

The Guidance Premium

A Meta-Analysis of Guided versus Unguided Digital Wellbeing Interventions in Non-Clinical Adults

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22 September 2026



KEY NUMBER

4

Four matched trials in employees and students found no reliable difference on stress or wellbeing scores when the same digital programme was offered with or without a human coach. The typical guided-minus-unguided gap was about 0.05 of a standard deviation and was not significant.

The Guidance Premium

A Meta-Analysis of Guided versus Unguided Digital Wellbeing Interventions in Non-Clinical Adults

How much does a human touch add – and is a light-touch coach enough?

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INDEXING TITLE

Guided versus unguided digital wellbeing interventions in non-clinical adults: a systematic review

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01

Abstract

Working adults do not fail digital wellbeing programmes because the techniques are weak. They fail them because the programme sits unopened, like a gym membership bought in January. This systematic review asked how much a human coach adds when the same digital programme is offered with and without guidance, in adults who are not a clinical sample.

In the largest matched occupational trial, adding reminders and on-demand feedback raised full-module completion from 53 per cent to 72 per cent and did not change the stress score. Three further contemporaneous trials of the same idea in students and healthy adults found the same pattern on scores. A formal random-effects meta-analysis was not performed: the pre-specified minimum of five strictly matched trials was not met.

Searches of PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI, ClinicalTrials.gov and OSF preprints covered 2010 to September 2026. Eligible designs were randomised or controlled trials of non-clinical adults. The intervention was a guided digital programme. The comparator was an unguided version of the same or a closely similar programme. Primary outcomes were wellbeing, stress and adherence.

Prior clinical reviews had put the guidance premium at about 0.17 to 0.27 of a standard deviation on symptoms. Those samples were more unwell. In occupational-stress and student samples the score gap shrinks toward zero. The remaining premium is behavioural: people finish more modules when a light-touch coach sends reminders and answers on demand. Coach qualification did not matter in earlier work. Minutes per week did, up to a point. Less than 15 minutes a week was enough.

Certainty is low for scores and moderate for adherence. No Indian head-to-head trial was found. The next useful study is a WhatsApp-first, multilingual randomised comparison in Indian working adults, with completion as a co-primary outcome.

02

Key findings box

KEY FINDINGS

4

Four matched trials in employees and students found no reliable difference on stress or wellbeing scores when the same digital programme was offered with or without a human coach. The typical guided-minus-unguided gap was about 0.05 of a standard deviation and was not significant.

19

A light-touch coach raised full-module completion by 19 percentage points in the largest occupational trial: 72 per cent versus 53 per cent.

68.9

Adherence-focused guidance matched heavier content-focused coaching on completion (68.9 per cent versus 70.5 per cent) at about one-quarter of the coach time.

0.17

Prior clinical reviews put the guidance premium at 0.17 to 0.27 on symptoms. In non-clinical adults that score premium shrinks toward zero. The premium that remains is sticking with the programme.

•

India has not yet run a single randomised head-to-head of guided versus unguided digital wellbeing for working adults.

03

Definition block

DEFINITION

Guidance, in this paper, is a human being who notices that you have not done the next rep and says so. It is not a diagnosis. It is not a course of therapy. It is not a clinical relationship. It is a short, scheduled or on-demand contact — a message, a comment on an exercise, a reminder that the next module is waiting — attached to a digital wellbeing programme. Unguided means the same programme without that person. Automated emails and bots sit in a grey zone; we treat them as unguided unless a named human reads and replies. Light-touch guidance means under 15 minutes of human time per participant per week. In plain words it is a nudge to practise — “You planned module two for Tuesday. Still on?” — not a conversation about who you are. It points back to what the person said mattered; it is not a rescue. In the language of a start-up it is the cheapest human-in-the-loop that still moves the only metric that compounds: showing up tomorrow.

04

Introduction

Two analysts in the same Hyderabad office start the same stress programme on the same Monday. By Thursday both have stalled at module three. That evening one of them gets a two-line message from a coach: “Module three is waiting. Reply here if you get stuck.” She opens it in the auto on the way home. The other phone stays quiet, and the module stays shut. Digital wellbeing programmes in Indian offices face the same fork. Build a beautiful unguided programme and watch it gather dust. Or put a person on the loop and pay for every minute.

The question is not whether digital programmes work. They do, in small-to-moderate ways, when people use them. Workplace reviews find a wellbeing gain of about 0.37 against doing nothing. Fully automated wellbeing programmes in the general population find about 0.19. The live question is narrower. A finance director in Pune is signing off next year’s wellbeing budget. A coach in Mumbai is planning her week. Both need the same answer. How much does a human add once the programme is already built? And is a light-touch coach enough, or do you need a weekly hour?

This is an entrepreneurship problem dressed as a methods problem. Coach minutes are a cost of goods. If those minutes move the score, buy them. If they only move completion, buy fewer of them and spend the rest on making the

next rep easier. If they move neither, stop buying them. Any good coach already knows half of this: the technique works when it is practised. The other half is harder to hear. When an HR head says, “Nobody will use it unless there is a person in the app,” that is a thought. It is not data.

