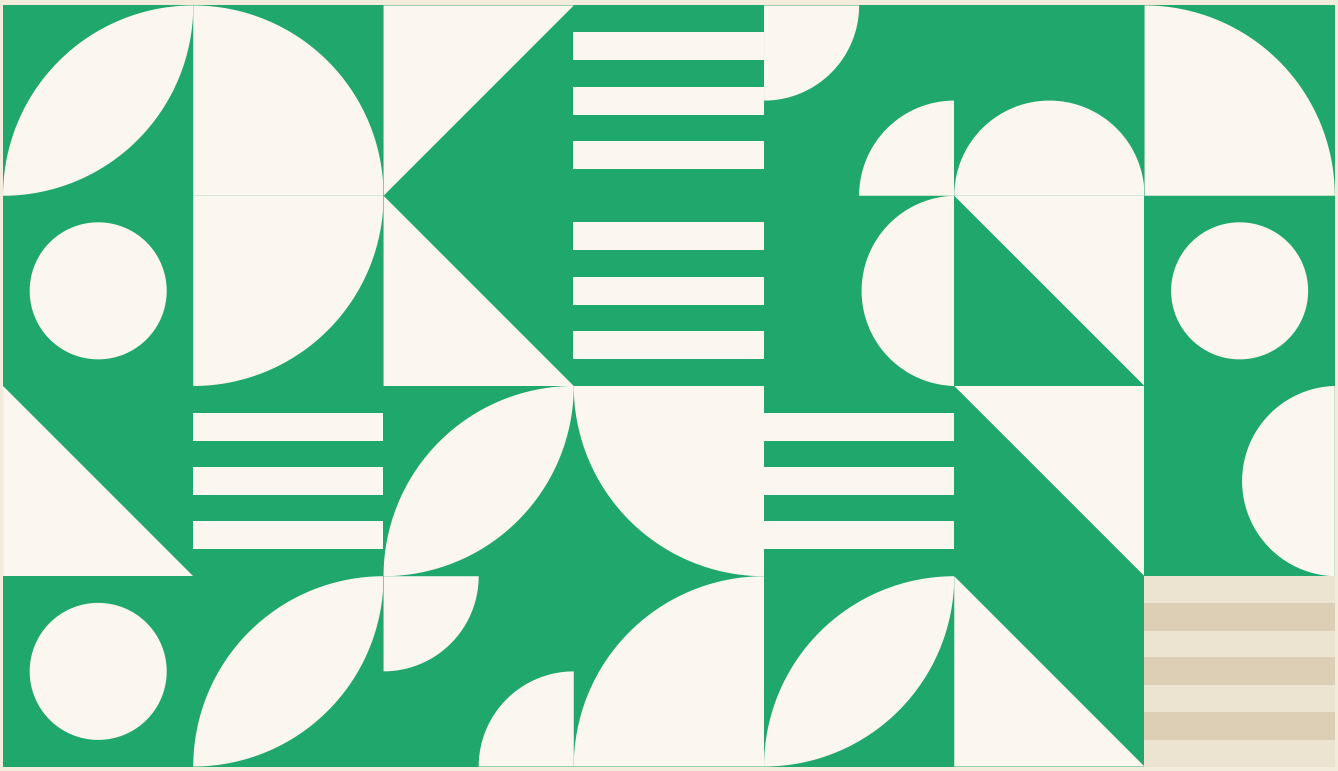
RESEARCH PAPER · 28

Hope Is a Plan

A Meta-Analysis of Hope-Theory Interventions (Pathways and Agency) in Adults

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



KEY NUMBER

0.22

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Hope Is a Plan

A Meta-Analysis of Hope-Theory Interventions (Pathways and Agency) in Adults

PRISMA 2020 systematic review. Pre-specified fallback to narrative synthesis if fewer than five comparable trials could be pooled.

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Hope-theory interventions in adults: an updated meta-analysis of pathways and agency training

