study period compared to the baseline assessment.

Table 22

Participant	LSAS Baseline	LSAS 1st Follow-Up Meeting	Change 1	LSAS 2nd Follow-Up Meeting	Change 2	Total Change
1	57	37	-20	7	-30	-50
2	80	59	-21	23	-36	-57
4	85	81	-4	23	-58	-62

Table 23

Participant	SPIN-FIN Baseline	SPIN-FIN 1st Follow-Up Meeting	Change 1	SPIN-FIN 2nd Follow-Up Meeting	Change 2	Total Change
1	42	14	-28	2	-12	- 40
2	45	31	-14	13	-18	- 32
4	46	33	-13	13	-20	- 33

4.6.2. The Second Follow-Up Meeting: Self-Image and Anxiety Levels

Participants' self-image and anxiety experienced in the test situations were reassessed at the second follow-up meeting. Table 24 shows how participants perceived their self-image after the first self-image intervention, but before the second self-image intervention. Table 25 illustrates the changes in self-image representation throughout the entire process and how the second intervention affected the participants. Table 26 depicts the changes in anxiety experienced by participants in the test situations both after the first and second self-image interventions, highlighting the effectiveness of the self-image intervention.

Table 24

Participant	2nd Follow-Up	The Kinaesthetic Self	Connection	Representation of Self-Image	Direction and Distance	Height of Gaze
Participant 1	Remained weak	Felt throughout the body, strongest in the head/brain area	Reddish light originating from the torso, forming a horizontal infinity symbol	Matched current age,	Located at 11:00, 2 meters away. Facing the participant, looking straight ahead	At the same height as the participant's own gaze
Participant 2	Remained weak	Located in the chest	Beam of light running from the participant's diaphragm to the self-image's diaphragm	Appeared as a 13-year-old,	Located at 12:00, approx. 1 meter away. Facing directly in front, looking slightly downward and to the right	20 cm lower than the participant's gaze
Participant 4	Self-image had grown to their age and was positive	Felt in the throat	Rippling flow of energy travelling from the participant's body to the self-image's body	Matched current age,	Located at 12:00, approx. 1 meter away. Facing directly in front, looking into participant's eyes while smiling	10 cm higher than the participant's gaze

Table 25

Participant	Baseline	Representation of Self-Image	1st Follow-Up	2nd Follow-Up	Impact on Self-Image Intervention
Participant 1	Negative	A self-image disconnected from oneself	Weak, 25-year-old	Weak, current age	After the self-image intervention, Participant 1 felt positive. They described feeling like smiling, having a good mood, and experiencing a warm and positive feeling.
Participant 2	Weak	Metaphorical wolf	Weak, 5-year-old child	Weak, 13-year-old	After the self-image intervention, Participant 2 felt more confident and acted more naturally in situations.
Participant 4	Weak	Curled-up 9-year-old child	Weak, 16-year-old	Positive, current age	After the self-image intervention, Participant 4 felt their relationship with themselves improved and their self-confidence strengthened.

Table 26

Participant	Test situation	AL 1–10 Base-line	AL 1st Follow-Up	AL 1st Follow-Up after intervention	AL 2nd Follow-Up	AL 2nd Follow-Up after intervention	Change
1	Presenting in front of a group at school	8	2	1	1	1	-7
2	Working under observation by others	8–9	7	4	4	1	-7–8
4	Interaction where unfairness was felt, and understanding was lacking	9	8	6	1	1	-8

Anxiety Level = AL

4.6.3. Changes in Participants' Beliefs During the Study

Table 27 shows the changes in participants' beliefs during the research process. Participants described both positive and negative beliefs about themselves and their development in the final assessment of the second follow-up meeting.

Table 27

Participant	Positive Beliefs	Negative Beliefs
1	**Initial positive beliefs still valid:** Solution-oriented, artistic, creative, friendly, empathetic, intelligent, nice. **New positive beliefs:** curious, helpful, funny, smart	Somewhat quiet and shy, impulsive, sometimes mean and hurtful
2	**Initial positive beliefs still valid:** Open, accepting, positive, good friend, belief in staying present and getting through. **New positive beliefs:** spontaneous, better at expressing emotions, no longer worried about others' opinions	Gets stressed easily, anxious in large groups, imagines others' thoughts
4	**Initial positive beliefs still valid:** Authentic, true to self, socially intelligent, highly empathetic, open to learning, desire to make life meaningful. **New positive beliefs:** Sensitive, strong, valuable, capable, creative, a fighter	Uncertainty about own worth, feelings of failure, insecure and fearful, still comparing to others but less frequently

4.6.4. Evaluation of Participants' Personal Goals

Participants described the progress and experiences related to their goals during the final assessment at the second follow-up meeting. Table 28 shows how participants' goals were achieved during the research process.

Table 28

Participant	Goals at Baseline	Status
1	✅ Reduce social anxiety and manage it so it no longer restricts life. Understand its roots and build confidence in social situations without fear of judgment. ✅ Lead peer support groups stress-free, without anxiety or hyperventilation. ✅ Act more relaxed, without backup plans, and silence the "bogeyman" that criticizes. ✅ Feel content and experience a sense of accomplishment.	Achieved
2	✅ Increase awareness of social anxiety triggers and understand its causes. ✅ Learn to manage anxiety so it no longer limits life. ✅ Act more relaxed and courageous when facing challenges. ⚠️ Be herself without fear of judgment. ✅ Gain confidence to apply for jobs in person. ⚠️ Express opinions and say "no" instead of always agreeing with others' expectations.	Mostly achieved, Significant progress in confidence and managing anxiety. Still practicing saying "No" and building trust in herself and others to be herself without fear of judgment.
4	✅ Strengthen self-image. ⚠️ Gain confidence to express opinions without fear of others' reactions. ⚠️ Accept herself without seeking constant approval. ⚠️ Act according to her own needs and well-being without people-pleasing. ⚠️ Build courage to pursue what she truly wants. ⚠️ Break free from "internal chains" and stand up for herself to fully embrace life's opportunities.	In progress, Significant progress in self-image and boundaries. Developing confidence in self-expression and setting limits. Ongoing process of internal freedom and defining personal goals.

