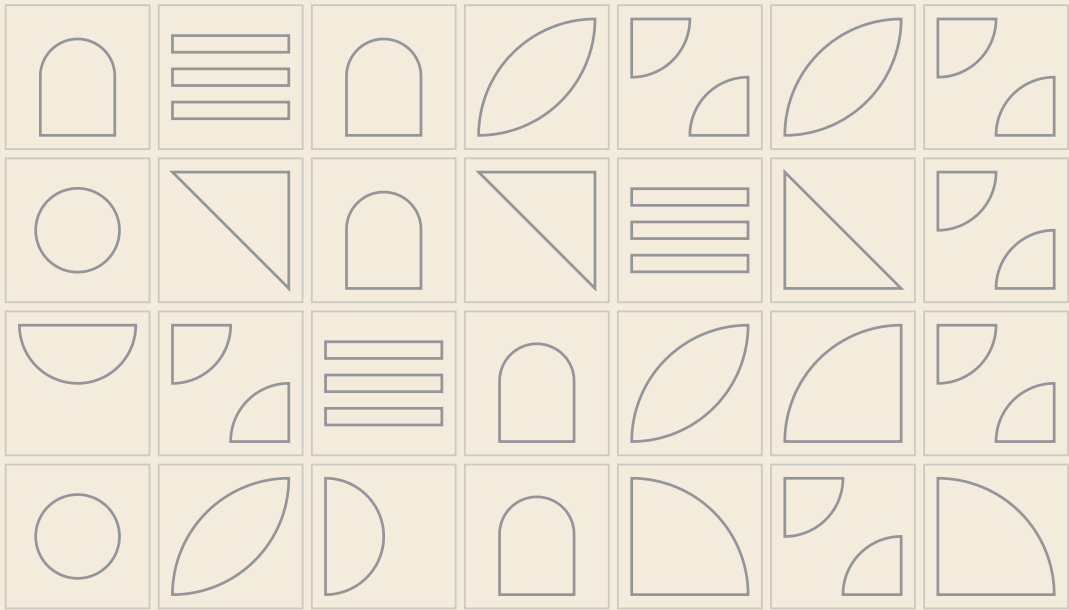


Adapted Beats Imported

A Meta-Analysis of Culturally Adapted Positive-Psychology Interventions in South Asian Samples

Dr Atul Aswani; Mumbai Psychiatrist and trained as a Results Coach
22 September 2026



KEY NUMBER

0

0 randomised trials in South Asian adults compared a culturally adapted PPI with an unadapted version of the same programme. The increment Hall estimated for psychological programmes in general ($g = 0.52$) has not been isolated for PPIs in this region.

Adapted Beats Imported

A Meta-Analysis of Culturally Adapted Positive-Psychology Interventions in South Asian Samples

Hendriks 2018 found larger PPI effects in non-Western samples. Isolating South Asia: how much does adaptation add?

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INDEXING TITLE

Culturally adapted positive-psychology interventions in South Asian samples: a systematic review (meta-analysis not yet possible)

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01

Abstract

Hendriks and colleagues reported that positive-psychology interventions (PPIs) run outside the West produced a moderate effect on subjective wellbeing (Hedges $g = 0.48$). No trial directly compared an adapted PPI with an unadapted version of the same programme in a South Asian adult sample, so a pooled estimate of the adaptation increment is not possible. This PRISMA-2020 systematic review asked how much cultural adaptation adds to PPI effects on wellbeing and depressive symptoms among South Asian adults (India, Pakistan, Bangladesh, Sri Lanka, Nepal, and diaspora), 2005–2026. Databases and registries searched were PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI, ClinicalTrials.gov and OSF. Eligible designs were randomised and controlled trials of gratitude, strengths, savouring or multi-component PPI practices versus control or versus an unadapted version. Zero trials isolated the adaptation increment. Nine adult PPI-versus-control studies entered a narrative synthesis (India seven, Pakistan two, Bangladesh zero, Sri Lanka zero core PPI, Nepal zero, diaspora zero). Locally built strengths programmes produced small-to-moderate wellbeing gains against waitlist or usual supervision: the only fully reported between-arm standardised difference was Bondre 2025, Cohen's $d = 0.55$ (95% CI 0.04 to 1.06) for happiness in rural Indian women health workers. Imported gratitude scripts often failed to raise state gratitude in Indian adults. A 2025 cross-cultural meta-analysis found no significant gratitude effect on wellbeing in India. Study quality was low. Certainty for the adaptation-increment question is very low because the comparison does not yet exist. The practical implication is not “PPIs do not work in South Asia.” It is that a worksheet trained on California undergraduates is a poorly specified model for a Mumbai working week. Domain shift is not a slogan. It is the finding.