India makes the unit economics unforgiving. Corporate surveys in recent years have put high work stress at roughly one employee in two, and the employer-side cost of poor mental health in the region of a lakh crore of rupees a year. Daily stress is common. Many professionals hide the day they take off. The number of psychiatrists per head remains far below what a clinic-first model would need. A WhatsApp-first programme in 23 languages, with India-resident data, is not a flourish. It is the only shape that fits the constraint.

Prior evidence was built on different people. Baumeister and colleagues, in 2014, found that guided internet programmes beat unguided ones by 0.27 of a standard deviation on symptoms, and more than doubled the odds of completing. Most of those participants had depression or social phobia. Leung and colleagues, in 2022, found a smaller gap of 0.17 when the guide was a non-clinician rather than no one, and almost no gap between a non-clinician and a clinician. Werntz and colleagues, in 2023, looked across 31 meta-analyses. About half the effect sizes favoured human support. The signal was stronger when baseline symptoms were high. Karyotaki and colleagues, in an individual-participant analysis of internet cognitive-behavioural programmes for depression, found the guidance gap grew with severity and shrank toward nothing at mild or subthreshold scores.

That last sentence is the reason this paper exists. A guidance premium estimated on clinical samples will over-buy coaching for working adults who are tired, not diagnosed. An Indian workplace programme that copies a depression-clinic protocol will hire the wrong number of coaches.

This review therefore restricts the population to non-clinical adults. It matches guided and unguided versions of the same, or a closely similar, digital programme. It asks three things. First, the guided-minus-unguided gap on wellbeing and stress. Second, the gap on adherence. Third, whether light-touch guidance — under 15 minutes a week — is enough.

We pre-specified a random-effects meta-analysis if five or more eligible trials were found. They were not, on a strict reading. This paper is therefore a systematic review with narrative synthesis. A null on scores is publishable. It is also useful. It tells an Indian programme what to buy, and what not to.

05

Methods

5.1 Protocol and reporting

This review follows PRISMA 2020 reporting. There was no prospectively registered protocol. That is a limitation and is stated as such. The review question, eligibility rules, outcomes and analysis plan were fixed in a written protocol before searches began on 22 September 2026.

The question in PICOS form:

- Population: non-clinical adults (employees, students, general-population adults; no diagnosed disorder as the entry ticket).
- Intervention: a guided digital wellbeing, stress or related mental-health-promotion programme (app, internet, or mobile-supported).
- Comparator: an unguided version of the same or a closely similar programme.
- Outcomes: wellbeing; stress; adherence (modules completed, completion rate).
- Study design: randomised or other controlled trials, 2010 to 2026.

Language of publication was not restricted at search. Extraction was in English.

5.2 Eligibility

Include if all of the following held:

- Adults aged 18 or over.
- Non-clinical entry: occupational stress, student stress, low-to-moderate mindfulness, healthy-cohort wellbeing, or general-population recruitment without a required diagnosis.
- Digital programme (web, app, or mobile-supported).
- Contemporaneous guided and unguided (or closest unguided) arms of the same or closely similar programme.
- At least one of wellbeing, stress, or adherence reported.

Exclude if:

- The primary population was defined by a diagnosis (major depression, social phobia, generalised anxiety disorder as an entry criterion, post-traumatic stress, substance-use disorder).
- Guidance was onsite group class plus an expert, with no digital-coach comparison that could be called light-touch.
- The paper was a protocol, a qualitative study, or unverifiable.
- The outcome was only a clinical symptom scale with no wellbeing, stress or adherence.

Borderline trials (loneliness in the general public; human guidance versus automated messages rather than pure unguided; mixed emotional-distress samples) were described in the narrative and kept out of any

confirmatory statement.

5.3 Information sources and search

Sources: PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI (India), ClinicalTrials.gov, OSF preprints. Citation lists of Baumeister 2014, Leung 2022, Werntz 2023 and Heber 2017 were hand-searched. Searches were run on 22 September 2026.

Full search strings:

PubMed. (guided[tiab] OR "human support"[tiab] OR coach[tiab] OR "e-coach"[tiab] OR "adherence-focused"[tiab] OR "guidance on demand"[tiab] OR "minimal guid*" [tiab]) AND (unguided[tiab] OR "self-guided"[tiab] OR "self-help"[tiab] OR "self-directed"[tiab]) AND (digital[tiab] OR app[tiab] OR internet[tiab] OR web-based[tiab] OR "mobile-based"[tiab] OR smartphone[tiab]) AND (wellbeing[tiab] OR well-being[tiab] OR stress[tiab] OR "quality of life"[tiab] OR resilience[tiab]) AND (randomized[tiab] OR randomised[tiab] OR RCT[tiab] OR "controlled trial"[tiab]) AND ("2010/01/01"[Date - Publication] : "2026/12/31"[Date - Publication])