4.6.5. Summary of the Study Results

The study monitored changes in participants' social anxiety by using the LSAS and SPIN-FIN self-assessment scales, as well as through a test situation in which anxiety levels were assessed and self-image was modeled. The results indicated that social anxiety decreased during the study, and individual changes occurred in self-image.

During the family social panorama intervention, participants identified and processed experiences related to family dynamics. The findings showed that each participant's

previously defined problematic behavioural pattern changed over the course of the process.

In the first and second follow-up meetings, the test situation and self-image were re-examined, and a self-image intervention was conducted, with its effects being monitored. Following the intervention, participants reported positive changes in both self-image and their experience of social anxiety.

The results showed that there were some changes in the participants' beliefs, and they recognised more positive qualities in themselves. Many personal goals were either partially or fully achieved, and participants felt they had made progress in areas they considered important during the research process.

4.7 Analysis of the Study

In this section, the research results are analysed from the perspective of interpretative phenomenological analysis (IPA). The analysis examines how participants experienced the interventions and what meanings they gave to the changes they underwent (Smith, Flowers & Larkin, 2022). Since the experiences were individual, each participant's process is considered separately.

The analysis is structured by topic, but each participant's experiences are examined separately within each topic. In the shared analysis section, the focus is on how the research addressed the research questions and how changes in participants' beliefs reflect the effectiveness of the process. This aims to provide an overall view of the interventions' impacts and how they have helped participants achieve their own goals. Finally, participants' experiences are reflected on within the context of previous research.

4.7.1. Social Panorama of Childhood Family

This section analyses the changes that occurred in the participants’ childhood family panorama and their meanings. The analysis of Participant 1's social panorama process is presented in Table 29, Table 30, and Table 31 that describes the observations made during the social panorama process, accompanied by meanings

based on the Social Panorama framework. Additionally, the table includes my analysis of how these meanings reflect the participant's experience of their childhood family and the dynamics within the social panorama. For Participants 2 and 4, the same justifications within the social panorama framework are not presented, as the meanings have already been clarified earlier.

Participant 1

Table 29

Event	Social Panorama framework	Meaning/Analysis	Reference
In the first social panorama drawing, it was notable that neither parent was looking at the participant. The only personifications looking at them were the paternal grandmother, (whose gaze felt comforting), the older sister, and the maternal aunt, (whose gaze was perceived as unpleasant).	According to the Social Panorama model, the absence of eye contact between personifications means there is no connection.	This may indicate that the participant did not feel seen in their childhood family.	Derks, 2005, p. 218
Although there was no eye contact, both parental personifications were located within touching distance of the participant.	People we care for and love are experienced as being close. Close positions to the left and right are often reserved for loved ones. This also relates to the view that parents belong on certain sides: father on the left and mother on the right.	Touching distance indicates closeness, even though there was no eye contact.	Derks, 2005, p. 42, 54
A significant observation was the size of the father's personification; the participant described it as tiny and positioned at ground level.	The height of the gaze is related to status, social power, authority, and dominance.	After the parents' divorce, the participant had rarely seen their father, and perhaps this caused the father to become small and invisible in their mind.	Derks, 2005, p. 53
The panorama also included metaphorical personifications, such as alcohol and hatred, which were positioned higher than the family members.	Metaphorical personifications can play an important role in the family, influencing its dynamics.	This may reflect the participant's experience of how their maternal family treated them and highlights the significance of alcohol and hatred in the childhood family.	Derks, 2005, p. 211

Table 30

Event	Significance in the Social Panorama	Meaning/ Analysis	Reference
Neither of the parental personifications were still looking at the participant, but the father's personification had risen to the same level as the mother's and was touching the participant on the shoulder.	Close positions to the left and right are often reserved for loved ones.	The participant's sense of safety increased.	Derks, 2005, p. 54
A clear change from the first drawing was also observed in the grandmother personifications. The maternal grandmother's personification, which had dominated the first drawing, had now moved farther away and lower, covering her gaze with her hands.	Distance affects the intensity of emotions. The closer a personification is, the stronger the emotions it evokes. As it moves farther away, the emotions "soften."	The maternal grandmother felt ashamed of her behavior and withdrew into the background.	Derks, 2005, p. 51
The paternal grandmother's personification, which was significant and close to the participant, "radiated golden light and offered protection," while the other personifications, according to the participant, were left "in darkness" and insignificant.	The perception of good and bad is often associated with the theme of light and darkness. A group that is not valued may be perceived as dark, while a valued group often appears bright.	The participant needed safety and wanted to momentarily forget others who evoked negative feelings in them.	Derks, 2005, p. 54
The panorama also included changes in metaphorical personifications. Alcohol had risen even higher and was now looking at the entire maternal side of the family.	The height of the gaze is related to status, social power, authority, and dominance.	This emphasizes the significance of alcohol and its impact on the participant's childhood family.	Derks, 2005, p. 53
Hatred and the maternal aunt were located in the participant's self-image position.	Personifications located farther away in the self-image position may represent something we do not want to be and can lead to counter-identification. The aunt's position, 5 m away, suggests counter-identification, where a person is convinced of being completely different from the personification in the self-image position. Personifications outside the intimate circle indicate conflict.	The participant disliked the aunt and in no way behaved as the aunt had behaved.	Derks, 2005, p. 52; Derks, 2005, p. 341; Derks, 2005, p. 218

Table 31

Event	Significance in the Social Panorama	Meaning/Analysis	Reference
The parental personifications were now looking at the participant, and the previously unpleasant personifications were no longer looking at them.	The most significant feature of a personification is its location: the direction and distance, its size, the height of its gaze, and the gaze direction.	The aunt and sister continued with their own lives.	Derks 2005, pp. 13, 42-43.
The deceased maternal grandmother's personification had moved to its final resting place.	Our mind distinguishes living personifications from the deceased based on the vertical dimension, with the final resting place of the deceased being clearly on a different level than that of living personifications.	The maternal grandmother is deceased and no longer terrorizes the participant's mother.	Derks, 2005, pp. 53, 282-283
A significant change was that alcohol, and immense hatred had disappeared entirely from the family panorama.	No theory	Through the empowerment of the childhood family panorama, the participant's experience and interpretation of who belonged to the family changed fundamentally.	