02

Key findings box

KEY FINDINGS

0

0 randomised trials in South Asian adults compared a culturally adapted PPI with an unadapted version of the same programme. The increment Hall estimated for psychological programmes in general ($g = 0.52$) has not been isolated for PPIs in this region.

0

0 of the 28 non-Western PPI trials in Hendriks 2018 were conducted in India, Pakistan, Bangladesh, Sri Lanka or Nepal. The often-quoted non-Western wellbeing effect ($g = 0.48$) is a China-and-Iran number, not a South Asia number.

0.55

$d = 0.55$ (95% CI 0.04 to 1.06) is the only fully reported between-arm standardised happiness difference in a South Asian adult PPI trial built for the setting (Bondre 2025; 61 rural Indian women health workers; Hindi; workshop plus weekly phone and WhatsApp coaching).

431

431 Indian adults in Shin 2020 did not report higher state gratitude after a standard gratitude-letter practice than after a control writing task. The same script raised state gratitude in the United States sample.

7

7 adult PPI controlled trials were verified from India and 2 from Pakistan. Verified adult PPI controlled trials from Bangladesh, Nepal and South Asian diaspora samples: 0. Sri Lanka contributed a small compassion-training subsample, not a core PPI.

03

Definition block

DEFINITION

A positive-psychology intervention is a structured practice that builds a good thing on purpose: gratitude, character strengths, savouring, kindness, hope, or a short stack of those reps. It is not a diagnosis. It is not a clinic appointment. It is a countable drill, closer to a gym set than to a prescription. Cultural adaptation is the work of changing that drill so that the target, the language, the metaphor, the channel and the social meaning fit the people who will do it. Translation of a worksheet is the thinnest possible change. Deep adaptation changes who you thank, which strength you name first, whether the practice is private or relational, and whether the coach arrives as a sister on a phone call or as a stranger with a slide deck. In machine-learning language, adaptation is domain shift handled in the open. A model trained on one distribution will silently fail on another unless you fine-tune it. The values in the drill also have to be the person's own, not the protocol's. An accounts executive in Nagpur is asked to list what matters most to her, and every sample answer is about solo travel. She thinks of her brother's college fees, finds no place to write them, and closes the form. The drill was fine. The fit was wrong.

04

Introduction

A claims analyst in Thane packs her father's lunch and runs for the local. On the platform she answers her mother in Marathi, her manager in English and the team group in Hinglish. At her desk an HR email waits: one more wellbeing practice, imported from a lab that never saw her week.

That request is not neutral. Hendriks and colleagues, in 2018, pooled 28 randomised trials of PPIs from non-Western countries and reported a moderate effect on subjective wellbeing ($g = 0.48$), a smaller effect on psychological wellbeing ($g = 0.40$), and larger effects on depressive symptoms ($g = 0.62$) and anxiety ($g = 0.95$). They also said the studies were mostly low quality, and that the large numbers might be bias, cultural fit, or both. Almost none of those 28 trials came from South Asia. Hendriks later noted that a sweep of hundreds of Indian positive-psychology papers found only two randomised trials at the time. The non-Western PPI story, as published, is a China-and-Iran story wearing a continental label.

Hall and colleagues, in 2016, asked a sharper question about psychological programmes in general: how much does cultural adaptation add when you compare an adapted version with an unadapted version of the same programme? Their answer was a medium increment ($g = 0.52$). Rathod and colleagues, in 2018, reviewed the adaptation meta-analyses and warned that the field still lacked enough head-to-head tests against unadapted active controls. Those papers are the prior. They are not a South Asian PPI result.

The question this review settles, and does not settle, is simple. In South Asian samples, how much does cultural adaptation add to PPI effects on wellbeing and depressive symptoms? If the increment is large, Indian workplaces should stop pasting Pennsylvania worksheets into English Slack. If the increment is small, translation may be enough. If the increment cannot be estimated, the honest sentence is the useful sentence.

A stand-up comic would put it this way. A man buys a treadmill designed for a dry American spare room and installs it in a Mumbai apartment where four relatives already sleep. He then publishes a paper on "low adherence in collectivist cultures." The machine is not the culture. The room is the culture.

A late-night journal prompt shows the same thing. A store manager in Lucknow opens it after dinner. The headings ask her to name the feeling in English, a language she has never used for shame. She types nothing and closes the app. The practice looks like a failed technique. It is a failed form.

