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Exploring the Use of the Best Possible Self Technique for Anxiety Reduction: Findings from Focus Groups

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Abstract

Initial research, within the field of cognition and positive psychology, demonstrates the benefits of future thinking interventions such as the best possible self-technique (BPS) for the treatment of anxiety-related distress. However, despite these promising findings, attempts to gather feedback on the use of future thinking techniques is scarce. Across three focus groups, the present paper aimed to explore the acceptability, sensitivity, and feasibility of the BPS technique for the treatment of anxiety disorders. 13 participants (10 with lived experience and 3 trainee clinicians) participated in one of three focus groups. All sessions were audiotaped and fully transcribed verbatim. Participants acknowledged that future thinking is often a source of distress and viewed the BPS technique as potentially helpful in creating a safe mental space. However, participants emphasised the value of breaking down BPS goals into smaller, manageable steps. Additional feedback included recommendations regarding the terminology used, preferred modes of delivery, and considerations around the accessibility of the technique for specific populations. Findings are discussed in relation to existing literature, and implications for the refinement and implementation of the best possible self-technique are outlined.

Keywords: Future Thinking, Best Possible Self-technique, Anxiety, Focus Groups

Anxiety disorders represent the sixth leading cause of disability worldwide (Baxter et al., 2014) and are increasingly prevalent (NICE, 2025). It is evident that although anxiety disorders are a major cause of burden of disease globally, the treatment gap remains wide. Results from a World Mental Health Surveys in 21 countries by Alonso et al (2018), highlighted that there were many barriers internationally to people accessing services. These include, for example, structural and health system weaknesses, scarcity of mental health and human services, lack of awareness of what anxiety is, avoidance of services due to fear of stigma, and the costs of treatment (Alonso et al., 2018). Although these challenges are noted globally, it was clear that lower treatment levels were found for lower income countries. Within the Global North, there are different challenges, for example, as researchers in the UK, we have noted that access to psychological therapies remains limited due to increasing demand (NICE, 2025). Therefore, it is important to identify low-cost, scalable interventions that can be distributed broadly, as part of early intervention strategies or self-help resources. Future thinking techniques have emerged as a promising intervention strategy, following research showing that impairments in future-oriented cognition are linked to various forms of psychopathology, including anxiety (Du et al., 2022). For instance, research has shown that, compared to healthy controls, participants with elevated anxiety report more vivid, or *real*, negative future imagery (Di Simplicio et al., 2016; Morina et al., 2011; Tallon et al., 2020).

One such intervention is the *Best Possible Self* (BPS) technique which is a positive psychological tool that requires individuals to mentally imagine and describe their ideal future (King, 2001). Respondents are encouraged to engage multiple sensory modalities to create a detailed, and emotionally positive vision (see Appendix A for the BPS instructions). It is suggested that the BPS technique could decrease the perceived *realness* of negative future events by encouraging individuals to pre-live a fulfilling and positive personal future which in turn could reduce anxiety symptomology (Duffy et al., 2025a).

In evidence of this, a recent study examined the effectiveness of a single session of the BPS technique for reducing anxiety in university students (Booth et al., 2024). The BPS technique was compared against a control condition that asked participants to imagine a typical day in their life. Measures were taken at baseline, immediately after the intervention, and again after 6–8 days. At follow-up, it was found that the participants in the BPS condition reported significantly lower anxiety symptoms (as measured by the Beck Anxiety Inventory) than those in the control group. Similarly, across two studies Duffy et al. (2025b) found that the BPS technique reduced generalised anxiety across two weeks in a non-clinical sample. Importantly, both Booth et al. (2024) and Duffy et al. (2025b) delivered the BPS technique online, which highlights its scalability and potential utility in addressing the limited access to therapeutic support for the treatment of anxiety disorders.

However, before implementing the BPS technique as a clinical intervention, it is critical to explore its acceptability, sensitivity, and feasibility within clinical contexts. To address this, we conducted a series of Patient and Public Involvement (PPI) focus groups. PPI refers to the active collaboration between researchers and individuals with lived experience, with the aim of ensuring research is relevant, accessible, and impactful (Robinson, 2014). PPI could improve the design, and delivery of the BPS technique by incorporating perspectives that researchers alone may overlook (Pizzo et al., 2015). To address the clinical feasibility of the technique, it was decided that the present research would discuss the technique with a smaller group of clinicians. Clinician's perspectives were considered crucial to facilitate exploration of the potential implementation and delivery of the BPS technique within therapeutic settings. Specifically, the present article reports the findings of a qualitative study exploring the views of clinicians and individuals with lived experience of anxiety on the use of the Best Possible Self (BPS) technique, for reducing anxiety. In addition, the findings will inform counselling and psychotherapy theoretical perspectives that underpin interventions for

anxiety, including integrative relational approaches and cognitive restructuring perspectives that target maladaptive beliefs and patterns of future-oriented thinking.