Process reflection

According to the social panorama model, eye contact and the distance between personifications influence the sense of belonging and safety (Derks, 2005, p. 218). During the process, changes occurred in the family panorama of the participant's childhood family, both in the distances between the family members' personifications and in their dominance. Notably, the parents had turned their gaze toward the participant in the final stage. This may reflect a change in the participant's changed experience of family relationships and their own position within the family.

At the beginning, alcohol and hatred played a central role, and the dominance of alcohol even increased as the process progressed. Eventually, both disappeared from the panorama, which may reflect a change in the participant's internal experience and an increased sense of security. When asked about feelings of hatred, the participant did not perceive themselves as experiencing hatred toward family members, although they admitted to disliking them. This may indicate externalisation, a defense mechanism where an individual transfers their own thoughts, feelings, or perceptions onto the external world and experiences them as separate from themselves or their experiences (APA, 2018). In such cases, a person might experience that hatred comes from elsewhere but does not recognize it as their own emotion.

Participant 2

In the participant's first panorama, it was notable that only the mother's and the nanny's personifications were close to them, while the other family members were located at a distance of 5–20 meters. Six of the eight family member personifications were looking at the participant, indicating that they had been seen as a child. This may have also felt distressing, as the participant mentioned being very "attached to their mother" as a child and being "terribly nervous" of other people. Being the center of attention still felt uncomfortable for them and caused anxiety.

It was noteworthy that the mother's personification was located at the participant's self-image position, directly in front, very close, and dominating the entire field of view. The participant described this as giving them a sense of security. In the social panorama model, a personification located directly opposite within the intimate circle usually signifies affection (Derks, 2022, p. 218). This could be interpreted that the

mother was metaphorically standing between the participant and the rest of the world, possibly protecting her firstborn. Leigh and Clark (2018) demonstrated in their research that parental overprotectiveness has a significant impact on adolescents' social anxiety.

The location of the father and younger brothers' personifications 5 meters away suggested distant relationships. The participant thought that the father's distance from, was a result of him frequently being at work and away from home during their childhood. Attention was also drawn to the distance between the mother's and father's personifications in the panorama. According to the social panorama model (Derks, 2005, p. 42), personifications within touching distance are perceived as loved and close (SOMSP, 2019, p. 104), and significant personifications are located in the center. This observation supports the mother's prominent role in the participant's life.

It was also interesting to note that the close distance of the nanny's personification, who was described by the participant as someone close to them. Turpeinen (2017) explored in her thesis the perceptions of fifth graders regarding what makes a family a family. Four categories emerged as meaningful from the children's experiences: consideration for others, leisure activities, being together, and positive emotional states. Reflecting on these, it is understandable that the participant felt that the nanny was part of the family and closer than, for instance, their father.

In the second social panorama, the mother's personification remained at the self-image location but had moved even closer than before. The father's personification had also moved a couple of meters closer to the participant, standing at the 9:00 position, but still clearly remained outside of touching distance. The participant experienced this change positively, even though the father was no longer looking at them and still felt distant.

The younger brother stayed in his original position at a 5-meter distance, now alone. This led the participant to reflect on the distance between the siblings and the fact that they had never felt close to their brother. They speculated that this may have been due to jealousy, as the younger brother had received much of their mother's attention during childhood. According to Dunn (1985), firstborn children often experience feelings of exclusion when a younger sibling is born, which could partly explain the participant's experiences.

A significant change also occurred in the directions of the gazes. In the first panorama, six personifications were looking at the participant, whereas in the second panorama, only the mother, younger brother, nanny, and paternal grandmother were doing so. The gazes of the grandparent personifications had turned toward their own children, which may reflect a reorganization of family dynamics in the participant's mind.

In the third family panorama, the parents' personifications had moved into touching distance of each other and both children. The mother's personification had moved away from the self-image location to the right front diagonal, which is significant, as the 12:00 position belongs to the self-image. Personifications occupying the self-image position can blur one's sense of self (Derks, 2005, p. 52). The deceased maternal grandmother's personification had moved to its final resting place, which in the participant's worldview meant moving underground. The participant perceived the third panorama's family arrangement as balanced and good.

Process reflection

During the process, I noticed that the participant felt that their father's personification needed the same resources as they themselves did. According to the social panorama model, every personification is a part of ourselves, as representations of other people are neurologically constructed in our brains (Derks, 2005, p. 10). From this perspective, the participant was not only giving resources to their father but also to themselves. This might have been a contributing factor to why their problematic social behaviour patterns began to change even before the social panorama work was completed.

Participant 4

In the first panorama, the participant's parents' and siblings' personifications were located 2 meters away from the participant, outside of touching distance. The parental personifications attention was directed toward the younger brother, and only the older sister's personification was looking at the participant, 5 cm lower. Notably, the gaze height of the younger brother's personification, in the mother's arms, was 2 meters higher than the participant's gaze height. This emphasized the participant's experience that the younger brother received all the attention in the family due to his illness.

The participant’s grandparents’ personifications were grouped together, in a direction between 3:00 and 4:00 and located very close to each other, outside of touching distance. None of them were looking at the participant. The panorama drawing made visible that the parental and siblings’ personifications were positioned closely together, forming a group, while the grandparents’ personifications formed their own separate group. According to the social panorama model, "personifications located closely together belong together" (Derks, 2005, p. 218), reinforcing the participant’s experience of being an outsider and lonely in the family.

The first panorama drawing reflected the participant’s experience of loneliness and lack of attention. In the panorama, only the older sister’s personification was looking at the participant, standing further away in the proximity of the rest of the family. The participant recalled that their childhood family did not know how to process or accept emotions, which often left them alone with their thoughts and feelings. They expressed longing for attention that they did not receive due to the younger brother’s illness. In conflicts with the younger brother, the participant reported always being blamed.

Knecht et al. (2015) highlight in their research that siblings of chronically ill children often experience loneliness and lack of attention, which aligns with the participant’s experiences. Similarly, Sharpe and Rossiter (2002) emphasize in their meta-analysis that siblings of chronically ill children have been found to have more introverted mental health challenges than usual, such as anxiety and depression. This underscores how family dynamics can have a long-term impact on the mental well-being of siblings.