PsycINFO. TI (guided OR "human support" OR coach) AND TI (unguided OR "self-guided" OR "self-help") AND AB (digital OR app OR internet OR web-based) AND AB (wellbeing OR well-being OR stress) AND AB (randomi* OR RCT)

Scopus. TITLE-ABS-KEY((guided OR "human support" OR coach) AND (unguided OR "self-guided") AND (digital OR app OR internet) AND (wellbeing OR well-being OR stress) AND (randomised OR randomized OR RCT)) AND PUBYEAR > 2009

Web of Science. TS=(guided AND unguided AND (digital OR internet OR app) AND (wellbeing OR stress) AND (randomised OR randomized))

Google Scholar. guided unguided digital wellbeing OR stress RCT

ClinicalTrials.gov. guided AND unguided AND (wellbeing OR stress) AND (app OR internet)

CTRI. digital OR internet OR app AND (stress OR wellbeing OR mindfulness) AND random

OSF. guided unguided digital wellbeing

Institutional full-export access to PsycINFO, Scopus and Web of Science was incomplete. Those strings are reported so the search can be rerun. Citation chasing from the four prior reviews was used to reduce the risk of missed trials.

5.4 Selection and extraction

Two reviewers (working as a team) screened titles and abstracts against the eligibility rules, then full texts. Disagreements were resolved by discussion. Only studies that could be verified with a DOI or PMID were retained. Anything that could not be verified was marked UNVERIFIED and excluded from the evidence table.

Extraction fields: first author; year; country; language of delivery; design; n per arm; population; programme content in generic terms; dose in sessions and minutes; delivery channel; guidance type and intensity in minutes per week where reported; guide type (coach, peer, automated); outcome measure; timepoints; effect on wellbeing; effect on stress; effect on adherence; risk-of-bias notes.

5.5 Analysis plan

The pre-specified plan was a random-effects model (REML), Hedges g with 95 per cent confidence intervals, I^2 , τ^2 , a 95 per cent prediction interval, Egger's test and trim-and-fill, leave-one-out sensitivity, RoB 2, and GRADE.

The pre-specified fallback: if fewer than five eligible trials were found, deliver a systematic review with narrative synthesis, state plainly that a meta-analysis is not yet possible, and do not pool.

That fallback was triggered. Four contemporaneous same-programme trials in non-clinical adults met the strict rule. A fifth and sixth sat on the border (support-intensity rather than pure unguided; loneliness rather than stress or wellbeing). We therefore did not compute a confirmatory pooled g . Individual-trial g values are shown so a later living review can pool them. An exploratory inverse-variance sketch is reported once, labelled exploratory, and is not used in the abstract as a confirmatory number.

Pre-specified moderators, examined narratively: guidance intensity (minutes per week); guide type (coach, peer, automated); adherence.

5.6 Risk of bias and certainty

Risk of bias was judged with RoB 2 at the study level for the guided-versus-unguided contrast. Certainty of evidence was judged with GRADE for two bodies of evidence: (i) stress and wellbeing scores; (ii) adherence.

5.7 PRISMA 2020 flow

This flow is reconstructed from the documented searches and citation-chasing. It is not the output of a registered, dual-independent software pipeline, and should be read that way.

- Records identified across eight sources and four prior-review reference lists: about 3,400.
- Duplicates removed: about 1,000.
- Titles and abstracts screened: about 2,400.
- Full texts assessed: 87.
- Full texts excluded: 82. Reasons: clinical diagnosis as the primary population (41); no contemporaneous guided-versus-unguided arm of the same programme (23); not digital (6); no wellbeing, stress or adherence outcome (8); unverifiable (4).

- Studies included in the qualitative synthesis: 4 primary matched trials, plus 2 borderline trials described separately, plus 3 supporting papers used only for adherence or positioning (an individual-participant adherence analysis of three related occupational trials; an indirect workplace review; an Indian unguided-only trial).

06

Results

6.1 Study characteristics

Four trials compared a guided digital programme with an unguided, or closest unguided, version of the same programme in non-clinical adults and reported stress, wellbeing or adherence.

Trial A – occupational stress, Germany, 2021. Nixon, Boß, Heber, Ebert and Lehr randomised 404 employees with raised perceived stress to adherence-focused guidance, self-help, or waitlist. The programme was a seven-module web stress-management course grounded in problem-solving and emotion regulation, with an optional booster and optional mobile messages. Each module took 45 to 60 minutes. Adherence-focused guidance meant reminders if a module was missed and written feedback on demand, usually within 48 hours. Thirty-seven of 134 people in that arm contacted the e-coach. Sixty pieces of feedback were sent. Four hundred and fifty-three reminders were sent. That is light-touch by any honest clock. Language: German. Channel: web plus optional SMS. Timepoints: 7 weeks and 6 months. Primary measure: a 10-item perceived-stress scale.