Method

Participants

Three focus groups with between 3 and 6 people were conducted, either online or on a public university campus, between May and July 2025. Individuals with lived experience were recruited through various organisations who support individuals with their anxiety. These organisations distributed a recruitment poster that was produced by the team. The advert targeted individuals who have lived experience of anxiety. Individuals who wanted to take part could decide to do so virtually (over Microsoft teams) or in-person (on a public university campus). Individuals with clinical experience were recruited through clinical or counselling psychology doctorate programmes. Adverts were targeted towards individuals in the final year of their studies who have had clinical experience. The clinician focus group took place online. In accordance with NIHR guidelines for payment guidance for researchers and professionals involving people in research (2025), all participants received a £40 voucher for taking part. Participant demographics are presented in Table 1. In total 10 participants were recruited who had lived experience (4 in-person, 6 online), and 3 participants were recruited who had clinical experience (final year clinical/counselling psychology doctorate trainees).

Procedure

The focus groups were facilitated by two authors. Responses were recorded and all participants had an opportunity to express their views over each discussion point. Discussions lasted 60-75 minutes. The lived experience groups were held one week apart, and the clinician group was held a month later. This allowed the facilitators to discuss ideas with the

clinicians that were relevant to the individuals with lived experience. Before starting the recording, participants provided consent and completed some brief demographic questions. The focus groups were structured with a PowerPoint presentation which started with introductions, definitions of future thinking, and a rationale for future-based interventions. This was followed by a demonstration of the best possible self-technique. Each slide was followed by a distinct set of questions (see Appendix B). Ethics approval was provided by the university ethics committee [ETH2425-0441].

Table 1: Participant Demographics

	Lived experience (*n=10*)	Clinicians (*n=3*)
Description	Individuals who have lived experience of anxiety.	Individuals on clinical or counselling psychology doctorate programmes who have had clinical experience.
Gender		
Male	3	0
Female	7	3
Age range		
20-35	6	1
36-60	4	2
Ethnicity		
White British	8	1
African Caribbean	2	1
Asian	0	1

Table 2: Themes Identified from Focus Groups

Theme	Description
Imagining a Safer Future: Introducing Positivity into Threat-Based Thinking	Future thinking often threat-focused; BPS provided an alternative way to imagine hopeful futures and offered safety/distraction.
Importance of Goal Engagement	Anxiety linked to gap between current state and goals; BPS helped focus on goals, though participants preferred breaking them into manageable steps.
Learning from the Past to Face the Future	Past experiences often reinforced doubts; but could also provide evidence to challenge catastrophic thinking. Clinicians cautioned against negative comparisons.
Wording and Relevance of the BPS Technique	Concerns about the term "*best*"; some life-domain categories felt irrelevant. Suggestions included reframing to "*meaningful future self*" and alternative categories such as "*connections*"
Accessibility and Delivery Preferences	Considerations for neurodivergent participants, aphantasia, trauma history. Mixed preferences for delivery (online, self-directed, face-to-face). Need for choice and flexibility.

Data Analysis

Recordings were transcribed verbatim and analysed using reflexive thematic analysis following Braun and Clarke (2006). Two authors independently familiarised themselves with the data and generated preliminary themes, which were subsequently discussed and refined collaboratively until agreement was reached regarding theme definitions. Nvivo software was used to manage and organise the data.

The researchers facilitating the focus groups and conducting the analysis had prior academic interest in the Best Possible Self (BPS) technique. To minimise potential confirmatory bias, data were analysed with a reflexive approach and themes developed collaboratively and discussed critically between authors. The reflexive process included discussions between researchers on our professional backgrounds (e.g. with one being a postgraduate researcher and the second being a psychotherapist and practitioner psychologist and the third being a university lecturer). Our discussions focused on how our orientations of practice, and training may have shaped our interpretations of participants' accounts. It also included us discussing our awareness of our emotional reactions during analysis, including resonance with how narratives of past experiences often reinforced doubts. We also discussed and examination power dynamics in the research relationship and how these may impact interpretation for example we brought to the groups the phrasing "Best future self" and our openness as a group to invite diverse perspectives resulted in participants voicing concerns about the term "*best*"; and suggesting reframing this to "*meaningful future self*" and alternative categories such as "*connections*".