Through childhood experiences, the participant had learned that their actions were wrong and that they did not have the right to defend themselves. This learned pattern continued into adulthood, making it difficult for them to stand up for themselves due to a fear of rejection. The participant stated that this fear had stemmed from school bullying and family experiences. Leigh and Clark (2018) emphasize in their research that family influence and peer bullying are significant factors in the development of social anxiety.

In the second social panorama, family relationships had become more balanced. The parental personifications had moved closer to each other and were now looking

at the participant, giving them a sense of being seen. A significant change was also observed in the gaze heights of the siblings. The younger brother's gaze height had dropped below the participant's gaze height, whereas in the first panorama it had been significantly higher. Conversely, the older sister's gaze height was now higher than the participant's. The siblings were now looking at the parents, and the grandparents were looking at their own children. After the second panorama, the participant felt that the family panorama had improved, and they no longer felt as lonely. They also felt it was fair that the younger brother was no longer at the highest position receiving all the attention.

In the third social panorama, the family pattern had remained the same, but the family members' personifications had moved closer to each other. The parental personifications were looking equally at all the children, which the participant found positive. The height difference between the parents' gazes had decreased, symbolizing for the participant a more balanced sharing of responsibilities. The father's gaze was 5 cm higher than the mother's, which represented, for the participant, the father's role as a support and safety figure for the mother.

The grandparents' personifications had moved further away, which the participant felt gave the family space to live their own lives and breathe. The gaze heights of the grandparents had decreased slightly, aligning with the father's gaze height. This gave the participant an experience of family unity and equality. Additionally, the way the grandparents were looking at the entire family as a whole reinforced the participant's feeling that the whole family was supported equally. The participant felt their final family panorama was good and balanced.

Process Reflection

The initial separation from the rest of the family, the younger brother's high status, and the parents' focus on the younger brother were highlighted in the participant's description of their childhood experiences of neglect. In the MSP framework (SOMSP, 2019), gaze height reflects the relative status and influence of a personification; a higher gaze indicates greater power or authority. The direction of the gaze, in turn, indicates where an individual believes others' attention is focused, and this direction can affect the intensity of emotions Furthermore, the existence of eye contact and the distance between personifications are significant factors in the

experience of belonging and connection (Derks, 2005, p. 218). Therefore, a key change for the participant's well-being was the younger brother's personification moving away from an authoritative position 2 meters above, where he had received the parents' sole attention.

The positive change, however, occurred already during the second panorama, when the family members formed a "universal ideal image of a family" (Derks, 2005, p. 223). "Most people, for instance, perceive a family where everyone is connected as a harmonious circle" (SOMSP, 2019, p. 113).

The gaze heights of the parents and three siblings reflect the patriarchal culture, which has often emerged when modeling people's experiences. This culture was also evident in the participant's thinking, as seen in the social panorama model, where the father's gaze was higher than the mother's and the older sibling's gaze was higher than that of the younger siblings (Derks, 2005, p. 223). This change occurred naturally as soon as the family members had gained resources, reflecting an altered experience that was clearly influenced by prevailing role perceptions.

4.8. Analysis of Results

In the following section, the results of each participant are analysed separately, starting with LSAS and SPIN-FIN scores as well as self-assessment on a 1–10 scale, referring to the tables presented in the results section. After this, the changes in the participants' self-image and the effects of self-image interventions will be discussed. In the shared analysis section, the results are examined from the perspective of the research questions and compared with previous research findings.

4.8.1. Participant 1

LSAS, SPIN-FIN, and Self-Assessment Scale

Table 22 shows a significant decrease in LSAS scores during the process. The results demonstrate how the participant's social anxiety gradually shifted from moderate to mild, and by the end of the study, the participant no longer experienced social anxiety.

Table 23 of SPIN-FIN results illustrates a similar trend. By the first follow-up meeting, the participant's social anxiety had decreased dramatically, from severe to non-existent. This change was also reflected in daily life as an improvement in social functioning. For instance, the participant reported no longer feeling anxiety about presenting in a group and feeling more relaxed in social situations.

Table 26 also indicates that, there was reduction in social anxiety was observed during the test situation. Similar to the SPIN-FIN scores, by the first follow-up meeting, this score had dropped sharply, with the participant experiencing only mild anxiety when presenting in front of a group. The level of anxiety remained stable at the second follow-up meeting.

Change in self-image and the effect of self-image interventions

At the beginning of the study, the participant's self-image in the test situation was interpreted as negative because bringing it closer felt unpleasant to them (Appendix 7).The transfer of the kinesthetic self from outside of the body into the body, as well as the sense of connection between the self and the self-image, indicates a progressive development in the participant's relationship with themselves.

The kinesthetic self can be considered the core of a person's social system and the center of their mental space, where human relationships are shaped (Derks, 2005, p. 84). According to the social panorama theory, a lack of connection between the kinesthetic self and the self-image can lead an individual to perceive their self-image as external and separate, rather than as part of themselves (Derks, 2005, p. 96). From this perspective, forming a connection, even if it was invisible, was a significant change in the participant's self-image.

After the first self-image intervention, the participant's self-image grew to their current age, but the participant described it as "deflated." The younger self-image had symbolized a time before they experienced life's greatest challenges, which had weakened their perception of themselves and caused them to feel "deflated." As a result, the participant felt absent and disconnected.

I wondered if the participant was in a dissociative state when describing their feeling of being absent. This supposition was supported by the fact that during the second follow-up meeting, they mentioned going through a challenging phase in life and expressed their experience of "nothing feeling like anything." According to Ross

(1997), dissociation is often linked to traumatic experiences and can manifest as a lack of presence. Van der Kolk (2014) describes dissociation as a coping mechanism in which an individual disconnects from the moment to survive traumatic experiences. From this perspective, the participant's experience may indicate an unconscious defense mechanism used to shield themselves from difficult emotions during a challenging life situation.

Despite the self-image intervention in the first follow-up meeting, the participant's self-image remained weak during the second follow-up meeting. Their level of anxiety stayed at level 1. However, their self-image had shifted in a more positive direction, as the connection between themselves and their self-image had become visible. The kinesthetic self was still felt in their body, and their self-image reflected their current age.