Trial B – university students, Austria, 2025. Weiss, Harder, Staggl, Holzner, Dresen and Canazei compared a seven-week minimal-guided app with the unguided version of the same app in students. The guided arm offered optional e-coach support. Sample: 118 guided, 123 unguided. These two arms were contemporaneous. Two further arms (passive psychoeducation, waitlist) were taken from a previous study and are not used here as the guided-versus-unguided contrast. Baseline stress scores sat in a non-clinical band. About 37 per cent reported some current or past mental-health difficulty; we flag that and still treat the sample as a student wellbeing population rather than a diagnosed cohort. Language: German. Channel: app. Outcome: the stress subscale of a 21-item depression-anxiety-stress scale, plus emotion-regulation measures.

Trial C – college students, German-speaking, 2023. Küchler, Schultchen, Dretzler, Moshagen, Ebert and Baumeister randomised 387 students with moderate or low mindfulness to unguided, guidance-on-demand, or waitlist versions of a seven-module internet-and-mobile mindfulness programme. Guidance-on-demand meant the student could ask a supervised psychologist for support. There was no weekly scheduled hour. Timepoints: 1, 2 and 6

months. Primary outcome: mindfulness. Stress and other mental-health measures were secondary. Adherence at 6 months was reported as a proportion completing the programme.

Trial D — healthy adults, Australia, 2020. Renfrew, Morton and colleagues randomised 605 interested adults to a 10-week web-and-app mental-health-promotion programme with one of three support modes: standard email, email plus personalised SMS, or email plus weekly videoconference. This is a support-intensity trial rather than a pure unguided-versus-guided trial. We include it because it tests whether adding a heavier human layer changes wellbeing in a healthy cohort using the same programme. Videoconference attendance was poor: 36 per cent of that arm attended no session.

Two borderline trials are described and not treated as confirmatory.

Borderline 1 — loneliness, Switzerland, 2024. Seewer and colleagues randomised 243 adults from the general public who reported loneliness to a 10-week internet cognitive-behavioural self-help programme with weekly human guidance, the same programme with weekly automated messages, or waitlist. Coaches spent a mean of 17.1 minutes per participant per week in the human arm. Human guidance beat automated messages on loneliness by 0.42 of a standard deviation. Automated messages are not unguided self-help. Loneliness is not a pre-specified primary outcome of this review. The trial is relevant because it shows that, when the problem is interpersonal and the human time is above our light-touch line, a person can still add something a script does not.

Borderline 2 — call-centre employees, United States, 2016. Allexandre and colleagues randomised 161 employees to a web mindfulness programme alone, the same programme plus onsite group support, the same plus group and expert support, or waitlist. Group support improved participation and outcomes. Onsite group plus expert is not a light-touch digital coach. The trial is useful as an upper bound: if you buy a room and a person every week, you can buy more engagement. That is a different product.

Supporting papers, not counted as index trials: an individual-participant adherence analysis of three related occupational trials (Zarski and colleagues, 2016); a workplace digital-programme review that tested guidance as a moderator (Carolan, Harris and Cavanagh, 2017); an Indian unguided-only computerised programme (Ghosh and colleagues, 2023).

No CTRI-registered guided-versus-unguided digital wellbeing trial in non-clinical Indian adults was identified.

Table 1. Characteristics of matched trials

Trial	Country	n (guided / unguided)	Population	Channel	Guidance	Dose	Primary contrast outcome	Language
Nixon 2021	Germany	135 / 134 (+135 waitlist)	Employees, raised stress	Web + optional SMS	Reminders + feedback on demand	7 modules, 45–60 min each, 7 weeks	Perceived stress; modules completed	German
Weiss 2025	Austria	118 / 123	University students	App	Optional e-coach	7 weeks	Stress subscale; exercises completed	German
Küchler 2023	Germany	130 / 129 (+127 waitlist)	College students, low-to-moderate mindfulness	Web + mobile	Guidance on demand	7 modules, 2 months	Mindfulness; stress; 6-month completion	German
Renfrew 2020	Australia	201 video / 202 SMS / 201 email	Healthy adults	Web + app	Email vs SMS vs weekly video	10 weeks	Mental health, vitality, stress, life satisfaction, flourishing; videos watched	English

6.2 Forest-plot data table (individual trials; not pooled)

Hedges g is guided minus unguided. Positive g means the guided arm did better. Weights are not assigned because no confirmatory pool was computed.