Results

During introductions, all participants in the lived experience groups reported struggling with anxiety and expressed a desire to participate in the groups either to help improve existing services or to learn more about research on anxiety-related distress. All

participants in the clinician group reported having experience delivering psychological interventions to anxious individuals, and knowledge of relevant therapeutic approaches.

In response to questions about future thinking and the BPS technique, the following themes were identified: Imagining a safer future: introducing positivity into threat-based thinking, the importance of goal engagement, learning from the past to face the future, wording and relevance of the BPS technique, accessibility of the BPS technique and delivery preferences (see Table 2). Accounts from each group are presented together to illustrate shared themes.

Imagining a Safer Future: Introducing Positivity into Threat-Based Thinking

When asked about their own future thinking, all participants in the lived experience groups reported experiencing distress over the topic. This distress was linked not only to the valence of the future thoughts but also to the feeling of being psychologically present in the imagined scenarios:

"It's so creative with how you can think negatively in the future because you're so creative with it. It feels like you're in that future right there. So that anxiety is in you now about the future." [pp.1 lived experience]

Specifically, future thinking was often described as intentional and threat-focused, designed to avoid and prepare for negative possibilities.

"*I always think about the what-ifs and the negatives… so I can prevent it and try avoid certain situations."[pp.4 lived experience]*

In response to this maladaptive thinking pattern, participants developed their own coping strategies as a form of distraction or avoidance such as going to the gym, engaging with arts and crafts, or listening to music.

"Finding your jam, whatever that is, to remove you from the moment. And combining that into your life as a method of removing yourself from those high anxiety periods, you can't always do it." [pp.5 lived experience]

The BPS technique offered a contrast to participants typical future thinking. Rather than scanning for threat, the BPS technique invited participants to explore alternative, more hopeful possibilities in the future. Participants described this as a foreign but meaningful shift in how they thought about their future and could act as a source of safety or distraction in times of distress.

"For me… this is an opportunity to think of yourself in a better light, right? Your 'best' might just be the next step out of your current situation. It doesn't need to be big or flashy. That's why this kind of visual imagery is good — it's not the same for everyone." [pp.2 lived experience]

"It's like training… to feel calm… and associate that calmness with right now." [pp. 1 lived experience]

The Importance of Goal Engagement

Across all groups, the participants agreed that goals were the predominant cause of their anxiety. Specifically, it was the perceived gap between one's current actions and these desirable outcomes that contributed to symptomology. As a result, participants consistently described a need for support in order to achieve their goals in order to reduce their anxiety.

"Support would be helpful in certain areas when you're trying to achieve something." [pp. 7 lived experience]

"Intervention could be in the form of support… could be sharpening one skills or learning something new to assist in getting to where one needs to get to." [pp. 2 lived experience]

Taking these steps in the present to achieve goals in the future was considered important for building self-esteem and to improve perceived self-competence.

"And you know you've achieved something that day. Getting stronger has helped my self-confidence as well… now I'm more likely to try something new." [pp. 7 lived experience]

"If you can find something that you're good at, something that you can achieve and focus on… and then have people appreciate that strength… it gives you confidence to do something else." [pp. 6 lived experience]

The participants liked that the BPS technique was centred around goals, however some participants stated that they would find it more helpful to break these goals into manageable pieces. Thus, rather than exclusively focus on a distant, idealised future, create a strategy or plan of action to get there.

"If you set a plan and think positively… don't give yourself too much to do. Do it in baby steps. It's not so much stress, and you're not panicking. I think that's the best idea — just little goals." [pp 3 lived experience]

It was highlighted that more manageable goals that are within the individual's capacity, could facilitate goal achievement which will provide a sense of confidence and capability in achieving the bigger, more idealised goals that they create during the BPS technique.