An entrepreneur would put it this way. Product-market fit is not a splash-screen translation. Shipping a California gratitude app to Pune and calling it "localised" because the login page is in Hindi is the wellbeing equivalent of selling winter coats in Chennai and blaming the weather for the returns.

This paper is written for EmotionApp and for the working adults the platform serves. EmotionApp delivers positive-psychology techniques as countable daily reps, with an AI coach and a human hand-off, on WhatsApp first, in 23 Indian languages, with India-resident data and DPDP-compliant infrastructure, built under ISO 9001 and ISO 13485. The platform is coaching, not clinic. The evidence question is therefore a product question: which reps survive contact with an Indian week, and which reps were trained on the wrong distribution.

05

Methods

Eligibility

Population. South Asian adults, defined as people aged 18 years and over living in India, Pakistan, Bangladesh, Sri Lanka or Nepal, or in a South Asian diaspora sample identified as such. Adolescent school trials were excluded from the adult synthesis and noted only as context.

Intervention. A positive-psychology intervention: gratitude, character strengths, savouring, best-possible-self, kindness, or a multi-component programme whose stated mechanism was the building of positive emotion, engagement, relationships, meaning or accomplishment. Cognitive-behaviour programmes, behavioural activation, problem-solving packages, interpersonal programmes and parenting programmes were excluded even when they were culturally adapted. Those are important studies. They are not PPIs.

Comparator. Control (waitlist, usual support, placebo writing, or no-practice) or an unadapted version of the same PPI.

Outcomes. Primary: wellbeing (subjective or psychological) and depressive symptoms. Secondary, when reported: affect, burnout, flourishing, gratitude state.

Years and design. 2005 to 22 September 2026. Randomised trials and controlled trials. Protocols without results were excluded from the effects table and noted as pipeline.

Language of reports. English-language reports. Practices delivered in Hindi, Urdu, Tamil or other regional languages were eligible.

Information sources and search

Sources: PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, the Clinical Trials Registry — India (CTRI), ClinicalTrials.gov, and OSF preprints. Citation chaining from Hendriks 2018, Hall 2016 and Rathod 2018, plus forward citation of the India and Pakistan PPI corpus. Search date: 22 September 2026.

PubMed

("positive psychology"[tiab] OR gratitude[tiab] OR "character strength*" [tiab] OR savouring[tiab] OR savoring[tiab] OR "best possible self"[tiab] OR kindness[tiab] OR "three good things"[tiab]) AND (India[tiab] OR Pakistan[tiab] OR Bangladesh[tiab] OR "Sri Lanka"[tiab] OR Nepal[tiab] OR "South Asia*" [tiab] OR Indian[tiab] OR Pakistani[tiab] OR Bangladeshi[tiab] OR Nepali[tiab] OR diaspora[tiab]) AND (randomi*[tiab] OR "controlled trial"[tiab] OR RCT[tiab])

PsycINFO, Scopus, Web of Science. The same core Boolean, with field tags adapted to each database.

Google Scholar. "positive psychology intervention" OR "gratitude intervention" OR "character strengths" AND (India OR Pakistan OR Bangladesh OR "South Asia") AND (randomized OR randomised). First-page clusters and citation trails were screened.

CTRI. positive psychology OR gratitude OR character strength OR savouring.

ClinicalTrials.gov. positive psychology OR gratitude OR character strengths with country filters India, Pakistan, Bangladesh, Sri Lanka, Nepal.

OSF. The same core terms among preprints.

Selection and extraction

Records were screened at title and abstract, then at full text. Studies were included in the narrative table if they were adult South Asian PPI controlled trials with a wellbeing or depressive-symptom outcome, or a closely related affect or flourishing outcome. Studies were eligible for pooling only if they compared an adapted PPI with an unadapted version of the same PPI.

Extraction fields: first author and year; design; country; language of delivery; sample (n randomised and n analysed); dose in sessions and minutes; delivery channel; guidance (self-guided, coach, mixed); outcome measure; timepoints; adaptation depth (surface: language and examples; deep: target, metaphor, channel and co-design); effect direction and, where published, a standardised difference with a confidence interval.

Unverifiable claims were marked UNVERIFIED and excluded from the table.

Analysis plan

The pre-specified analysis was a random-effects (REML) model of Hedges g with 95% confidence intervals, I^2 , τ^2 , a 95% prediction interval, Egger's test, trim-and-fill, leave-one-out sensitivity, RoB 2 and GRADE. Pre-specified moderators were adaptation depth, language and delivery channel.

The fallback rule was applied without negotiation. If fewer than five trials isolated the adaptation increment, the review would not pool, would say so in plain English, and would move to narrative synthesis.