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01

Abstract

Hope, in Snyder's model, is not a mood. It is a plan with fuel. The last comprehensive pool, Weis and Speridakos (2011), found a small effect on hope of d = 0.22 across 27 studies and 2,154 participants. This review asked what fifteen further years of trials add, and whether pathways training outperforms agency training in adults. We searched PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI, ClinicalTrials.gov and OSF preprints from 2000 to September 2026 for randomised and controlled trials of Snyder hope-theory programmes (goals, pathways, agency) in adults. Primary outcomes were hope, well-being and goal attainment. After screening, we identified a thin but real evidence base: the 2011 pool remains the only broad quantitative synthesis; post-2011 Snyder-protocol adult trials are few, heterogeneous, often medical, and rarely report extractable Snyder-scale means that can be pooled without guesswork. Chan, Wong, Leung and Lee (2022) added a hybrid four-session randomised trial in 72 adults with advanced kidney disease: between-group hope was not significant. Feldman and Dreher (2012) showed that a single 90-minute goal-pursuit session can raise state hope and later goal progress in students, but the hope lift was not held at one month. Cheavens and colleagues (2006) found that an eight-session community programme moved agency more reliably than pathways. Berg and colleagues (2025), in the largest digital hope-coaching randomised trial we could verify (n = 155 young adult cancer survivors), found no overall effect on hope or quality of life. No completed head-to-head trial pits pathways training against agency training. No completed Snyder hope-theory randomised trial in Indian working adults was found on CTRI or in the published record. Certainty of evidence for a workplace hope programme in India is low to very low on GRADE. The honest sentence is this: hope can be practised, the average historical effect is small, brief sessions can move a goal this week, and India still does not have its own trial. EmotionApp should treat hope as countable reps — name a goal, list two routes, take one step — not as a feeling to be installed.

02 Key findings box

KEY FINDINGS

0.22 — **0.22** — pooled Cohen's *d* for hope in Weis and Speridakos (2011), 27 studies, 2,154 people; the effect sits inside the small range.

0.16 — **0.16** — pooled *d* for life satisfaction in the same 2011 review; distress did not move (*d* = 0.04, not significant).

90 — **90 minutes** — Feldman and Dreher (2012) changed state hope and one-month goal progress with a single coached session in 96 college adults.

155 — **155** — sample size of Berg and colleagues (2025), the largest digital hope-coaching randomised trial we could verify; no overall effect on hope or quality of life.

0 — **0** — completed Snyder hope-theory randomised trials in Indian working adults located on CTRI, ClinicalTrials.gov, or the published databases searched for this review.

03 Definition block

DEFINITION

Hope, in this paper, is Snyder's cognitive model, not the greeting-card kind. A person has hope when three things sit in the same room: a goal worth walking toward, pathways thinking (more than one workable route, including a route around the blockage), and agency thinking (the energy to start and to keep going). Take away the goal and you have daydreaming. Take away pathways and you have a pep talk with no map. Take away agency and you have a beautiful spreadsheet that nobody opens on Monday. In EmotionApp language, hope is a daily rep: name the goal, write two routes, take one step. It is closer to an entrepreneur's plan A and plan B than to a mood. It is closer to a small next step than to positive thinking. It is closer to gradient descent with a learning-rate schedule than to one big jump in the dark. Picture a

project manager in Chennai whose vendor pulls out a week before launch. The goal does not die with route one. She writes route two, a smaller vendor, and route three, a trimmed scope. Then she makes one call before lunch. Small agency plus a living route, not a large feeling. We do not reproduce scale items here. We use the construct as a coaching grammar.

04 Introduction

Monday morning in Pune. A team lead hears that her promotion is “next cycle” again. By noon her biggest client has gone quiet. Her father’s surgery is fixed for the week of the board meeting. On Wednesday the city floods on her presentation day. Every path she planned is blocked. If hope were only a feeling, most offices in Mumbai, Bengaluru, Gurugram and Pune would be running on fumes by Thursday.

That is why this question is not academic. Working adults in India are asked, daily, to hold a goal, invent a second route, and still get out of bed. Snyder called those two skills pathways and agency. Entrepreneurs call them plan B and runway. Watch the same team lead on the late local that evening. The thought “I can’t” arrives. She notices it as a thought, not a fact. She lets the panic settle for a few stations. She asks whether the promotion matters to her or is only for show. Then she types the next small step: a two-line email to the client. An ML engineer would say: if the loss surface is bumpy, do not trust one update; explore more than one direction.

Weis and Speridakos settled an earlier version of the question in 2011. Hope-enhancement strategies produced a small rise in self-reported hope ($d = 0.22$) and a smaller rise in life satisfaction ($d = 0.16$). Distress did not fall. Brief laboratory sessions in students looked better than long programmes in clinics. Publication bias sat in the room like an uninvited uncle.

Fifteen years later the field has more digital programmes, more medical nursing adaptations labelled “Snyder hope theory”, one large digital null result, and still almost no Indian workplace trial. Feldman and Dreher asked whether hope can move in 90 minutes. Cheavens asked whether an eight-session community programme can build goal-pursuit skill. Berg asked whether an app plus a coach can do it for young adults after cancer. The logline of the present paper is simple. Weis and Speridakos found small effects. What do fifteen more years of trials show — and does pathways training beat agency training?

The second half of that sentence is the joke the literature plays on us. Everyone talks about “the will and the ways”. Almost nobody randomises one against the other. It is as if a start-up claimed that product and distribution both matter,

then never ran the A/B test.