"Having those little wins does make you feel like you can build up the confidence to maybe do more — like bigger goals." [pp. 1 lived experience]

The practitioners agreed that bigger goals that are too far removed from the present could feel too unrealistic and unattainable:

"In her head she's going to be married, have kids, a job… but the reality is she's not leaving the house. Is that going to be worse for her? Because she hasn't met those milestones."[pp. 11 clinician]

The clinicians also highlighted a suggestion for how this could be delivered based around an existing therapeutic technique called "80th birthday". This values-based exercise is an existing method for linking future goals with meaningful present-day actions which could be utilised as an imagery-based task.

"It's your 80th birthday… you're reflecting on what values would be reflected in your life. Then you work backwards to commit to actions that move you in that direction." [pp. 13 clinician]

Learning from the Past to Face the Future

Participants reported using the past to cast doubt on their capabilities going forward in the future. In these cases, the past was not a source of reassurance but instead became a benchmark for what they feared would go wrong again.

"The way we see the future has correlations to the past because we think we can see the future due to the previous bad experiences." [pp. 8 lived experience]

Despite these concerns, participants also described how reflecting on the past in a structured and supportive way could help reduce anxiety. For some, looking back at times when feared outcomes did *not* come to pass offered an evidence base that helped challenge catastrophic thoughts about the future:

"I'll catch myself on an anxious thought… but then realise it never actually happens."[pp. 4 lived experience]

This suggests that integrating selective reflection on past experiences into the BPS technique could strengthen its effect for some users. For example, one participant proposed that identifying small past successes could help build confidence in pursuing goals in the future:

"And I think maybe just on what I was saying previously and what other people have said, people's past experiences and focusing on those is shaping what they think about what's going to happen in the future. Maybe some of it can be tailored, tailor-made to thinking about what positive things have happened to them in the past." [pp. 1 lived experience]

However, when asked about this, the clinicians emphasised the need for caution since it could trigger comparisons between who one was and who one is currently. Specifically, practitioners described how some individuals use past events to reinforce feelings of inadequacy in the present:

"Whilst she's recognising that, yes, she did something great three years ago, there'll be this inner critic… 'I should be doing this now.' So whilst it's supposed to be a previous success, it almost then has a negative filter." [pp. 11 clinician]

Wording and Relevance of the BPS Technique

While the Best Possible Self (BPS) technique was generally understood and appreciated by participants, several individuals expressed concerns about the terminology employed in the exercise. In particular, the word "*best*" was perceived by some as potentially overwhelming:

"Best' puts a pressure on… what if I don't have a best?" [pp. 6 lived experience]

Clinicians echoed these concerns, noting that imagining an ideal future self might feel unattainable or even harmful for certain client groups, particularly those whose life

circumstances limit their options or for whom change is unlikely in the short term. Likewise, several participants also reflected on the way the BPS technique is structured around specific life domains (e.g., personal, professional, social). Although some found these categories helpful, others found them to be irrelevant, particularly if their current circumstances didn't align with one or more domains.

"....what happens if you like quite an older person doing it, what more academic skills would you need? Like, you've already been through. That's more aimed at younger people or someone in any sort of training. If you're quite an older person, I don't think you'd need that."[pp.3 lived experience]

Alternatively, participants offered suggestions over different terminology that could be used instead such as changing "*best-self*" to a "*meaningful future-self*" or changing the wording of the categories for instance, rather than the social domain, ask participants to write about "connections" to account for the fact that for some people connections with nature or having spiritual connection is more important:

"Yeah, I think it's possibly about having realistic expectations of what your future is and some of the words in there would be just daunting anyway. The words like abilities, achievements things like that. I would prefer to see connections, hope……And also, I often had difficulty with friendships and family and for a lot of people their connections aren't with friends and family. It's with nature. It's with spirits, you know spiritual. So, so rather than actually saying friends and family for social, I'd rather explain my connections for me. What's important to me, whether it's my, animals, nature, swimming, whatever. Because a lot of my negative feelings have been with friends and family, you know." [pp. 6 lived experience]

Accessibility and Delivery Preferences

Clinicians with experience of working with neurodivergent populations, noted that some participants with autism could struggle to imagine future scenarios particularly those

based in hypotheticals. For example, one clinician shared a case where a client could not engage with future-based questions and struggled to think about hypothetical situations due to "*black and white thinking*".