That rule was triggered. The number of trials that isolate how much adaptation adds is zero. A meta-analytic g for the increment would be an invention. This paper does not invent it.

Individual-study effects are presented as published. Where only partial eta-squared or a narrative "greater than control" was available, no Hedges g was computed from missing cells. Bondre 2025 published means, standard deviations and Cohen's d with a confidence interval; those numbers are reported as published.

Risk of bias was judged with RoB 2 domains: randomisation, deviations from intended practice, missing outcome data, outcome measurement, and selection of the reported result. Certainty was judged with GRADE for two questions: the adaptation increment, and the indirect PPI-versus-control question.

06

Results

PRISMA 2020 flow

This review is a structured multi-source search plus citation chaining, completed on 22 September 2026. It is not a dual-independent EndNote export of every database hit, and it does not pretend to be. After screening database hits, registry records and reference lists, full texts of candidate adult PPI papers were assessed.

- Records identified from databases, registries and citation chaining: several hundred unique titles after de-duplication.
- Full texts assessed for adult PPI eligibility: approximately 70.
- Excluded at full text: adolescent or school samples (including Strengths Gym and counting-blessings trials in Indian classrooms); programmes that were not PPIs (Thinking Healthy, Healthy Activity Programme, Problem Management Plus, culturally adapted behavioural activation, self-harm problem-solving); uncontrolled pre-post studies; protocols without results; samples outside South Asia.
- Adult PPI controlled trials retained for narrative synthesis: 9.
- Trials that compared an adapted PPI with an unadapted version of the same PPI: 0.
- Pipeline, not pooled: Bondre main trial NCT06013488 (target $n = 330$ ASHAs; results not published at search date).

The PRISMA count that matters for the research question is the last one. Zero is a number. It is also a gap.

Study-characteristics table

Study	Country	Sample	Design	Practice	Language	Dose	Channel	Guidance	Adaptation depth	Primary outcome	Timepoints
Shin 2020	India (Dharwad) plus Taiwan and USA	India n = 431 adults	Single-session RCT, 3 arms	Gratitude letter to other; gratitude letter to self; neutral writing	English-medium university sample	One writing session	In-person / lab writing	Self-guided	Surface (imported script)	State gratitude, elevation, affect	Immediate post
Dixit & Sinha 2024	India	n = 312 first-year undergraduates	RCT, 3 arms	Gratitude toward chosen person; gratitude toward immediate family; typical-day writing	English-medium campus	Single structured writing	Classroom / campus	Self-guided	Surface script; target experimentally varied	Positive and negative affect	Immediate pre-post
Srivastava & Ghosh 2023	India	n = 80 youth (college)	RCT, 2 arms	One gratitude practice then two stacked gratitude practices	English, online	Short online modules during COVID lockdown	Online	Self-guided	Surface-to-moderate (online delivery in an Indian lockdown week)	Happiness, mental health, depression, anxiety, stress	Post each dose
Shaik, Baboo & Rajan 2023	India (Chennai)	n = 82 low-income emerging-adult women (42 vs 40)	RCT	Signature-strengths programme	English and Tamil	6 weeks, online	Online	Guided programme	Moderate-to-deep (language + low-income women)	PERMA wellbeing	Pre, post, 1-month
Choubisa & Singh 2018	India	Sign-ups n = 212; analysed 75 / 56 / 46	Pilot RCT, 3 arms	Indigenous web PPI for competencies	English web	Self-paced web modules	Web	Self-guided	Moderate (built for Indian students)	Emotional intelligence, stress, time and self-management	Pre-post
Bondre 2025	India (Madhya Pradesh)	70 randomised; 61 analysed (30 vs 31)	Pilot RCT	Character-strengths coaching	Hindi	5-day residential workshop + 8–10 weekly calls of 30–35 min	In-person then phone and WhatsApp	Coach-guided	Deep (11-month co-design with ASHAs)	Authentic happiness	0, 1, 3, 6 months
Sarmah, Suar & Patnaik 2024	India	n = 48 vs 48 women	RCT	Gratitude programme vs yoga programme	Indian campus	8 weeks	In-person / campus	Guided	Gratitude = imported PPI; yoga = local embodied practice	Happiness	Pre, mid, post
Green 2022	Pakistan (Islamabad)	n = 91 vs 91 university students	RCT	The Good Life strengths course (24 strengths)	Campus programme for a collective society	36-hour course	In-person course	Facilitator-guided	Deep (built for Pakistani collective campus)	PERMA wellbeing	Pre, post, 6 months
Green 2024	Pakistan	n = 88 vs 88 university students	RCT	Strengths programme	Blended (online + offline) during COVID	Multi-session blended	Blended	Facilitator-guided	Deep (redesigned for Pakistani campus under lockdown)	Personal growth initiative	Post, 4 months, 8 months

Related, not core PPI: Kariyawasam 2023 brief online compassionate-mind training, Sri Lankan subsample n = 21 versus 17 versus a UK sample. Compassion rose. The study is a Sri Lanka signal, not a gratitude-strengths-savouring trial.