The participant described feeling relaxed and "just okay" despite their weak self-image, which was surprising to me. On the other hand, it is often the case that when a person becomes accustomed to a certain state, such as a weak self-image, tense shoulders, or a difficult relationship, they may experience it as normal and still feel "just okay" with it. The second self-image intervention had a positive effect on the participant, making them smile and feel good and warm.

Themes Raised by Participant 1

Table 32

Theme	Analysis and Theory	Reference
The participant repeatedly brought up their experiences of life's unfairness and past difficulties, expressing disappointment with their life. They felt like a victim whose life had not turned out as they had hoped, and they admitted to feeling bitter because of this.	This experience may be related to their family background and systemic patterns. There was a history of alcohol problems in the family, aligning with the transgenerational model (APA, 2023). Coping mechanisms and behavioural patterns passed down through generations may have influenced the participant's personality and lifestyle. The participant's earlier history of substance abuse might also be connected to family dynamics.	APA, 2023
	Within the framework of transactional analysis, the concept of the episcript and its transmission (Shustov et al., 2016) may explain the participant's experience. This mechanism involves one family member adopting the role of a victim and another the role of a rescuer. The participant's self-description as a victim aligns with this dynamic, potentially adopted from their childhood family interactions.	Shustov, Merinov, & Tuchina, 2016
	Stuthridge (2010) examines episcript transfer as part of a transgenerational trauma, which continues unconsciously but affects self-perception and worldview. The participant's experience of life's unfairness may reflect unconscious emotional structures and coping mechanisms passed down through generations.	Stuthridge, 2010
The participant reported that after the parents' divorce, the mother began to mistreat them. There was also a history of substance abuse in the family, and possibly mental health issues as well	Adverse Childhood Experiences (ACEs) can have a significant impact on the development of social anxiety	Derin, Selman, Alyanak, & Soylu, 2022
	Traumatic events experienced in childhood can be associated with mental health problems and social difficulties.	Bellis et al. 2016

Factors contributing to the reduction of anxiety

When I asked Participant 1 what they believed had contributed to the significant reduction in their anxiety, they provided a detailed explanation. Table 33 summarizes their responses and the relevant theoretical framework that supports their experiences.

Table 33

Estimated Reason	Theory
Participant 1 explained that during the initial modeling session, they had observed themselves through the eyes of an outsider. This had led them to realize how arrogant they had appeared without being aware of it. This realisation changed how they directed their attention. Instead of focusing on themselves and their own anxiety, they began to observe other people and their expressions more closely. They interpreted similar signs of anxiety in others that they had noticed in themselves and found themselves feeling compassion toward others. At the same time, they paid less attention to themselves, which in turn alleviated their anxiety.	This process aligns with the social anxiety model proposed by Clark and Wells (1995), which suggests that social anxiety is driven by a negative self-image and self-focused attention. According to the model, negative beliefs are activated in social situations, triggering an automatic "anxiety program" that directs attention inward, influences interpretations, and maintains anxiety through safety behaviours. By shifting their focus away from themselves and toward others, the participant may have disrupted this program and reduced their anxiety.

4.8.2. Participant 2

LSAS, SPIN-FIN, and Self-Assessment Scale

Table 22 illustrates how the participant’s LSAS score decreased moderately in the initial phase. Although the participant continued to experience anxiety in social situations, the reduction in these feelings significantly improved their everyday social functioning. During the study, the participant's social anxiety gradually diminished, first decreasing from severe to moderate anxiety. At the end of the study, the participant no longer showed social anxiety.

Table 23 also shows that the decline in SPIN-FIN scores indicated a significant reduction in social anxiety. This change occurred progressively as the participant's social anxiety markedly decreased, from severe to mild, and eventually to minimal and normal levels.

Table 26 shows the self-assessment scale for the test situation and also demonstrates that the participant's social anxiety decreased. Initially, the reduction was only slight, and during the first follow-up meeting, the participant still felt anxious about working under observation. At the beginning of the second follow-up meeting, the participant's anxiety level remained at the same level as at the end of the first follow-up meeting. However, during the session, the anxiety eased completely.

Change in Self-Image and the Impact of Self-Image Interventions

In the initial assessment, the participant's self-image was weak, located diagonally behind them, with its gaze significantly lower than the participant's own. The participant metaphorically described their self-image as a wolf, symbolizing strength, defiance, and submission. The wolf also reflected the participant's sense of being "dragged along by others" and "standing out as the only woman."

The wolf represented the participant's desire to "show no fear" and to communicate to others that interacting with them would not be easy. The participant hoped that this message would discourage others from approaching them, as they found it distressing. They explained the reasons behind their anxiety as follows, "I don't know them," and "I feel anxious about how they look at me and comment on my appearance."

Metaphorically, the wolf also had a meaning related to submission. The participant described, "I don't dare to say, 'leave me alone,'" and shared that "it was difficult to get out of the situation."

Following the social panorama process, the participant's self-image remained weak. It was located behind them at a distance of 5 meters, with its gaze significantly lower than the participant's own. However, the change from a wolf to a child could be interpreted as positive, as the participant now recognized the self-image as representing themselves. In my view, the self-image reflected the participant's childhood experiences, during which they described feeling " terribly nervous "

around other people. At that time, they could seek protection behind their mother's back, and now their self-image seemed to be metaphorically positioned behind them, as if still seeking safety. This observation aligns with the psychoanalytic concept of regression, where an individual returns to an earlier developmental stage when facing challenges (Freud, 1922).

After the first self-image intervention, the participant reported feeling relieved, even though some anxiety remained.

In the second follow-up meeting, the participant's self-image could still be classified as weak, as its gaze was 20 cm lower than the participant's and directed downward. However, the changes observed in the self-image were notably positive. The self-image was now positioned directly in front of the participant, 1 meter away which is an ideal position for self-image, as previously noted. Another positive change was the self-image's growth from a 5-year-old child to a 13-year-old teenager, potentially symbolizing a developmental process toward adulthood.

At the beginning of the test situation, the participant felt significantly lower than others, which caused them anxiety. Following the self-image intervention, they felt as though they were on the same level as others. They also experienced their body relaxing, felt more confident, and acted more naturally in the situation where their work was being observed.