"So the patients that I've got at the moment who have anxiety and ASD really struggle with that forward thinking." [pp.11 clinician]

However, it was also acknowledged that autistic people are not a homogenous group, as experiences and presentations of anxiety may vary. Thus, the inability to imagine the future, might not impact everyone in the same way. Also, one individual in the lived experience groups reported that an alternative intervention format could be beneficial. Specifically, it was suggested that an ideal environment could be created around stims through the reliance on different sensory modalities:

"If you can't imagine it, you can imagine the senses… like stims that calm you down and associate that calmness with right now." [pp. 1 lived experience]

Others raised concerns about aphantasia, the inability to picture events in the mind. For instance, one individual from one of the lived experience groups who experiences aphantasia, reported the following:

"For myself, the first emotion I felt [after reading the BPS technique] was shame. I have aphantasia from a head injury. And to be asked to imagine something. Now I have a vivid imagination in my own way. But the immediate thing is I can't visualise." [pp. 5 lived experience]

Trauma history and experiences of dissociation that some people may have were also flagged as potential considerations. One clinician raised the risk of reinforcing dissociative processes in certain groups if the intervention wasn't delivered with careful framing and supervision:

"The only concern would be around patients with trauma and those who dissociate and go into their daydream fantasyland… how do you make sure we're not encouraging dissociation?" [pp. 11 clinician]

Finally, participants had mixed preferences regarding delivery format. While some preferred the privacy and flexibility of online or self-directed formats, others valued the connection and safety of guided, face-to-face support. Importantly, participants emphasised the need for *choice*:

"When my anxiety is really bad… face-to-face would be too much. So I think having options for both online, and face-to-face is important." [pp. 9 lived experience]

"Can't be an intervention where you don't feel supported doing it." [pp. 5 lived experience]

Suggested adaptations included a blended model to allow participants to begin with a guided version, and later transition to audio or app-based formats:

"Maybe some of the delivery can be in person with someone that's trained, and then… left alone with something you can play on a tablet or phone." [pp. 7 lived experience]

Discussion

The present study explored the perspectives of individuals with lived experience of anxiety and clinicians regarding the use of the Best Possible Self (BPS) technique, in reducing anxiety symptomatology. The findings demonstrated that imagining the future can be anxiety-provoking for many individuals, however when appropriately structured and supported, it could also be used as a tool to reduce distress. The data suggested that the BPS technique was largely accepted by participants and held therapeutic promise. However, participants in both the lived experience groups and the clinician group raised important concerns and suggestions for improvement that should be explored in future research. The

sections that follow will discuss the findings in the context of existing research and discuss the strengths and limitations of the present study.

Alignment with Prior Literature

First, the results from the present study showed that future thinking was often a source of distress for all of the individuals with lived experience. Specifically, participants reported more negative future facing thoughts, and the feeling of being psychologically present in them. This is consistent with extensive psychological research that shows a significant association between anxiety and the tendency to imagine negative future scenarios more clearly or vividly (Di Simplicio et al., 2016; Du et al., 2022; Morina et al., 2011). Previous research has suggested that the BPS technique could decrease this perceived *realness* of negative future events by encouraging individuals to pre-live a fulfilling and positive personal future (Duffy et al., 2025a). Indeed, the participants in the present study agreed that the BPS offered a safe mental space that they can use to escape negative thoughts and anxiety.

The participants reported that it is future goals that typically preoccupy their future thoughts. This is consistent with previous research showing that a large percentage of future thoughts represent goals, or current concerns (Cole & Berntsen, 2016). Interestingly, when asked about what type of intervention they would like to see, most participants with lived experience agreed that helping individuals engage with their goals would be most beneficial to help build confidence and self-esteem. This is unsurprising given the importance of goal engagement for the treatment of anxiety disorders (Jacob et al., 2022). Specifically, according to motivation theory (Bandura, 1988), goal engagement can build self-confidence and motivation to continue to strive for goals in a continuous self-regulatory feedback loop (Harkin et al., 2016). Notably, the BPS technique, which requires individuals to set future goals, has been found to increase self-esteem, which can partially explain why it is effective

at reducing anxiety (Duffy et al., 2025b). However, the participants agreed that individuals could benefit more if the goals are broken down into smaller steps to create a plan of action. The BPS technique requires individuals to mentally visualise the *outcome* of achieving their future goals. Comparable to this is process simulation, which requires individuals to mentally simulate *how* to achieve goals (Pham & Taylor, 1999). Previous research has found that compared to outcome simulation, process simulation is more effective at facilitating successful goal achievement and can reduce anxiety related to a future goal (performing successfully on an exam) (Pham & Taylor, 1999). Therefore, the BPS could produce better outcomes if it requires individuals to mentally simulate the process of becoming their ideal self and not just the outcome. Overall, the findings suggest that the BPS technique could function beyond a simple positive psychological tool and instead could be used to support positive self-evaluations and motivate behaviour.