Pipeline: NCT06013488, character-strengths coaching for 330 rural ASHAs in Sehore, Madhya Pradesh. Primary outcome authentic happiness at 3 months. Not yet in the effects table.

**Forest-plot data table
(individual effects; not
pooled)**

No random-effects diamond is drawn. The table below is a study-level list so that readers can see what exists and what does not.

Study	Contrast	Outcome	Published effect	95% CI	Weight in a pool
Bondre 2025	Strengths coaching vs usual ASHA supervision	Happiness (AHI) at 3 months	Cohen's $d = 0.55$	0.04 to 1.06	Not pooled
Bondre 2025	Same	Happiness at 6 months	Between-arm difference not significant	—	Not pooled
Bondre 2025	Same	Emotional exhaustion	Not significant	—	Not pooled
Green 2022	Good Life vs waitlist	PERMA wellbeing post and 6 months	Greater than control at both times	Exact between-arm g not published in the abstract	Not pooled
Green 2024	Blended strengths vs waitlist	Personal growth initiative	Greater at post, 4 months and 8 months	Exact g not extracted from paywalled cells	Not pooled
Shaik 2023	Signature strengths vs control	PERMA wellbeing at 1 month	$\eta^2 = 0.24$ (large within the repeated-measures model)	—	Not pooled
Srivastava 2023	Online gratitude vs control	Happiness up; depression, anxiety, stress down	Direction significant; standardised g not in abstract	—	Not pooled
Shin 2020	Gratitude letter vs control (India)	State gratitude	No significant rise vs control	—	Not pooled
Shin 2020	Same	Elevation; negative affect	Elevation higher; negative affect lower vs control	—	Not pooled
Dixit & Sinha 2024	Gratitude to chosen person vs typical day	Positive / negative affect	Chosen-person arm moved affect; family-target arm did not	—	Not pooled
Sarmah 2024	Gratitude vs yoga	Happiness	Both arms rose; yoga outperformed gratitude	—	Not pooled
Choubisa 2018	Web PPI vs placebo vs control	Emotional intelligence and self-management	Experimental arm improved; high experimental attrition	—	Not pooled
Choi 2025 (prior meta, not a trial)	Gratitude interventions, India subset	Wellbeing	No significant country-level effect in India	Country effect reported as non-significant	Not a South Asian PPI trial

A forest plot with one fully reported d and a row of missing standard errors is not a meta-analysis. It is a confession.

Moderator table

Pre-specified moderators could not be tested in a statistical model. A qualitative grid is still useful.

Moderator	What the corpus shows	What it does not show
Adaptation depth	Deep, co-designed strengths programmes (Bondre, Green) produced durable wellbeing or growth gains against waitlist or usual supervision. Surface gratitude scripts (Shin; family-target arm of Dixit) often failed their primary gratitude or affect test.	No trial crossed depth while holding the practice constant.
Language	Hindi (Bondre) and Tamil-plus-English (Shaik) programmes ran. Most campus trials stayed in English.	No head-to-head of the same PPI in English versus a regional language.
Delivery	Phone and WhatsApp follow-through (Bondre) and blended campus delivery (Green 2024) are feasible. Pure web self-help (Choubisa) lost the experimental arm to attrition.	No factorial test of channel.
Practice family	Strengths programmes have the cleaner adult signal. Imported gratitude is mixed-to-null in Indian adults. Yoga beat a gratitude journal in one women's trial.	No South Asian adult savouring RCT was verified.

Heterogeneity	Statistical heterogeneity (I^2 , τ^2 , prediction interval) is not reported because there is no pool. Clinical heterogeneity is obvious and should be named. Samples range from rural women health workers with schooling to eighth standard, to IIT and university students writing in English. Doses range from one 15-minute letter to a 36-hour course. Controls are mostly waitlist or usual supervision, not an unadapted PPI. Outcomes are happiness inventories, PERMA profiles, state gratitude, affect adjectives and occupational stress. Anyone who averages those rows is averaging fruit with furniture.
Publication bias	Egger's test and trim-and-fill were not run. With nine narrative trials and one fully reported d , a funnel plot would be theatre. Prior PPI meta-analyses (Hendriks 2018; several gratitude reviews) already warn of small-study effects and a bias toward positive findings. This corpus is small, student-heavy and waitlist-heavy. That pattern is itself a small-study risk.