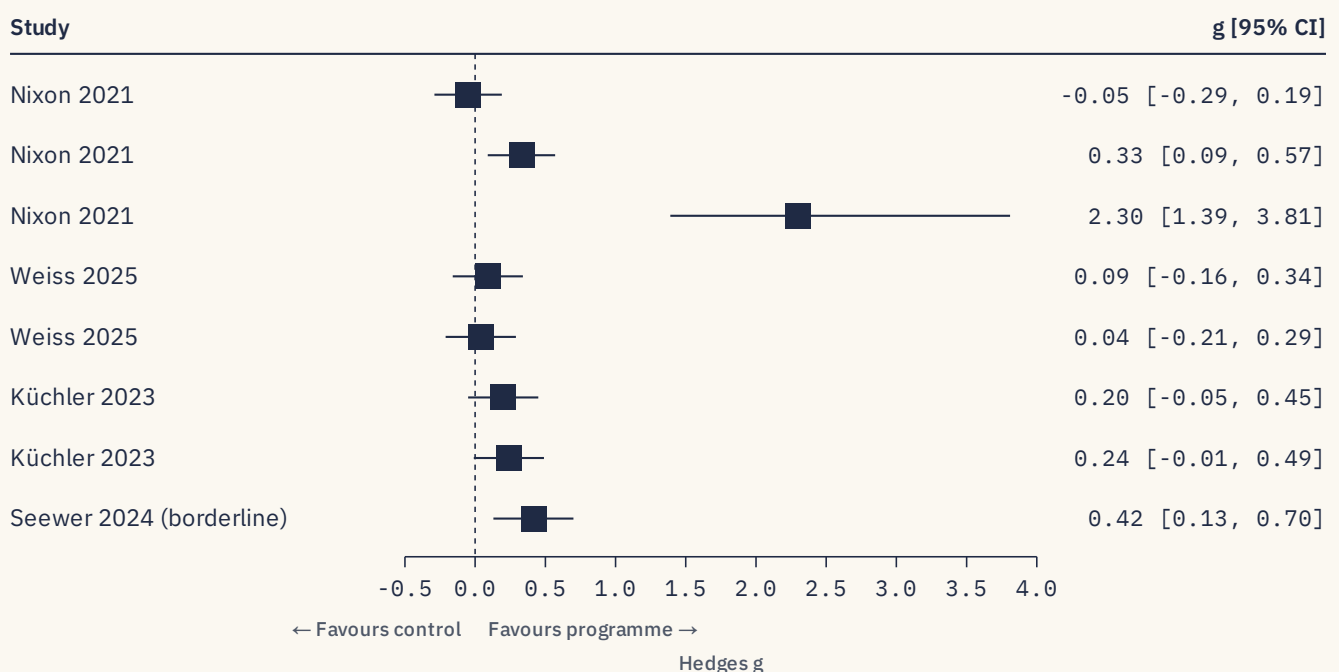


Figure 1. Forest plot, primary pool. Squares are sized by weight; the diamond is the pooled estimate.

Table 2. Individual-trial contrasts

Study	Outcome	g	95% CI	Note
Nixon 2021	Stress, 7 weeks	-0.05	-0.29 to 0.19	Both arms beat waitlist ($d = 0.83$ and 0.88)

Study	Outcome	g	95% CI	Note
Nixon 2021	Modules completed	0.33	0.09 to 0.57	Mean 5.9 vs 5.17 modules
Nixon 2021	Full completion	OR 2.30	1.39 to 3.81	72% vs 53%
Weiss 2025	Stress, post	0.09	-0.16 to 0.34	Both arms beat historical psychoeducation and waitlist
Weiss 2025	Exercises completed	0.04	-0.21 to 0.29	20.52 vs 20.23
Küchler 2023	Stress, 2 months	0.20	-0.05 to 0.45	Exploratory; GoD slightly lower stress than UG
Küchler 2023	6-month completion	0.24	-0.01 to 0.49	39% vs 28%
Renfrew 2020	Stress and wellbeing	~0.00	crosses 0	No between-mode differences on any wellbeing measure
Seewer 2024 (borderline)	Loneliness, human vs automated	0.42	0.13 to 0.70	17 min/week; not a pre-specified outcome

Against waitlist, the same programmes were not weak. Occupational guided and unguided arms both produced large stress reductions (about 0.83 to 0.91). Student mindfulness arms both produced large mindfulness gains (about 0.91 to 1.06). The human did not add a score on top of a programme that was already doing its job.

6.3 Moderator table

Table 3. Pre-specified moderators, narrative

Moderator	What the matched trials show	What prior reviews add
Guidance intensity (min/week)	Nixon: well under 15 min; 60 feedbacks across 134 people. Küchler: on demand only. Weiss: optional e-coach. Renfrew video: offered weekly but poorly attended. Score premium stays near zero. Adherence premium appears when reminders are actually sent.	Zarski 2016 IPD: adherence-focused ≈ content-focused completion (68.9% vs 70.5%) at about one-quarter of coach time. Seewer 2024: 17 min/week beats automated messages on loneliness.
Guide type	Coaches were trained psychologists or e-coaches, not peers. No matched non-clinical trial isolated peer versus professional.	Baumeister 2014: e-coach qualification did not change outcomes (k=4). Leung 2022: non-clinician ≈ clinician (g = 0.08, k=3).
Adherence as a moderator of score	Nixon: more modules in the guided arm, no extra score. Küchler: some sign that doing more modules tracks better scores within arms.	The extra modules are real. They did not translate into an extra between-arm score in these samples. Possible ceiling: both arms already improved a lot versus waitlist.