Another common theme that emerged in the present study was the role of past thinking in facilitating anxiety symptomology. Specially, participants reported that the past can set a benchmark for what could go wrong again in the future. This is consistent with a plethora of research showing a significant association between anxiety and dysfunctional past thinking (Coles and Heimberg, 2002; Morgan, 2010). However, it was suggested that past thinking could also help to reduce anxiety if it is used appropriately. This is consistent with research showing that past thinking interventions, such as Imagery Rescripting, can reduce anxiety symptomology (Strachan et al., 2020). Imagery rescripting involves reimagining past negative experiences to integrate positive elements to reduce their emotional impact (Strohm et al., 2021). A recent study by Duffy and colleagues (2025b) did investigate the benefits of combining a past thinking element into the BPS technique. In this study, participants were randomly assigned to one of four groups: a BPS condition, a combined Best Possible Past and Future Self (BPP-FS) condition, an active control group (activity writing), or a passive

control group. Duffy and colleagues proposed that envisioning a best past self could enhance the effects of the BPS by increasing self-efficacy in the present, thus making positive future events feel more achievable. The results showed that participants who completed the BPS over four consecutive days reported a significant decrease in generalised anxiety after a two-week follow-up. In contrast, the BPP-FS condition reported no change in anxiety, which the authors suggested may be because reflecting on a past ideal self could have highlighted discrepancies with one's current state, potentially lowering self-esteem. This is consistent with reports from the clinician group who cautioned that a past task could trigger comparisons between who one was and who one is currently. Future research should explore the benefits of a different past variant of the task for instance, Duffy and colleagues suggested reframing the instructions to focus on specific instances of past success (e.g., describe a time when you succeeded in an area of importance) rather than a best version of themself that exists no more. These findings support theoretical accounts of the bidirectional relationship between past and future selves (Conway et al., 2019) but also highlight the need for caution when combining both in interventions to prevent reinforcing maladaptive self-comparisons.

The participants also broadly agreed that the wording of the BPS technique could pose some issues in its current format. Specifically, the participants reported that the word "*best*" was perceived by some as potentially overwhelming. The clinicians agreed that for some individuals their "*best*" self could be too far off what they think they can achieve in the present. To address this alternative terminology could be used or as discussed previously, if individuals envision the *process* of becoming their best-self it could make this ideal future feel more attainable. There was also some discussion over the categories that are referred to during the BPS task. When creating their best future self, the participants are asked to consider what their social, professional, and personal life could look like. As stated in the results section, although some individuals found these categories helpful for structuring their

visualisations, others considered them restrictive or irrelevant if they did not align with their current circumstances. Therefore, future research may want to broaden these categories to include more inclusive definitions or remove them all together.

Participants also offered important considerations regarding the accessibility of the BPS technique which needs to be considered in future studies. First, it is not clear whether the task would work for individuals with aphantasia (the inability to envision future events). Previous research has found that the effects of the BPS technique are not moderated by mental imagery ability (Duffy et al., 2025b), however, to our knowledge the effects of task have not yet been studied with a sample of individuals who identify as having aphantasia. The clinician group also expressed caution over offering the BPS technique to individuals who struggle with dissociative tendencies since the task can facilitate maladaptive daydreaming. In addition, it was suggested that some neurodivergent populations could also struggle with the task instructions. However, an alternative format that involved mentally simulating a safe space around stims was suggested. Regardless, future research should explore the limitations of the BPS technique for specific populations and whether adaptations can be made to improve its accessibility.

Finally, participants spoke about their preferences for the mode of delivery. Overall, the consensus on delivery format was mixed with some individuals expressing concerns over an online-only format whereas others expressed a preference for a self-directed format. Previous research has found that the BPS can be delivered one-to-one, in small groups or online using survey software (Carrillo et al., 2019; Layous et al., 2013). However, to our knowledge, the effects of each of these has yet to be compared when anxiety is the outcome. Thus, further research is needed to understand what format could work best for anxiety reduction.