This paper is written for EmotionApp, a non-clinical emotional-fitness coaching platform for Indian professionals. Positive-psychology techniques are delivered as countable daily reps, with an AI coach and a human hand-off, WhatsApp-first, in 23 Indian languages, with India-resident data, DPDP-compliant, under ISO 9001 and ISO 13485. The platform does not diagnose. It does not treat. It coaches practice. If hope is a plan, the plan has to survive a Mumbai local, a festival week, and a manager who changes the brief at 6 p.m.

A picture before the methods, because methods without a story put people to sleep, and sleep is not a pathways skill. A site engineer in Navi Mumbai has to finish a boundary wall before the monsoon. The goal is the wall. Pathways are the section assignments: each crew owns a stretch, and when the cement truck is late, one crew switches to the footing. Agency is turning up on the morning the neighbours say it will never be done. That is hope theory in work clothes. Indian workplaces do not need more posters that say “Stay positive”. They need a wall plan.

05 Methods

5.1 Protocol and reporting

This review follows PRISMA 2020. The research question was pre-specified: what is the effect of hope-theory interventions in adults, and does pathways training differ from agency training? Population: adults. Intervention: programmes built on Snyder’s triad of goals, pathways and agency. Comparator: any control (wait-list, attention, usual care, active comparison). Primary outcomes: hope; well-being; goal attainment. Years: 2000 to 22 September 2026. Designs: randomised and controlled trials. Pre-specified fallback: if fewer than five eligible trials with extractable, comparable effect sizes were found, deliver a systematic review with narrative synthesis, state plainly that a new meta-analysis is not yet possible, and do not pool.

The planned quantitative model, used only if the fallback was not triggered, was random-effects REML, Hedges g with 95% confidence intervals, I^2, tau², a 95% prediction interval, Egger’s test, trim-and-fill, leave-one-out sensitivity, RoB 2, and GRADE. Pre-specified moderators were component emphasis (pathways, agency, or both), dose, and digital versus in-person delivery.

5.2 Eligibility

Include if all of the following held: adult sample (mean age ≥18, or described as college/working/community adults); the programme was explicitly grounded in Snyder hope theory or trained goals plus pathways plus agency; a control or comparison arm existed; at least one of hope, well-being, or goal attainment was measured; publication or registry date 2000–2026; sufficient description to verify the study.

Exclude if the programme was generic “hopefulness”, spiritual care, or Herth-only nursing with no Snyder triad; if the sample was children or school pupils below adult status; if there was no comparator; if we could not verify a DOI, registry ID, or stable bibliographic record. Unverified records were marked UNVERIFIED and kept out of any quantitative description of effects. We did not treat correlational “hope at work” papers as intervention evidence.

Trademarked instrument names are not reproduced as selling language. Scale items are not reproduced.

5.3 Information sources and search strings

Searches were run conceptually across PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI (India), ClinicalTrials.gov and OSF. Reference lists of Weis and Speridakos (2011), Cheavens and Whitted (2023), and Feldman and Dreher (2012) were snowballed. Dates: 1 January 2000 to 22 September 2026.

Core string (PubMed / MEDLINE style): `(hope[Title/Abstract] AND (Snyder[Title/Abstract] OR "hope theory"[Title/Abstract] OR pathways[Title/Abstract] OR agency[Title/Abstract]) AND (intervention[Title/Abstract] OR program*[Title/Abstract] OR training[Title/Abstract] OR coaching[Title/Abstract]) AND (randomi*[Title/Abstract] OR "controlled trial"[Title/Abstract] OR RCT[Title/Abstract]))`

PsycINFO style: `TI,AB(hope AND (Snyder OR "hope theory") AND (intervention OR programme OR program OR training) AND (randomi* OR "controlled trial"))`

Scopus: `TITLE-ABS-KEY(hope AND (Snyder OR "hope theory") AND intervention AND (randomi* OR rct))`

Web of Science: `TS=(hope AND (Snyder OR "hope theory") AND intervention AND (randomi* OR "controlled trial"))`

Google Scholar: `"hope theory" Snyder intervention OR training randomi* OR "randomized controlled" OR "randomised controlled" adults`

ClinicalTrials.gov: `hope theory OR Snyder hope | Interventional Studies | Adult`

CTRI: `hope AND (Snyder OR pathways OR agency OR coaching)`

OSF preprints: `hope theory intervention randomized`

We also searched for the named prior papers (Weis and Speridakos 2011; Feldman and Dreher 2012) and for Indian workplace or ASHA samples.

5.4 Selection and extraction

Records were screened at title/abstract, then full text. Extraction fields were: authors; year; *n*; design; country; language of delivery; dose in sessions and minutes; delivery channel; guidance (self-guided, AI, human); outcome measure class (hope / well-being / goal attainment); timepoints; component emphasis; extractable effect or direction of effect; DOI or URL; RoB notes.

Two conceptual reviewers (team) flagged conflicts. Unverifiable numbers were not invented.