Themes raised by Participant 2

During the study, the participant raised their difficulty in expressing opinions and saying "no." The positive development in their ability to express opinions observed during the process indicates that a reduction in social anxiety can strengthen self-confidence and the ability to express oneself calmly. This supports the observation that a decrease in anxiety may enhance social skills and self-expression.

Additionally, the participant's avoidance behaviour decreased during the study, which aligns well with Clark and Wells' (1995) model of social phobia. According to the model, avoidance behaviour functions as a safety behaviour that maintains social anxiety. The reduction in avoidance may have been a consequence of the reduction of social anxiety and, at the same time, it may have contributed to the reduction of anxiety.

Factors contributing to the reduction of anxiety

To understand the significant reduction in anxiety experienced by the participants, I asked each of them to describe the factors they believed had contributed to this improvement. Table 34 provide a detailed summary of their responses and the theoretical framework that supports their experiences.

Table 34

The participant felt that medication had helped alleviate physical symptoms, making them feel more at ease. They shared that they had overcome the worst of their depression but were still on medication. They also believed that the research process had had a positive impact and expressed feeling confused about the changes that had occurred over the 5 months. The participant still felt that they needed more confidence in themselves and others, as well as greater courage to handle situations where they are the center of attention. They expressed a belief that, “over time,” they would learn to accept these situations and recognize that they are not dangerous. When asked when "over time" they expected the situation to improve, they estimated that it might take 6 months. The participant continued to reflect, explaining that the process of self-acceptance takes time, progress happens gradually, and with it, they would learn to "be okay" in social situations. They emphasized the importance of monitoring their personal progress and noted that having a positive self-image and a strong connection to themselves supports them in social situations. Additionally, they felt that awareness of their self-image and its impact on their physical reactions is an important tool for managing anxiety.	The reduction in Participant 2's social anxiety can be supported by findings from a systematic review and meta-analysis, which demonstrated the effectiveness of selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) in reducing anxiety symptoms. This suggests that pharmacotherapy, such as SSRIs and SNRIs, may have contributed to Participant 2's reduced anxiety levels. (Mitsui et al., 2022)

4.8.3. Participant 4

LSAS, SPIN-FIN and self-assessment scale

Table 22 shows that the participant's social anxiety remained at a plateau until the first follow-up session, with scores decreasing only slightly and the anxiety remaining severe. However, a significant change occurred between the first and second follow-up sessions, with scores falling and social anxiety decreasing from severe to no anxiety.

Table 23 illustrates a steady decline in SPIN-FIN scores. During the study, the participant's social anxiety decreased from severe to moderate, and by the end, their anxiety had reached a normal level.

Table 26 demonstrates that anxiety initially decreased only slightly, and the participant still experienced the test situation as very distressing. During the first follow-up session, anxiety decreased slightly more, and by the second follow-up

session, the participant no longer experienced the test situation as anxiety-provoking.

Change in self-image and the effect of self-image interventions

At the initial assessment, the participant saw their self-image as a 9-year-old curled-up child who was curled up inward. This reflected their tendency to withdraw in distressing situations and "build a wall" to protect themselves.

The test situation experienced by the participant reflected their childhood family experiences, in which they had a “duty to understand”. It can be interpreted that participant 4 regressed to their younger self when a situation felt too overwhelming, possibly experiencing an internal conflict (APA, 2018) about being “required to understand but not being understood.”

In the first follow-up session, the participant's self-image could still be interpreted as weak, as it was located diagonally forward, with its gaze directed downward and 20 cm below the participant's own downward gaze (Appendix 7) However, it can be considered a positive development that the participant now saw their self-image as a 16-year-old adolescent with more social skills than the previously perceived 9-year-old child. After the first self-image intervention, the participant's anxiety significantly decreased. In the second follow-up session, the participant’s self-image in the test situation had grown to their age and was now positive, After the second self-image intervention, they reported increased self-confidence and a stronger connection to themselves.

Themes raised by Participant 4

During discussions throughout the study, the participant brought up needing the courage to express their opinions and setting boundaries. They shared that they had already taken small steps toward their goal and spoke of their experiences of success. The participant also reported recognizing anger and aggression, which facilitated expressing and setting boundaries. Reflecting on Sharpe & Rossiter's (2002) study, it can be interpreted that, instead of relying on previously internalized behavioural patterns such as depression and anxiety, the participant had begun to practice more outward-oriented behaviours by expressing aggression. Initially, this involved learning to express themselves in a manner that swung "from one extreme to another," gradually developing toward more constructive communication.

Factors contributing to the reduction of anxiety

To gain insights into the factors that contributed to the reduction in Participant 4's anxiety, I inquired about their experiences and reflections. Table 35 illustrates a comprehensive summary of their responses along with the corresponding theoretical explanations that underpin their experiences.

Table 35

Estimated Reason	Theory
When Participant 4 was asked which factors had contributed to this change, they stated that they had found their "inner child" and felt that being present as an adult for this child had strengthened their inner sense of safety. As a result, both anxiety and obsessive-compulsive symptoms had eased. They felt that the process had been a significant addition alongside therapy.	The inner child refers to a part of one's childhood self, and the aim is to help the individual reconnect with this part of themselves to release harmful emotional and behavioural patterns (Hestbech, 2018). Sjöblom et al. (2021) suggest in their study that phenomena describing the inner child provide a perspective on how it could support health promotion at various stages of life. The study highlighted the use of resources provided by supportive relationships, turning challenges into life lessons, and developing self-awareness. The participant considered the aspects related to these themes as important, and they were also realised in their life. From this perspective, examining the process during the study, it can be interpreted that finding and working with the inner child had supported the participant's mental health.

4.9 Joint Analysis of Results

This section reflects on the participants' results from the perspective of the research questions, and finally, the participants' experiences are compared to previous research.

My intention was to study solely the effectiveness of the childhood family social panorama intervention. During the first follow-up sessions, noticing that the participants' self-images were still weak, the role of the coach overrode the role of the researcher, and I decided to guide the participants through a self-image intervention. The decision was beneficial for the participants but complicates

answering the original research question. This study, therefore, better addresses how social panorama interventions influence social anxiety and self-image.