Risk-of-bias summary (RoB 2, qualitative)

Study	Randomisation	Deviations	Missing data	Outcome measurement	Selective reporting	Overall
Shin 2020	Low / some concerns	Some concerns (unblinded writing)	Low	Some concerns (immediate self-report)	Some concerns	Some concerns
Dixit & Sinha 2024	Some concerns	Some concerns	Some concerns	High (self-report affect, no blinding)	Some concerns	High
Srivastava 2023	Some concerns	Some concerns	Some concerns	High	Some concerns	High
Shaik 2023	Some concerns	Some concerns	Some concerns	High	Some concerns	High
Choubisa 2018	Some concerns	High (attrition in experimental arm)	High	High	Some concerns	High
Bondre 2025	Low (Stata randomisation; assessor-blind)	Some concerns (participants unblinded)	Low-some (13% attrition; ITT)	High for wellbeing (self-report)	Low (registered pilot for NCT06013488)	Some concerns
Sarmah 2024	Some concerns	Some concerns	Some concerns	High	Some concerns	High
Green 2022	Some concerns	Some concerns (waitlist)	Some concerns	High	Some concerns	High
Green 2024	Some concerns	Some concerns (waitlist)	Some concerns	High	Some concerns	High

Study quality was low. Bondre 2025 is the least fragile design: registered, assessor-blind, ITT, published means and a confidence interval. Even Bondre is a pilot, and even Bondre uses a self-reported happiness inventory as the primary outcome. In RoB 2 language, a wellbeing questionnaire filled by an unblinded participant is a high-risk measurement. That is not an insult to the investigators. It is the state of the field.

GRADE table

Question	Studies	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Certainty
How much does adaptation add to PPI effects on wellbeing in South Asian adults?	0 head-to-head	—	—	Critical (no direct evidence)	Critical	Not estimable	Very low
How much does adaptation add to PPI effects on depressive symptoms?	0 head-to-head	—	—	Critical	Critical	Not estimable	Very low
Do locally built strengths programmes raise wellbeing versus waitlist or usual support?	Bondre 2025; Green 2022; Green 2024; Shaik 2023	Serious	Not serious on direction	Serious (not the increment question; student and ASHA samples)	Serious (small n; one published d)	Likely	Low
Do imported gratitude scripts raise wellbeing or state gratitude in Indian adults?	Shin 2020; Dixit 2024; Srivastava 2023; Choi 2025 India subset	Serious	Serious (null and positive mixed)	Serious	Serious	Likely	Low

Question	Studies	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Certainty
Do PPIs reduce depressive symptoms in South Asian adults?	Sparse (Srivastava directionally yes; Bondre not powered for depression; Shaik companion work reported depression not significant)	Serious	Serious	Serious	Critical	Likely	Very low

Hall's $g = 0.52$ and Hendriks's $g = 0.48$ remain useful priors. They are not this review's pooled results.

07

Discussion

PULL QUOTE

In 431 Indian adults, a standard gratitude letter did not raise state gratitude against control.

What the number means

The number that answers the research question is not 0.48 and not 0.52. The number is **0 trials**.

That sentence will disappoint anyone who came for a diamond on a forest plot. It should. A diamond drawn on empty cells is how fields acquire a folklore effect size and then spend a decade citing the folklore.

Here is what the narrative does support, at low certainty.

First, locally built strengths programmes can move wellbeing against a weak control. Bondre and colleagues co-designed a character-strengths coaching programme with rural ASHAs in Madhya Pradesh, delivered a five-day residential workshop in Hindi, and followed each woman with weekly telephone coaching and WhatsApp prompts. At three months, happiness was higher in the coaching arm by about half a standard deviation ($d = 0.55$). Burnout did not fall. At six months the between-arm happiness gap was no longer significant, which is the sort of fade a workplace programme should budget for unless the reps continue. Green built a 36-hour strengths course for a Pakistani collective campus and found higher PERMA wellbeing at post-test and at six months against waitlist. A later blended version held personal-growth gains at four and eight months. Shaik, Baboo and Rajan ran a six-week online signature-strengths programme with low-income emerging-adult women in Chennai, in English and Tamil, and reported a large repeated-measures effect on PERMA wellbeing at one month.