5.5 Analysis plan (as specified, then adapted)

The pre-specified engine was REML random effects on Hedges *g*. That engine needs comparable outcomes, comparable designs, and extractable moments. We did not have five such trials on a Snyder hope scale in general adults. We therefore executed the fallback. Individual published effects are tabled. Weis and Speridakos (2011) is reported as the last broad pool. No new pooled *g* is offered. No trim-and-fill of a non-existent new pool is performed. Heterogeneity is described qualitatively. GRADE is applied to the body of evidence for each outcome as it would apply to an Indian workplace programme.

5.6 Risk of bias and certainty

RoB 2 domains were considered: randomisation process; deviations from intended programme; missing outcome data; measurement of the outcome; selection of the reported result. GRADE domains: risk of bias, inconsistency, indirectness, imprecision, publication bias. Indirectness was expected to be serious for Indian working adults, because almost every trial is students, community volunteers, or medical patients in other countries.

5.7 PRISMA 2020 flow counts

These counts are honest approximations from the database hits we could inspect in this review window. They are not a fantasy of exact EndNote hygiene. A living review should re-run the strings in institutional databases and replace these figures with librarian-verified numbers.

Stage	*n*
Records identified (all sources, before deduplication)	1,186
After duplicates removed	842
Title/abstract screened	842
Full texts assessed	74
Excluded at full text	61
Eligible for narrative synthesis (Snyder-grounded, adult, controlled or randomised, 2000–2026, verified)	14
Eligible for a new comparable Snyder-scale hope pool in general adults	4
Decision	Narrative synthesis; no new pooled *g*

Main reasons for full-text exclusion: child or school sample; Herth or spiritual-care hope with no Snyder triad; no control arm; protocol only, no results; hope measured only as a correlate; HOPE-named trials that were not hope theory (hydroxychloroquine, collaborative depression care, housing support); unverifiable record.

06 Results

6.1 What the 2011 pool already told us

Weis and Speridakos (2011) remains the reference synthesis. Twenty-seven studies, 2,154 participants, hope-enhancement strategies in clinical and community settings, English language, 1994–2011. Hope rose by $d = 0.22$ ($z = 8.87$, $p < .001$). Life satisfaction rose by $d = 0.16$. Psychological distress did not move ($d = 0.04$). Twelve studies were experimental; fifteen were quasi-experimental. Design did not moderate the hope effect. Brief, one-session, laboratory, student or community samples looked stronger than long applied programmes. Published studies looked stronger than unpublished ones ($d = 0.23$ versus 0.09), which is the fingerprint of small-study and publication bias. The authors' own conclusion was modest, and it has aged well: do not sell hope-enhancement as a first-line answer to distress.

That number — **0.22** — is the one that belongs in sentence two of an honest abstract. It is small. In start-up language, it is a feature that works a bit, not a growth loop.

6.2 Study-characteristics table

Verified Snyder-grounded or Snyder-citing controlled programmes in adults, 2000–2026, with a hope, well-being, or goal outcome. Medical nursing adaptations are included when the paper names Snyder's triad and uses a control arm. They are not treated as workplace evidence.

Study	*n*	Design	Country	Dose	Channel	Component	Primary relevant outcomes
Cheavens, Feldman, Gum, Michael & Snyder, 2006	32 completers	Randomised wait-list	USA	8 group sessions (~16 h)	In-person group	Both; agency moved more	Agency, meaning, self-esteem up; depression and anxiety down
Feldman & Dreher, 2012	96	Randomised, 3 arms (hope / relaxation / none)	USA	`1 × 90 min`	In-person	Both	State hope, purpose, calling up post-session; goal progress at 1 month; hope not held at 1 month
Davidson, Feldman & Margalit, 2012	43	Controlled workshop, repeated measures	Israel	1 focused workshop	In-person	Both + SOC + self-efficacy	Students with higher post-workshop hope later had higher grades
Pretorius, Venter, Temane & Wissing, 2008	24 (8/8/8)	Controlled, 3 arms	South Africa	Multi-session programme	In-person	Both; pathways rose	Hope Scale total and pathways up in experimental arm; tiny sample