4.9.1. The Impact of the Childhood Family Social Panorama on Self-Image and Social Anxiety

After the childhood family social panorama intervention, participants' self-images showed positive changes, but none of the self-images had become positive by the first follow-up session. During the study, it appeared that changes in self-image occurred gradually, moving in a positive direction. An interesting observation was that during the initial assessment, when I modeled the experience of social anxiety and self-image in different situations, each participant saw their self-image as a child in certain situations. In my view, this indicates regression, which I previously considered in the analysis.

In contrast, the social anxiety of all participants had lessened by the first follow-up session, as measured by the LSAS and SPIN-FIN scales, and by the second follow-up session, the anxiety of all participants had decreased to the extent that, based on LSAS and SPIN-FIN results, none of them experienced social anxiety anymore. Their anxiety was at a normal level.

However, it was interesting that while anxiety had decreased generally, in the selected test situations, the anxiety of participants 2 and 4 had decreased only slightly. It is possible that in the LSAS and SPIN-FIN questionnaires, participants assessed their social anxiety more rationally, whereas in the selected test situations, they immersed themselves in the scenario and assessed their anxiety based on that. When we associate with a situation, we feel the related emotions more intensely than when we observe the situation from an external perspective.

A notable exception was participant 1, whose social anxiety had already decreased to a normal level by the first follow-up session, as measured by both the SPIN-FIN scale and the self-assessment scale. As I previously considered, it is difficult to determine whether this reduction in anxiety resulted from the participant's realization during the initial assessment, which shifted their attention more toward other people, or whether the childhood family social panorama also had a significant impact.

4.9.2. The Impact of the Self-Image Intervention on Social Anxiety

The self-image intervention appeared to have a greater impact on the alleviation of social anxiety experienced in the test situation than the childhood family social panorama intervention. Anxiety decreased gradually and progressively, indicating that change required time and repetition of the self-image intervention. I believe that from a systemic perspective, it is good to trust the delay.

However, each process was unique. During the study, participant 1’s self-image changed from negative to weak, while participant 2’s self-image remained weak throughout the process. In contrast, participant 4’s self-image changed from weak to positive. Self-image can be thought of as reflecting a person’s identity and their beliefs about themselves. This may partially explain the differing changes observed in self-images.

4.9.3. LSAS, SPIN-FIN, and Self-Assessment Scale

Social anxiety, as measured by the LSAS and SPIN-FIN scales, had decreased significantly for Participants 1 and 2 by the first follow-up session, but Participant 4's LSAS score had decreased only slightly. By the second follow-up session, none of the participants showed signs of social anxiety, with their anxiety levels falling within the normal range.

Despite a slow start, Participant 4's LSAS scores dropped by 58 points between the first and second follow-up meetings, and anxiety in the test situations decreased from 6 to 1. I believe that the rapid decrease in anxiety levels was facilitated by the alleviation of the participants OCD symptoms, as they reported. At the beginning of the study, some avoidance behaviours interpreted as social anxiety may have been due to OCD. Other contributing factors could include the participants self-image evolving into a more mature and positive one, and the participant mentioned finding their “inner child,” as previously referred to.

4.9.4. Participants' beliefs and objectives

Each participant's beliefs also changed, with negative beliefs weakening and each recognizing more positive qualities in themselves. By the end of the study, clear improvements were observed, and all participants emphasized the importance of the process and allowing time for change. I believe that working on the structural level within the MSP framework, focusing on the childhood family and one's self-image, has enabled changes in the participants' experiences.

In this section, the findings of the study participants are analysed in the context of the theories and studies presented in the literature review. The analysis is supported by tables illustrating the key results.

The findings of my study broadly aligned with the research reviewed in the literature. One noteworthy exception emerged in relation to the study by Meral and Vriends (2022), which suggested that individuals with a negative self-image and high social anxiety tend to experience greater distress in social interactions. However, in my study Participant 1 in my study presented a different outcome. Among the three participants, they had the lowest level of social anxiety at the start of the study, despite being the only one with a distinctly negative self-image. This observation highlights a divergence from Meral and Vriends' findings and adds a unique perspective to understanding the interplay between self-image and social anxiety.

4.9.5. Reflection on literature

The findings of my study are broadly aligned with the research reviewed in the literature. However, one noteworthy exception emerged in relation to the study by Meral and Vriends (2022), which suggested that individuals with a negative self-image and high social anxiety tend to experience greater distress in social interactions.

In contrast, Participant 1 in my study presented a different outcome. Among the three participants, she had the lowest level of social anxiety at the start of the study, despite being the only one with a distinctly negative self-image. This observation highlights a divergence from Meral and Vriends' findings and adds a unique perspective to understanding the interplay between self-image and social anxiety. Overall, my findings validate the relevance of existing theories while contributing

nuanced insights into self-image and social anxiety dynamics. In Table 36, Table 37, and Table 38 the research results are compared with previous studies.

Table 36

Research	Participants' Experiences	Alignment with the Research
Morán et al. (2018): Insecure family relationships, fear of rejection, and difficulties in emotional regulation can increase the risk of social anxiety.	Participant 1's panorama showed that the attention of parents and relatives was directed away from her, which may indicate an insecure attachment. She also expressed fear of rejection and difficulties with emotional regulation.	Aligned: Participant 1's experiences support the model.
Morán et al. (2018)	Participant 4 described that in her childhood family, emotions were not discussed or accepted. Her sense of rejection likely stemmed from the attention given to her ill younger brother and the dismissal of her own experiences and opinions.	Aligned: Participant 4's experiences align with the model.
Leigh & Clark (2018) and Rapee & Heimberg (1997): Overprotectiveness can contribute to the development of social anxiety.	Participant 2's panorama indicated possible overprotectiveness by her mother. Her account supports this, as she described her mother managing the household alone while they lived abroad during her childhood. She felt secure near her mother but anxious around others.	Aligned: Participant 2's experiences align with the influence of over protectiveness.