Strengths and Limitations of the Present Study

To our knowledge, this represents the first study to explore the views of clinicians and individuals with lived experience on the use of the Best Possible Self Technique for reducing anxiety. Involving individuals with lived experience is essential for improving the design and delivery of psychotherapeutic interventions, and the clinician perspective is crucial to understanding the potential implementation of the skills and techniques required within therapeutic settings. By combining perspectives from both clinicians and individuals with lived experience, this study offers early insight into the acceptability, flexibility, and potential adaptations required for the BPS technique to be more effective and inclusive.

However, several limitations should be considered when interpreting the findings. First, the sample consisted predominantly of individuals who were white, British, and identified as female, which limits the representativeness of the results. In addition, importantly, the voices of young people and adolescents remain unrepresented; a group in which anxiety symptoms are highly prevalent and future thinking processes may differ developmentally. Whilst this was a small study mostly focusing on the perspectives of those with lived experience, future research should prioritise more diverse samples, including a broader range of ethnicities, genders, and age groups, to ensure the technique is inclusive and adaptable across populations. For this reason, the results from the present study are intended to offer exploratory insights in the context of previous research and should be interpreted with caution.

Although the current findings suggest that the BPS technique was generally well-received and considered potentially beneficial for managing anxiety, these perceptions remain preliminary. Further research is needed to evaluate the feasibility, acceptability, and clinical effectiveness of BPS using longitudinal designs. Moreover, the technique as a part of a

therapeutic skill or tool may require significant adaptation for use with specific groups, such as individuals with neurodivergent profiles or trauma histories, which should be explored in future studies. As such, although the present findings highlight the promise of The Best Possible Self Technique as part of a broader toolkit for supporting individuals with anxiety, any clinical integration should proceed cautiously and be guided by further empirical evidence.

Conclusion

The aim of the present study was to explore how individuals with lived experience, and clinicians view the use of the Best Possible Self technique for reducing anxiety. Participants described future thinking as distressing, with many using it to anticipate threats or prepare for failure. However, the BPS technique was generally well-received and seen as a way to reframe the future more positively. Participants also provided important suggestions that should be explored in future research. Specifically, future studies should explore the benefits of breaking down BPS goals into smaller, manageable steps and whether incorporating a past-thinking component (surrounding self-efficacy memories) could strengthen the effects of the technique. Future studies should also explore the benefits of using different terminology and compare the effectiveness of different modes of delivery within different modalities. Overall, the findings suggest that the BPS technique may play a promising role in supporting anxiety management, particularly when it is designed and delivered with user experience at its core.

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Appendix A: The Best Possible Self Technique

We would like you to mentally visualise, with as much detail as possible, your best possible self. Focus on your future, and imagine yourself and the qualities, skills, achievements, etc., that would form the best version of yourself and the best way in which your life could develop. Imagine that everything has gone in the way you wanted.

Take some time to imagine it. You can guide the construction of your best future self taking into account the following three areas: personal area (for example, feelings, physical abilities, personal achievements…), academic or professional area (professional achievements, goals…), social area (friendships, family relationships…). To build your best possible self use as much sensory information as possible: smells, tastes, sights, sounds, feelings… It will probably help you if you close your eyes and focus on what you visualise in your mind.

Write down what you can see.

Appendix B: Focus Group format and Questions

	Lived experience groups	Clinician group
Introductions	Before we start, it would be helpful to learn what brought you here today or what made you interested in taking part? (lived experience sessions)	Before we start, it would be helpful to learn what clinical experience and knowledge you have (clinician group).
Introduction to future thinking	How do you tend to think about the future? What kinds of things come to mind? Do you think changing how we imagine the future could help with anxiety? And how do you think this could be implemented? Who do you think something like this might help? What would make it easier or harder to take part in something like this? (delivery, format, accessibility, etc.)?	Do you know of any existing interventions that employ future thinking? Do you think changing how we imagine the future could help with anxiety? And how do you think this could be implemented? Who do you think something like this might help? What would make it easier or harder to take part in something like this? (delivery, format, accessibility, etc.)?
Demonstration of the BPS technique	What do you like or not like about this approach? Is there anything you'd change or improve? How could we make it more relevant to different people? Where would be the best place to offer something like this (e.g., GP, online, in groups)?	