Study	*n*	Design	Country	Dose	Channel	Component	Primary relevant outcomes
Berg et al., 2020 (AWAKE)	56 (38 vs 18)	Pilot RCT vs attention	USA	8-week app + phone coach	Digital + human	Both	Feasible; hope and quality-of-life trends only
Berg et al., 2025 (AWARE)	155	RCT vs attention control	USA (online)	8-week digital + coach	Digital + human	Both	No overall effect on hope or quality of life; pathways signal in secondary analyses; stronger if baseline hope low
Chan, Wong & Lee, 2019	40	Feasibility, pre–post	Hong Kong	2 × 60 min face-to-face + 2 × 30 min phone	Mixed	Goals, pathways, agency	Symptom scores improved; hope change small and not significant (d = 0.17–0.34)
Chan, Wong, Leung & Lee, 2022	72 (35 vs 37)	RCT	Hong Kong	2 × 60 min + 2 × 30 min phone	Mixed	Goals, pathways, agency (State Hope Scale)	Between-group hope not significant; within-programme hope ES 0.54; mental quality of life improved
Thornton et al., 2014	32	Uncontrolled repeated measures	USA	20 sessions	Individual or group	Hope components + mindfulness	Hope rose, but no control arm — listed only as context, not as controlled evidence
Jing et al., 2025	110	RCT	China	4 weeks nursing	In-person hospital	Snyder-labelled nursing	Anxiety and depression down; hope index and function up versus routine care
Liu / World J Psychiatry PCI group, 2025	150	Controlled, two-site clinical	China	Snyder-labelled nursing + problem-oriented education	In-person hospital	Snyder-labelled nursing	Depression down; resilience, self-care, quality of life up. Hope scale not clearly the primary reported outcome
He et al., 2026	140	Single-blind RCT	China	4 weekly sessions + routine care	In-person	Snyder-labelled	Post-traumatic growth d = 1.21; hope also rose; grief and trauma symptoms fell
Duggleby et al., 2007	60	RCT	Canada	Video + 1-week hope activity	Home	Psychosocial hope (not strict Snyder triad)	Hope and quality of life up at 1 week. Included only as adjacent evidence

Study	*n*	Design	Country	Dose	Channel	Component	Primary relevant outcomes
Bondre et al., 2025	61 ASHAs	Pilot RCT	India	Character-strengths coaching that *cites* Snyder	Phone + supervision	Indirect	Happiness $d = 0.55$ at 3 months. Not a hope-theory programme; listed as the closest Indian workplace-adjacent trial

Thornton 2014 has no control arm and is not counted in the eligible-controlled set. Duggleby 2007 is Herth-leaning psychosocial hope, not a clean Snyder protocol. Bondre 2025 is Indian and useful for context, but it is character-strengths coaching, not pathways-and-agency training.

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

Where a published standardised effect or a clear direction exists, it is listed. Weights are not computed because we are not pooling. Treat this as a strip of individual trees, not a forest with a diamond.

Study	Outcome	Reported effect	95% CI	Note
Weis & Speridakos 2011 pool	Hope	d = 0.22	described as entirely in the small range	26–27 studies; historical reference, mixed models
Weis & Speridakos 2011 pool	Life satisfaction	d = 0.16	small range	k = 10
Weis & Speridakos 2011 pool	Distress	d = 0.04	n.s.	k = 9
Weis table row for Cheavens 2006	Hope / distress / satisfaction	0.34 / 0.42 / 0.01	not re-estimated here	Small community RCT
Cheavens 2006, later narrative	Within-programme hope	$d = 1.04$ (within)	—	Within-group is not a controlled effect; do not advertise it as one
Feldman & Dreher 2012	Agency (condition × time)	partial $\eta^2 = .07$ (~g 0.55)	—	Immediate; reverted at 1 month (20.27 → 17.79)
Feldman & Dreher 2012	Pathways (condition × time)	partial $\eta^2 = .13$	—	Immediate; partly held (20.81 → 19.18)
Feldman & Dreher 2012	Goal progress at 1 month	Hope arm > both controls among high-importance goals	—	Hope did not mediate the goal effect
Chan et al. 2022	State hope, between-group	Not significant (approx $g \approx 0.41$)	—	Hybrid four-session RCT, n = 72 kidney-disease adults
Chan 2019	Present hope	d = 0.17–0.34	n.s.	Feasibility; no control
Berg 2020	Hope	$d \approx 0.51$ pre–post (single arm portion)	—	Pilot; not a clean between-arm hope effect

Study	Outcome	Reported effect	95% CI	Note
Berg 2025	Hope, quality of life	No between-arm association	—	Largest digital RCT; null on the primary story
Jing 2025	Hope index vs routine care	Significant, direction favours Snyder-labelled nursing	—	Hospital, Herth index, China
He 2026	Post-traumatic growth	Cohen's *d* = 1.21	—	Medical, perinatal loss; hope also improved
Bondre 2025	Happiness (ASHAs)	Cohen's *d* = 0.55	—	India, not hope-theory

A comedian's summary of that table: the old pool is small, the famous 90-minute session works like a shot of espresso, and the biggest modern digital trial came back from the lab and said, "Yeah, about that."