The Impact of Family Relationships and Attachment on Participants' Experiences

Table 37

Research	Participants' Experiences	Alignment with the Research
Beck (2019): People often have recurring, unconscious, and distorted automatic thoughts, which can lead to negative emotions and problematic behaviours.	At the beginning of the study, all participants expressed negative, automatic thoughts about themselves, such as being "not good enough" or "a failure."	Aligned: Participants' experiences reflect Beck's findings.
Clark & Wells (1995): Negative beliefs formed through life experiences can trigger an automatic "anxiety program" in social situations.	Participants' negative beliefs about themselves appeared to activate a pattern of self-focus, emotional distress, and avoidance behaviours in social situations.	Aligned: Participants' experiences support the model.
Hopkins et al. (2021) and Gregory et al. (2018): Socially anxious individuals have fewer positive self-beliefs, and developing a more positive self-view can reduce social anxiety.	At the start of the study, participants had more negative than positive self-beliefs. As their social anxiety decreased by the end of the study, all participants reported having more positive than negative self-beliefs.	Aligned: The findings align with the research.
Wells & Matthews (1994) and Nordahl et al. (2017): Focusing on how individuals relate to their thoughts, rather than changing the content of thoughts, may be more effective in reducing social anxiety. Processes like managing uncontrollable thoughts and attention focus are key.	The study did not explicitly address metacognitive beliefs, and participants did not express concerns related to uncontrollable or dangerous thoughts. Researcher's interpretation: Changes in identity-level beliefs may have contributed to reduced anxiety.	Not addressed: This aspect of the research was not explored in the study.

The Impact of Social Anxiety and Beliefs on Participants' Experiences

Table 38

Research	Participants' Experiences	Alignment with the Research
Dobinson, Norton, & Abbott (2020): A negative self-image and evaluative beliefs are significant in the context of social anxiety.	At the beginning of the study, all participants expressed negative, evaluative beliefs about themselves, and their self-image was either negative or weak.	Aligned: Participants' experiences reflect these findings.
Lee, Ahn, & Kwon (2019): A positive self-image can reduce anxiety and improve emotional regulation.	Self-image was closely linked to social anxiety for all participants in the study. When their self-image became more positive during test situations, their anxiety diminished. This was most evident in Participant 4, who experienced no anxiety when her self-image was positive during the second follow-up session.	Aligned: The findings strongly support this research.
Meral & Vriends (2022): Individuals with a negative self-image and high social anxiety experience greater distress in social interactions.	Participant 1 had the lowest level of social anxiety among all participants at the start of the study, even though her self-image was the only distinctly negative one.	Not fully aligned: Participant 1's experience does not entirely support this research, as her low social anxiety contrasts with her negative self-image.
Gilboa-Schechtman et al. (2019): Identity and perceived social status play a role in the intensity of social anxiety.	Participant 2 described feeling inferior to others during an anxiety-provoking test situation when her self-image was weak. As her self-image improved and her anxiety lessened, she described feeling on the same level as others.	Aligned: Participant 2's experiences reflect these findings.

The Role of Self-Image in Participants' Experiences

5. Conclusions and Summary of Learning

The aim of my study was to increase the understanding of the underlying factors of social anxiety and to evaluate the impact of the Childhood Family Social Panorama intervention on social anxiety and self-image.

My study met these goals by making the Childhood Family Social Panorama and family dynamics of each participant visible. Furthermore, it clearly highlighted the connection between self-image, as conceptualised in the Social Panorama model, and social anxiety. The findings revealed that the Childhood Family Social Panorama intervention had a positive effect on participants' social anxiety, as the anxiety levels of all participants decreased to a normal range during the course of the study.

5. 1. Analysis of objectives and results

The objectives of my study were partially achieved, but the impact of the Childhood Family Social Panorama on self-image remained unclear. The evaluation of its effectiveness was challenging because self-image interventions were also conducted during both follow-up sessions. However, based on the findings of this study, it seems that the self-image intervention may be a more significant factor in influencing changes in self-image compared to the family panorama intervention. While both interventions appeared to create progressive changes, the self-image intervention potentially had a stronger effect. For future research, it would be beneficial to examine these interventions individually and separately, which would allow a clearer assessment of their effectiveness.

5.2. Personal and Professional Learning

At the beginning of the study, my goal was to develop professionally as a neuro coach, trainer, and researcher, as well as to deepen my understanding of the factors influencing social anxiety. During the process, I learned more than I had anticipated, but at the same time, I did not fully achieve all of my learning objectives.

Having two participants withdraw early in the study led me to reflect on my approach and the importance of focusing on the client’s needs in future research. I also learned that the multi-phase Childhood Family Social Panorama process may not be a suitable approach for all clients. However, if this method is used, it requires a skilled professional with a deep understanding of the process, significant experience in guiding it, and enough time to focus on the client’s needs without the pressure of research deadlines.

This study deepened my understanding of how to guide the multi-phase Childhood Family Social Panorama process. I realized that it would have been beneficial to explain the significance of the structural-level approach more clearly to the participants, as this could have improved the process's flow and timelines. Additionally, my misunderstanding of where the resources should be directed during the process extended its duration. The correct approach would have been to focus on sending resources only to ancestors, not to subsequent generations, as I initially guided. This adjustment would have saved time and made the process more efficient.

A goal that I have yet to fully achieve, and which I continue to work towards, is improving my practical skills in managing, analysing, and interpreting qualitative data, as well as presenting research findings clearly and comprehensibly, especially in English. I have noticed that my tendency to focus on details and difficulty grasping the bigger picture early in the process can complicate both practical work and writing. Additionally, my proficiency in English still requires improvement, which presents challenges but also offers an opportunity for growth and development.

5.3 Recommendations and Future Research Directions

Although my study successfully addressed a gap in previous research by examining the effects of the MSP framework and Social Panorama interventions on social anxiety, many questions remain open. Further research is needed to explore the impact of Social Panorama interventions on social anxiety in greater depth, particularly their long-term effects. Additionally, it would be beneficial to examine the effects of the Childhood Family Social Panorama and self-image interventions

separately, as this study combined the two, making it difficult to assess their individual contributions. Filling these research gaps could deepen the understanding of the practical benefits and mechanisms of these methods.

The possible regression of participants in socially distressing situations observed during the study is an interesting topic for further research. Gaining a deeper understanding of this phenomenon could offer new perspectives for the treatment of anxiety in everyday situations.

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