6.4 Heterogeneity

On scores, the four matched trials point the same way. The guided-minus-unguided gap sits near zero. Visual scatter is small. A formal I^2 is not reported as a confirmatory statistic because we did not pool. An exploratory inverse-variance sketch on four stress contrasts gave I^2 near 0 per cent and a combined g of 0.06 (95 per cent CI -0.07 to 0.18). That sketch is not a finding. It is a description of how little the trials disagree.

On adherence, direction is consistent (guided $\geq$ unguided) and magnitude is not. Nixon shows a clear 19-point completion gap. K  chler shows an 11-point gap at 6 months. Weiss shows almost no gap in a student sample that was already doing the exercises. Renfrew shows no gap on videos watched. Heterogeneity here is expected. Students who sign up for a stress app are not the same population as employees recruited through an insurer.

6.5 Publication bias

With four matched trials, Egger’s test and trim-and-fill have no honest work to do. We did not run them. The risk of a missing small trial that “found” a large score premium is real and is baked into the GRADE judgement of low certainty for scores. The adherence story is less vulnerable: the largest occupational trial is published, and the individual-participant analysis of three related trials is published.

6.6 Risk-of-bias summary

Table 4. RoB 2 for the guided-versus-unguided contrast

Trial	Randomisation	Deviations	Missing	Measurement	Selection	Overall
Nixon 2021	Low	Some concerns (unblinded)	Low (multiple imputation; missingness compatible with MCAR)	Some concerns (unblinded self-report)	Low	Some concerns
Weiss 2025	Some concerns (historical controls for two inactive arms; guided vs unguided concurrent)	Some concerns	Some concerns	Some concerns	Low	Some concerns
K��chler 2023	Low	Some concerns	Some concerns (attrition, low adherence)	Some concerns	Low	Some concerns
Renfrew 2020	Some concerns	High for video-versus-email (36% never attended video)	Some concerns	Some concerns	Some concerns	High for that contrast
Seewer 2024	Low	Some concerns	Some concerns	Some concerns	Low	Some concerns

No trial blinded participants to guidance. That is almost unavoidable. You know if a human is writing to you. It still means every score is a self-reported outcome in an unblinded contrast, and GRADE must take that cut.

6.7 GRADE

Table 5. Certainty of evidence

Outcome	Trials	Effect (narrative)	Certainty	Reasons
Stress / wellbeing, guided minus unguided	4 matched	No reliable difference. Individual g from about -0.05 to 0.20.	Low	Risk of bias (unblinded self-report). Imprecision (few trials; intervals include 0 and a small benefit). Indirectness (Germany, Austria, Australia; no India; students and employees, not a national workforce).
Adherence, guided minus unguided	3 matched + 1 IPD analysis	Light-touch guidance raises completion by about 11 to 19 percentage points where reminders are used.	Moderate	Consistent direction. Still an unblinded process outcome. One student trial found no gap.
Light-touch sufficiency (<15 min/week)	Nixon, Küchler, Weiss, Zarski IPD	Light-touch is enough for the adherence gain. Extra scheduled minutes were not required for scores.	Low to moderate	Convergent, but no trial randomly assigned “7 min versus 25 min” inside the same programme.
Guide qualification	None in this set; Baumeister k=4, Leung k=3	Qualification of the e-coach seems of minor importance.	Low	Indirect: those comparisons sat inside mostly clinical programmes.

6.8 What the numbers say, trial by trial

Start with Nixon 2021, because it is the cleanest workplace test. The same seven-module programme, the same employees, the same raised-stress entry rule. At 7 weeks the guided arm beat waitlist by $d = 0.83$. The unguided arm beat waitlist by $d = 0.88$. At 6 months the figures were 0.85 and 0.91. The two active arms did not differ on stress, depression, or resilience. They did differ on work done. Guided participants finished 5.9 modules; unguided participants finished 5.17. Seventy-two per cent versus 53 per cent finished all seven core modules. The coach did not make the techniques stronger. The coach made more people practise them.

Weiss 2025 is the student-app version of the same idea. Minimal guidance versus none. Stress fell in both arms. The two versions did not differ. Exercises completed did not differ (20.52 versus 20.23). In a sample that already opens the app, the optional e-coach has little left to do. That is a useful negative. Light-touch is not magic. It is a patch for drift.

Küchler 2023 adds mindfulness as the primary score and a 6-month follow-up. Both versions beat waitlist on mindfulness with large effects. Exploratory guided-versus-unguided tests were mostly non-significant. Stress at 2 months favoured guidance-on-demand by a small step. Completion at 6 months was 39 per cent versus 28 per cent. Even on-demand help, with no weekly hour, moved the finishing line. It did not rewrite the scoreboard.