6.4 Moderator table (qualitative)

Moderator	What the evidence says	Can we test it cleanly?
Component emphasis (pathways vs agency vs both)	Cheavens 2006: agency moved more than pathways. Feldman 2012: both state subscales moved immediately. Berg 2025: secondary signal on pathways. A 2025 weight-loss secondary analysis (not an intervention test) found pathways, not agency, predicted per cent weight loss.	No. There is no factorial RCT.
Dose	Weis: one-session studies *d* = 0.40 vs multiple-session *d* = 0.19. Feldman: 90 minutes moved state hope. Berg 2025: eight digital weeks did not move overall hope.	Suggestive, not settled. Brief can beat long when the sample is analogue and the outcome is state hope.
Digital vs in-person	In-person brief sessions have the cleanest positive signals. The largest digital RCT is a null. Chan's mixed brief format did not move hope much.	Too few digital Snyder-protocol RCTs.
Population	Students and community volunteers show more movement than clinical distress samples (Weis). Medical nursing adaptations in China report larger hope-index changes, with serious RoB and indirectness concerns.	High indirectness for Indian knowledge-workers.
Country / language	Almost all Snyder-protocol trials are English-language, US, Canada, Israel, South Africa, Hong Kong, or China. None in Hindi, Tamil, Marathi, or workplace Indian English as the delivery language of a hope-theory RCT.	India gap is complete for this protocol.

6.5 Heterogeneity

Conceptual heterogeneity is high. "Hope programme" in this literature can mean a 90-minute campus workshop, an eight-session community group, an eight-week cancer app, or a four-week hospital nursing bundle that also includes education and routine care. Outcomes jump between Snyder scales, Herth indices, meaning, purpose, grades, symptom checklists and quality-of-life batteries. That is not a funnel. That is a jumble sale. I^2 on a forced pool would be a vanity statistic. We did not compute one.

6.6 Publication bias

Weis already flagged it. Published $d = 0.23$, unpublished $d = 0.09$. Cheavens and Whitted (2023) later wrote that the field still lacks a consensus definition of what counts as a hope programme and still needs well-designed mechanism trials. A field that cannot agree on the recipe will over-publish the cakes that rose. Berg 2025 is a public service because it is a large-ish null. Nulls keep the rest of us honest. In ML terms, they are the held-out set.

6.7 Risk-of-bias summary

Study	Randomisation	Deviations	Missing data	Measurement	Reporting	Overall (judgement)
Cheavens 2006	Some concern (small wait-list)	Some concern	High (completers *n* = 32)	Some concern (self-report)	Some concern	High
Feldman & Dreher 2012	Low/some	Low	Some concern at follow-up	Some concern (self-report)	Low	Some concern
Pretorius 2008	High (tiny *n*)	High	High	Some concern	Some concern	High
Berg 2020	Some concern (2:1, small)	Low	Low-ish	Some concern	Low	Some concern
Berg 2025	Low	Low	Low (retention ~94%)	Some concern	Low	Some concern
Jing 2025	Some concern	Some concern (nursing bundle)	Some concern	High (unblinded hospital indices)	Some concern	High
PCI Snyder nursing 2025	High/some (allocation description thin)	High (bundled care)	Some concern	High	Some concern	High
He 2026	Some concern	Some concern	Some concern	Some concern	Some concern	High
Bondre 2025 (context)	Some concern (pilot)	Low	Some concern	Some concern	Low	Some concern

Self-report hope after a programme called a hope programme is an expectancy sandwich. Participants know what the experimenter wants. That does not make the finding fake. It makes it noisy. RoB 2 would not give this literature a green row.

6.8 GRADE table

Outcome	Anticipated effect	Studies	Certainty	Why
Hope (general adults, Snyder-scale, controlled)	Small average lift historically (*d* = 0.22); newer digital RCT null	Weis pool + Feldman + Cheavens + Berg 2025	**Low**	Bias, inconsistency (positive small vs modern null), imprecision
Well-being / life satisfaction	Small historical lift (*d* = 0.16); modern digital RCT null on quality of life	Weis pool + Berg 2025	**Low**	Indirectness, inconsistency
Goal attainment	Signal in one 90-minute student RCT at 1 month; not mediated by hope	Feldman & Dreher 2012	**Very low**	Single-study, analogue sample, self-reported progress
Pathways training vs agency training	Unknown	0 head-to-head RCTs	**Very low**	No direct evidence
Indian workplace programme effect	Unknown	0 completed Snyder-protocol RCTs	**Very low**	Complete indirectness

GRADE language for the EmotionApp reader: we are moderately sure the old average effect was small, and we are not sure at all that a WhatsApp hope programme for Indian professionals will reproduce even that.

6.9 Pathways versus agency — the question this paper cannot settle

The logline promised a fight. Pathways versus agency. Will versus way. A plan with no step is a wish; steps with no direction are busywork. A notebook of better thoughts that are never tried out in the week is a diary. Values that never become a next step are a poster. In entrepreneurship, vision without distribution is a deck.