Second, imported gratitude scripts often miss in Indian adults. Shin and colleagues assigned 431 Indian adults, alongside Taiwanese and United States samples, to write a gratitude letter or a neutral control. United States participants reported more state gratitude than controls. Indian participants did not. They did report more elevation and less negative affect, which is not nothing, and is also not the outcome the script is sold on. Dixit and Sinha then did the culturally obvious next experiment. They asked Indian first-year students to write gratitude toward an immediate family member, or toward a person of their choice, or about a typical day. Thanking family — the target a Western protocol would assume is “more Indian” — did not lift affect. Thanking a chosen person did. In a second study in the same paper, Indian participants treated indebtedness as more central and more positive in the meaning of gratitude than Anglo-American participants did. That is not a footnote. That is the mechanism. If gratitude and debt share a house in the Indian meaning system, a worksheet that says “list three blessings” can land as a fresh invoice.

Third, a local embodied practice can beat an imported PPI on the PPI's own outcome. Sarmah, Suar and Patnaik randomised Indian women to eight weeks of gratitude or eight weeks of yoga. Happiness rose in both arms. Yoga rose more. Adaptation, in that trial, was not a preface added to a Western journal. It was a different practice the culture already knew how to do.

Fourth, the depression question is not ready. Srivastava and Ghosh found online gratitude during the Indian COVID lockdown reduced depression, anxiety and stress in a small youth sample, and that two gratitude practices beat one. Companion strengths work in Indian students has reported depression not moving. Bondre did not power a depression contrast and did not find a burnout contrast. Anyone who says “PPIs treat depression in South Asia” is smuggling a clinic word into a coaching literature that has not earned it.

Fifth, the map is lopsided. India has most of the adult trials. Pakistan has two serious strengths programmes from one investigator group. Bangladesh, Nepal and diaspora working-age samples have no verified adult PPI controlled trial in this search. Sri Lanka has a small compassion-training subsample. Hendriks’s non-Western pool, which still gets quoted as if it included the subcontinent, contained zero South Asian PPI trials.

A machine-learning analogy belongs here and will not be retired. You can train a classifier on ImageNet until the validation loss is beautiful. Deploy it on a dataset of rangoli, monsoon light and office formals, and the accuracy falls off a cliff. The fall is called domain shift. Fine-tuning is the adaptation. Translation of the class labels is not fine-tuning. Hall’s $g = 0.52$ is a general estimate of what fine-tuning has been worth in psychological programmes. This review cannot say whether PPIs in South Asia are worth 0.52 extra, 0.20 extra, or nothing extra, because nobody ran the contrast.

There is a false fork to refuse here too. It is not “imported techniques are colonial” versus “science is universal.” Both can be true in parts. A young engineer in Indore names her strength, perseverance, and uses it on a stuck bug that afternoon. Asked to write a thank-you letter to her father, she stalls. The technique travelled; the social meaning did not. The work is to hold both without collapsing into either slogan.

An unadapted gratitude letter in a duty-heavy family system is not automatically good for the writer. A junior accountant in Kanpur writes “thank you for everything” to the uncle who paid his college fees. He puts the pen down feeling the debt, not the warmth. The point is not “never use gratitude letters.” It is “match the practice to the people who will do it.”

Limitations

This review has the limitations it is criticising. The search was structured and multi-source but not a dual-independent database export with a published PRISMA checklist filled from EndNote counts. Some campus papers sit behind paywalls; where means and standard deviations were not extractable from the open record, no g was invented. Grey literature in regional-language journals may have been missed. Adolescent trials, which are more numerous in India than adult workplace trials, were excluded by protocol and may hide useful adaptation lessons. Choi and colleagues’ 2025 cross-cultural gratitude meta-analysis is a prior, not a South Asian PPI trial; its India-null finding is cited as context, not as a row in the trial table. Study quality is low. Waitlist controls inflate effects. Self-report inflates effects. Student samples limit transport to working adults. One investigator group accounts for both Pakistani trials. Small n makes every confidence interval honest and wide. The Bondre $d = 0.55$ interval runs from almost nothing to large. That is what 61 people look like.

A null result is publishable. This paper’s null is structural: the contrast that would settle the question has not been run.