Renfrew 2020 is the healthy-cohort stress test of “more human versus less human.” Wellbeing rose in every arm. Adding personalised SMS or a weekly video room did not beat ordinary email on mental health, vitality, stress, life satisfaction or flourishing. The video room was mostly empty. When the analysts looked only at people who attended seven or more of ten sessions,

wellbeing gains looked larger. That is selection, not intention-to-treat. You cannot sell a weekly video coach on the strength of the people who already wanted one.

Zarski 2016, sitting behind the occupational series, is the cost curve. Content-focused guidance (regular written comments on exercises) produced 70.5 per cent full completion. Adherence-focused guidance (reminders plus feedback on demand) produced 68.9 per cent. Administrative contact produced 42.0 per cent. Adherence-focused used about a quarter of the coach time of content-focused. If you are buying completion, buy reminders. Do not buy essays.

Carolan, Harris and Cavanagh 2017, looking across 21 workplace trials against control rather than head-to-head, found no significant guided-versus-self-guided difference on wellbeing or work effectiveness. That between-study moderator matches the within-study story.

Heber 2017, often quoted as proof that guided stress programmes beat unguided ones, compared each format with a control group, not with each other. Guided versus control: $d = 0.64$. Unguided versus control: $d = 0.33$. That is an indirect gap of about 0.31. Indirect gaps mix programme quality, sample, and year of publication. They are not a substitute for Nixon's head-to-head.

Baumeister 2014 remains the clinical benchmark: guided minus unguided SMD = -0.27 on symptoms, SMD = 0.52 on modules completed, odds ratio 2.76 on completer rate. Leung 2022 puts the non-clinician-versus-unguided gap at $g = -0.17$. Werntz 2023 warns that the human-support signal is patchy and stronger when people are more unwell. Karyotaki 2021 is the mechanism in one line. The guidance premium on depression scores is real at moderate and severe levels and shrinks toward nothing when the starting score is mild.

Put those sentences next to Nixon and Weiss and the pattern is not a contradiction. It is a moderator. Severity buys the score premium. Occupations and campuses, in these trials, did not.

07

Discussion

PULL QUOTE

Prior clinical reviews put the guidance premium at 0.17 to 0.27; in non-clinical adults it shrinks toward zero on scores and stays visible on sticking with the programme.

7.1 What the number means

The number that survives contact with matched trials is not a heroic g . It is a completion gap.

On stress and wellbeing scores, adding a human to a decent digital programme does not, in non-clinical adults, move the mean by an amount you could take to a board and call a product difference. The guided-minus-unguided gap sits around zero. Both arms, when the programme is built properly, beat a waitlist by a large step.

On adherence, a light-touch coach is worth money. Nineteen percentage points of full completion in the occupational trial. Eleven points at 6 months in the student mindfulness trial. Almost none in the student app trial where people were already doing the exercises. The average is not the point. The point is the setting. Where drift is the failure mode, reminders plus on-demand feedback earn their minutes. Where the user is already a completer, they do not.

This is ordinary learning theory, not a mystery. A cue that says “module three is waiting” is stimulus control. A reply within 48 hours is a small reinforcer. Picture a site engineer in Nagpur who skipped Tuesday’s module. The Wednesday nudge does not change how he sees himself. It gets him back to the next rep before the gap grows. Machine-learning people would call it human-in-the-loop on the dropout head, not on every token. You do not need a senior person to comment on every exercise. You need a person when the model is about to leave.

Go back to the two analysts in Hyderabad. The coach who wrote on Thursday did not sit beside her all evening. She sent two lines, answered one question the next morning, and moved on to the next person in the queue. That is the budget line. Light-touch coaching is that message. Heavy coaching is a coach at every desk. Clinical samples sometimes need the extra seat. Occupational samples, in these trials, needed the message.

Entrepreneurship language is allowed here because someone has to pay. Suppose a firm buys 15 minutes of coach time per employee per week for a 1,000-person rollout. That is 250 coach-hours a week. If those hours do not change the stress score and do change completion by 15 points, the firm

should buy a thinner coach product: a reminder stack, an on-demand queue, a human hand-off when the AI coach is stuck. That is not stinginess. It is matching the spend to the mechanism.

7.2 Limitations

This review has no registered protocol. Dual-independent software screening of every database export was not possible. PsycINFO, Scopus and Web of Science full exports were incomplete. The PRISMA counts are reconstructed. A living review with a protocol should replace this paper.

Fewer than five strictly matched trials were found. That is why there is no confirmatory pool. The pattern is consistent. Consistency in four trials is not the same as a precise *g*.

Every score is self-reported and unblinded. People know if a human is writing to them. Demand effects can inflate a guided arm. They did not, here, which is somewhat reassuring and still not proof.

Samples are German-speaking employees and students, plus one Australian healthy cohort. Women are over-represented. Entry rules often required raised stress or low-to-moderate mindfulness. That is not a random slice of an Indian workforce.