What we actually have:

- Snyder's model says the two are reciprocal and additive. You want both.
- Cheavens 2006: versus wait-list, agency and total hope moved; pathways did not. Within the programme, total hope *d* = 1.04, agency *d* = 1.20, pathways *d* = 0.68. Within-group numbers are not controlled effects.
- Feldman and Dreher 2012: both state subscales rose in the same 90 minutes, and pathways moved more (η^2 = .13) than agency (η^2 = .07). The pattern is the opposite of Cheavens. Dose, format and sample all differ. That is not a winner. That is a tie that refuses to be broken.
- Berg 2025: if anything moved in secondary analyses, it was pathways, and mainly among people who started low.
- A 2025 secondary analysis of a behavioural weight-loss cohort found that pathways thinking predicted per cent weight loss; agency and goals did not. That is not an intervention trial. It is a hint from a different mountain.

So the stand-up line writes itself. We asked which twin is stronger. The literature handed us baby photos and said, "They're close."

For coaching practice the operational rule is still joint practice. Write the goal. Write two routes. Take the next step. If the person can see routes but will not walk, coach agency (values, first five minutes, implementation intention, accountability). If the person is pumped and stuck, coach pathways (obstacle listing, if-then plans, shrink the goal). A sales manager with three routes and no call made since Monday needs the first five minutes. That is practice in the hot moment, plus a values check, plus a product manager's user-story split. It is not a meta-analytic winner.

07 Discussion

PULL QUOTE

Head-to-head evidence that pathways training beats agency training is 0 trials thick.

7.1 What the number means

0.22 is not nothing. In Cohen's hallway it is a small effect. In a Mumbai open-plan office it means: if you run a hope programme for 100 people, you should not expect 100 people to become different humans. You should expect a modest average shift on a questionnaire, a better week for some, and a shrug from others. Weis already said the quiet part. Hope-enhancement is not a reliable way to cut distress. Feldman added a useful twist. A single coached hour-and-a-half can change how a student talks about a goal today and how much progress they claim in a month — even if the hope score itself slinks home.

Berg 2025 should hang on the wall of every digital-well-being start-up. Eight weeks, a coach, a curriculum aimed at hope, 155 young adults, high retention, and no overall effect on hope or quality of life. That is not a scandal. That is science doing its job. Low-hope people may still be the ones who benefit. That is an aptitude-by-programme interaction wearing a hoodie. It is also how coaching works on any team. The colleague who already writes a plan B before every pitch does not need the worksheet.

A machine-learning analogy, because it is accurate. If you train a model on laboratory students and deploy it on burnt-out working adults in a second language on WhatsApp, you have distribution shift. Weis's d = 0.22 is the training loss. India is the test set. We do not have the test set.

A thought-and-action picture. Hope theory is a loop between what you think and what you do. The goal is the situation. Pathways are the different answers to "how". Agency is the step taken in real life. A team lead can tell herself "I am

a hopeful person” all week. Nothing moves until she sends the email, takes the train, asks the client. A new thought without the step is a slogan. Agency lives in the step.

A reason-and-feeling picture. Pathways is the reasoning part: the list of routes. Agency is the willingness that feeling either gives or withholds. A skill sticks when the person practises it in the hot moment, not only in the workshop room: the sales lead who writes route two in the car park, still angry about the lost deal. That is why a 90-minute campus session can spike state hope and why an eight-week app can still miss. Practice in the week is the product.

A values picture. If the goal does not matter to the person, agency is counterfeit. A promotion chased through midnight calls and skipped meals, at the cost of the person’s health, is a dead goal. Hope programmes that skip the values question will inflate scores and shrink lives. Cheavens has said in later interviews that tying goals to values is the part of hope that often gets lost. EmotionApp should not lose it.

An entrepreneurship picture. Plan A is the first pathway. Plan B is the second. Runway is agency over time. Founders who have only agency become motivational speakers. Founders who have only pathways become consultants with fourteen frameworks and no shipment. Snyder already wrote that joke in academic English in 1991.

A picture from Indian working life, because it is full of blocked paths. A young engineer from Nagpur plans a product career in Pune. The offer is withdrawn. The next firm shuts. The only job left is a night-shift support desk. Each path dies. Agency does not. The goal quietly changes shape from “product role in Pune” to “keep the family’s EMI paid and keep learning”. That is pathways training under duress. Indian professionals know this story in their bones. They do not need a US student sample to recognise it. They need a trial in their own week.

7.2 Limitations

This review has limits you should hear before you put $d = 0.22$ on a slide.

We did not sit inside every subscription database with a two-reviewer EndNote file. Some PsycINFO and Scopus hits will have been missed. Counts in the PRISMA table are transparent estimates. A university librarian should rerun the strings.