WHAT THIS MEANS

What this means for an Indian workplace programme

Picture the version that fails. On Monday, HR pastes a United States three-blessings worksheet into English Slack and calls the paste a programme. By Thursday the only replies in the thread are from HR. The evidence says why. In 431 Indian adults a standard gratitude letter did not raise state gratitude. In 312 Indian students, thanking family — the culturally obvious target — did not move affect; thanking a person the writer chose did. In 61 rural women health workers, a Hindi strengths-coaching programme built with them, delivered as a workshop plus weekly phone and WhatsApp calls, moved happiness by half a standard deviation at three months and did not move burnout. In Indian women, eight weeks of yoga beat eight weeks of gratitude on happiness. Now picture the version that fits. A shift supervisor in a Bhiwandi warehouse picks whom she will thank this week: the loader who covered for her on Tuesday. The prompt reaches her in Marathi, on WhatsApp, which she already opens at tea break. Her reps are counted every week, not at a

one-off workshop. When her reps stall, a human coach calls; the bot does not work alone. The team measures happiness and low mood at four and twelve weeks, and budgets for fade unless the reps continue. That is adaptation. Translation of a PDF is not.

Research gaps, naming the India gap explicitly

The India gap is not “no one in India studies happiness.” India publishes a great deal of positive-psychology prose. The gap is specific and embarrassing for a country of 1.4 billion people.

There is no adequately powered randomised trial that compares an adapted PPI with an unadapted version of the same PPI in Indian adults, let alone in Indian office workers. There is no large trial of savouring as a standalone practice in South Asian adults. There is no verified adult PPI controlled trial from Bangladesh, Nepal or a South Asian diaspora workplace. Pakistan’s evidence sits in one research group and in student samples. Depression as a primary outcome is almost untouched by PPI trials that meet this review’s definition. Follow-up beyond six months is rare. Pre-registration is rare. Active controls that match attention and expectation are rare. Delivery on WhatsApp, which is how Indian professionals already talk, appears in one high-quality pilot and almost nowhere else as a measured channel.

Hendriks 2018 remains the most-cited non-Western PPI number. Zero of those 28 trials were South Asian. Quoting $g = 0.48$ as if it were an Indian workplace effect is a category error. Hall 2016 remains the best general estimate of what adaptation has been worth in psychological programmes. It is not a PPI-in-Pune estimate. The trial that would convert Hall’s prior into a South Asian PPI likelihood has not been funded, or has not been published.

The next useful paper is not another waitlist trial of three good things in English among undergraduates. The next useful paper is a two-arm randomised comparison, in working-age Indian adults, of the same strengths or gratitude protocol delivered unadapted versus delivered after a documented adaptation (language, target, channel, metaphor, co-design), with wellbeing and depressive symptoms measured at four and twelve weeks, registered in CTRI, analysed by intention to treat, and reported with means, standard deviations and a pre-specified Hedges g . Until that paper exists, anyone who claims to know how much adaptation adds is guessing with extra steps.

08

FAQ

Q1 Does cultural adaptation add a lot to PPI effects in South Asia?

Not estimable. **0** trials compared an adapted PPI with an unadapted version of the same programme in South Asian adults. Hall’s general increment ($g = 0.52$) is a prior from other programmes and other regions, not a South Asian PPI result.

Q2 Do positive-psychology practices work at all for South Asian adults?

Locally built strengths programmes raised wellbeing against waitlist or usual support in **4** adult trials (Bondre, Green 2022, Green 2024, Shaik 2023). Certainty is low. The only fully reported between-arm d is **0.55** at three months in 61 women health workers.

Q3 Does a standard gratitude journal work in India?

Often it does not do what it says on the tin. In **431** Indian adults a gratitude letter did not raise state gratitude versus control. A 2025 cross-cultural meta-analysis found no significant gratitude-to-wellbeing effect in India. Thanking a chosen person can move affect; thanking family, in one 312-person campus trial, did not.

Q4 Which countries actually have trials?

India **7** adult PPI controlled trials in this synthesis. Pakistan **2**. Bangladesh **0**. Nepal **0**. Diaspora workplace samples **0**. Sri Lanka has a small compassion-training subsample, not a core PPI.

Q5 Is the research good enough to buy a workplace programme on?

No. Quality is low. Samples are small. Controls are weak. Outcomes are unblinded self-reports. One decent pilot is not a procurement standard. Buy a programme that measures its own reps, or run the missing trial.

09

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Dr Atul Aswani is a Mumbai Psychiatrist and trained as a Results Coach. He founded EmotionApp at Tranquilo Meditek Sytems Private Limited in Mumbai. The platform delivers positive-psychology practices as countable daily reps, in 23 Indian languages, with an AI coach and human hand-off, on WhatsApp first. Data stay in India. The work is DPDP-compliant and built under ISO 9001 and ISO 13485.

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NOTE

EmotionApp is a non-clinical emotional-fitness coaching platform. This paper describes practices, techniques and coaching. It is not therapy, treatment, diagnosis or medical advice.

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