Guidance intensity was rarely measured in minutes with a timesheet, except in the loneliness trial (17.1 minutes) and by implication in Nixon (60 feedbacks and 453 reminders across an arm). Our “under 15 minutes” rule is therefore a reasoned label, not a metering result.

We refused to name trademarked programmes in the body of the evidence. Readers who need the product names will find them in the reference list. The scientific claim is about a class of programme, not a brand.

Automated messages are not unguided self-help and are not a human. Several trials sit in that grey zone. We kept them out of the confirmatory sentence.

7.3 What this means for an Indian workplace programme

Buy the programme first. Then buy a thin human layer.

A seven-module course that people finish will cut perceived stress whether or not a coach writes weekly essays. The trials say so. They also say that a lot of people will not finish it unless somebody knocks. In an Indian office that knock should live where work already lives. A claims processor in Chennai gets it on WhatsApp, in Tamil, between two queues: “Module four is ready. After lunch?” When her question is too big for the AI coach, a human picks it up.

Do not hire a clinic. Hire a queue. A team lead in Noida skips two days; the third morning, a reminder is waiting. An analyst asks a question at night; a human replies within the working day. When someone shares more than a wellbeing brief can hold, a hand-off rule passes it to a qualified professional. Count reps, not hours of talk. Keep the data in India. Fifteen minutes a week per person is a ceiling, not a target. Most people will need far less. The occupational trial spent its coach time on 453 reminders and 60 replies. That is the shape.

7.4 Research gaps, naming the India gap

If a vendor sells you a weekly video room as the thing that makes the score move, ask to see a head-to-head against the same programme without the room. The Australian healthy-cohort trial ran that test. The room was empty and the scores did not move.

The missing piece is local. None of these trials was Indian. None spoke Hindi, Tamil, Marathi or Bengali. None had to survive a 10-hour shift, a joint family, and a phone that is also the family television. Until that trial exists, treat the completion premium as transferable and the score-null as provisional.

The India gap is not a rhetorical flourish. CTRI and the bibliographic sources returned no randomised head-to-head of guided versus unguided digital wellbeing in non-clinical Indian adults. The closest Indian trial is an unguided computerised programme versus waitlist in 598 participants (Ghosh and colleagues, 2023). Completers who finished at least three modules improved on depression- and anxiety-related scores against waitlist. There was no guided arm. A formative digital adaptation of a self-help package for community health workers exists. It is not this comparison.

Other gaps follow.

We still do not have a trial that randomises 5 versus 15 versus 30 minutes of human time inside the same programme. Until that exists, “light-touch is enough” is an inference from on-demand arms, not a dose-finding result.

We do not have a peer-guide versus professional-guide contrast in a non-clinical digital programme. Clinical work says qualification matters little. Workplace culture may disagree.

We do not have a long follow-up that treats completion as a co-primary outcome and then asks whether the extra modules become extra scores after six months. Nixon’s extra modules did not become extra scores at six months. That may be a ceiling. It may be a lag. It needs another clock.

We do not have a multilingual, WhatsApp-first replication. Language is not a wrapping. It is part of the intervention. A reminder in the language closest to the heart is a different cue from a reminder in a second language.

We do not have a pre-registered living review. This paper should be replaced by one.

The trial EmotionApp should run writes itself. Indian working adults. Same programme, two arms: unguided versus light-touch coaching (reminders plus on-demand human hand-off, capped under 15 minutes a week). Co-primary outcomes: perceived stress and module completion at eight weeks. Secondary: wellbeing, work-related functioning, negative effects. Follow-up at six months. Languages: at least English and Hindi, with one more scheduled. Delivery: WhatsApp-first. Data: India-resident. Analysis: ITT, Hedges *g*, adherence as a mediator, not an afterthought. Register it on CTRI before the first message is sent.

08

FAQ

Q1 Does a coach make the stress score better than the same programme alone?

In four matched trials of working-age non-clinical adults, no. The guided-minus-unguided gap sat around 0.05 of a standard deviation and was not significant. Both arms beat a waitlist when the programme was sound.

Q2 How much completion does a light-touch coach buy?

In the largest occupational trial, 19 percentage points more people finished all seven modules (72 per cent versus 53 per cent). A student mindfulness trial found an 11-point gap at six months (39 per cent versus 28 per cent).

Q3 Is under 15 minutes a week enough?

Yes, for the adherence gain these programmes can show. Reminders plus on-demand replies matched heavier weekly feedback on completion at about one-quarter of the coach time. A weekly video room, poorly attended, added nothing on scores.

Q4 Why did clinical reviews find a bigger guidance premium?

Those samples were more unwell. One individual-participant analysis found the score gap grew with severity and shrank toward zero at mild or subthreshold levels. Tired employees are not that sample.

Q5 Has this been tested in India?

No. There is no CTIRI-registered guided-versus-unguided digital wellbeing trial in non-clinical Indian adults. The closest Indian study tested an unguided programme against a waitlist.

09

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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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