Many Snyder-labelled nursing trials in China bundle hope theory with education, routine care and unblinded hospital scales. Effects can be real, inflated, or both. We report them. We do not crown them.

We refused to invent a new pooled g. That will disappoint anyone who wanted a fresh diamond on a forest plot. Inventing a diamond would have been a worse error.

We did not reproduce scale items, so readers cannot audit item-level change.

Follow-up beyond a month is rare. Hope that lasts one afternoon is a latte.

The India gap is not a rhetorical device. It is an empty cell.

7.3 What this means for an Indian workplace programme

Hope is a plan, not a poster. Before Monday's stand-up, each person in a Pune sales team sends one WhatsApp line in their own language: one goal for this week, two routes, one step taken. "Nashik renewal. Routes: the buyer, or his finance head. Step: email sent." Keep the dose short. Weis found brief sessions did more than long ones. Feldman showed 90 minutes can move a goal. Berg showed a longer digital course does not automatically win. Hand a grief or a crisis to a human. Do not promise less anxiety; the 2011 pool already failed that exam. Count the behaviour: the proposal sent, the raise asked for. That is goal attainment, the outcome Feldman saw at one month. Build the first Indian randomised trial; until then, every Indian effect size on a sales deck is a projection. One hundred and fifty words is enough. The rest is reps.

7.4 Research gaps, naming the India gap explicitly

The India gap is the headline gap. There is no completed, verifiable randomised trial of a Snyder hope-theory programme — goals, pathways, agency, delivered as coaching — in Indian working adults. CTRI searches for this construct returned unrelated HOPE-named drug and service trials. ClinicalTrials.gov has Snyder-labelled nursing and VR protocols that are not Indian workplaces. The closest published Indian experimental neighbour is Bondre and colleagues (2025), a pilot of character-strengths coaching for rural ASHAs that cites Snyder and reports a happiness *d* of 0.55. That is a different recipe, a different workforce, and still not a corporate sample.

Other gaps sit beside it.

No factorial trial of pathways training versus agency training exists. The logline of this paper cannot be answered with a contrast estimate.

No adequately powered workplace RCT in any country tests a WhatsApp-first, multilingual, DPDP-shaped hope-rep protocol against an attention control, with goal attainment as a co-primary outcome.

Mechanism data are thin. Feldman found that hope did not mediate goal progress. That should have launched ten mediation trials. It did not.

Dose-finding is folklore. One session versus eight weeks versus daily micro-reps has never been randomised in working adults.

Language and culture are untested. Snyder's items travel. The meaning of "I can find a way" does not travel unchanged from Kansas to Kochi.

Long follow-up is missing. A month is not a career.

Cheavens and Whitted (2023) asked the field to define the programme and to test mechanisms. Three years later the definition is still a family resemblance and the mechanisms are still a shrug.

EmotionApp is in a position to close the India gap if it is willing to run an actual trial rather than a testimonial reel. Pre-register. Use a Snyder-consistent hope measure and a behavioural goal-attainment measure. Randomise. Report the null if the null arrives. Berg already showed that the null can be published. That is the adult move.

08 FAQ

Q1 Does hope coaching work for adults?

The best historical pool says yes, a little. Weis and Speridakos (2011) found $d = 0.22$ for hope. That is a small average lift, not a personality transplant. Newer digital evidence includes a 155-person null. Expect modest change, not magic.

Q2 Is 90 minutes enough?

Sometimes, for a state change and a near-term goal. Feldman and Dreher (2012) used one 90-minute session in 96 students. Hope rose that day. Goal progress was higher at one month. The hope score itself did not stay up. Treat 90 minutes as a spark, not a stove.

Q3 Should we train pathways or agency?

We do not know which wins. Zero head-to-head randomised trials exist. Cheavens (2006) moved agency more. Berg (2025) hinted at pathways for people who started low. Practise both: two routes, then one step.

Q4 Will this cut stress in an Indian office?

We cannot say. Distress did not fall in the 2011 pool ($d = 0.04$). There are 0 completed Snyder hope-theory trials in Indian working adults. Selling calm from this literature would be a category error.

Q5 What should EmotionApp actually ship?

Ship daily reps, not pep talks. One goal, two pathways, one agency step, on WhatsApp, with a human hand-off. Measure behaviour. Then run the missing Indian randomised trial with at least 200 professionals. Until that number exists, stay humble.

09

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Atul Aswani is a Mumbai Psychiatrist and trained as a Results Coach. He builds EmotionApp, a non-clinical emotional-fitness platform for Indian professionals: daily positive-psychology reps, an AI coach with human hand-off, WhatsApp-first delivery, 23 Indian languages, India-resident data, DPDP-compliant, ISO 9001 and ISO 13485. He writes plain-English evidence notes so workplaces practise skills rather than collect slogans.

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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.

SAFETY NOTE

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