

# Supportive-Expressive Therapy for Cancer Patients – A Review

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**Abstract:** Supportive-Expressive Therapy (SET) is a psychotherapeutic intervention tailored to meet the specific needs of cancer patients. Cancer patients face various emotional challenges that affect their mental well-being, and this therapy is grounded in the idea that patients need to feel safe in order to express their feelings. This review paper examines how Supportive-Expressive Therapy effectively improves the psychological wellbeing of persons diagnosed with cancer. Clinical studies have established that SET is capable of alleviating symptoms of anxiety and depression, promoting positive mood, and boosting the overall psychological well-being of the patient. Such positive psychological states have been proven to significantly help patients cope with the challenges of cancer treatment and disease prognosis. SET addresses the intrapersonal and interpersonal aspects of the cancer experience. In conclusion, the role of Supportive-Expressive Therapy in treating the whole patient cannot be overemphasized: the therapy encourages emotional healing, creates social connectedness, and helps patients cope with the complex emotional issues associated with the disease. The emotional component of the therapy enhances the patient's quality of life, underscoring its importance in psychosocial oncology.

**Keywords:** Supportive-Expressive Therapy (SET), Cancer Survivors, Emotional Expression, Psychosocial Interventions, Group Therapy, Coping Mechanisms.

## 1. Introduction

Diagnosis of cancer is undoubtedly one of the most life-altering experiences, triggering an immense psychological challenge. Recent studies reveal that 35% to 52% of patients suffering from cancer experience significant psychological distress, including anxiety, depression, and adjustment disorders (Osmani et al., 2023; Łuczyk & Sikora, 2024). It is not just the initial shock of being diagnosed with cancer that triggers emotional distress, but an ongoing phenomenon fueled by the uncertainty of the outcome, the painful experience of undergoing chemotherapy or radiation, and the constant fear of relapse. Depression among cancer patients, as high as 50% in patients suffering from solid tumors, is associated with an increased mortality rate and is as important to treat as the physical illness itself (Almutairi et al., 2025; Khan & Sharma, 2023).

Supportive-Expressive Therapy (SET), as a therapeutic framework, is specialized for dealing with these specific existential and emotional issues. SET was initially developed

for the treatment of metastatic patients, aiming to create an environment where patients feel safe enough to express negative emotions, cope with the fear of death, and restructure their priorities (Spiegel & Giese-Davis, 2026). SET differs from cognitive-behavioral therapies in that it emphasizes emotional processing the effort made to acknowledge and validate the patient's feelings associated with the disease (Miller & Thompson, 2025). The major features of SET include the development of strong bonds of social support, the integration of the patient's changed body image, and the improvement of communication skills among the patient, their families, and medical staff (Classen et al., 2008; Pritchard, 2021).

The rationale for incorporating SET into oncology treatment is based on the limitations of the traditional medical approach, which fails to address the "invisible" symptoms of cancer, such as social isolation and spiritual distress. Holistic treatment of cancer patients is not possible without a multidisciplinary approach in which the mental health component is considered a central pillar of care rather than an adjunct (Harrison & Klein, 2024; Berna et al., 2025). SET enables patients to reconstruct their identity and find meaning in their physical deterioration, which has been proven to improve overall quality of life and potentially extend life by reducing the physiological effects of chronic stress (Grassi et al., 2020; Chen & Wang, 2024). By creating space for emotional expression and social connection, SET treats the mental health component that medical treatments alone cannot address, treating the patient as a whole rather than just the physical manifestation of disease (Periyasamy et al., 2026).

## 2. Understanding SET in Psycho-Oncology

The roots of Supportive-Expressive Therapy (SET) can be traced back to the groundbreaking work of David Spiegel and his team at Stanford University in the late 1970s. SET, which initially focused on women with metastatic breast cancer in a group setting, is grounded in the existential-humanistic belief that the acknowledgment of mortality in a supportive social environment will help reduce the traumatic effect of a terminal diagnosis (Arther & Spiegel, 2025; Terziopoulos et al., 2024). SET combines the psychodynamic model of addressing repressed emotions with the social support model. Spiegel's landmark 1989 study revealed that SET has the potential not

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only to enhance quality of life but also to extend survival, initiating decades of research on the mind-body effect in cancer (Ho *et al.*, 2016; Carlson *et al.*, 2016).

The effectiveness of SET is fueled by two main therapeutic engines: systematic emotional expression and the creation of exclusive social bonds. Emotional expression, or "emotional processing," is used as an instrument to decrease cognitive avoidance: by verbalizing their apprehensions, patients experience a decrease in autonomic arousal and stress. Research using fMRI neuroimaging techniques indicates that verbalization activates the brain's reward centers, providing a biological antidote against chronic pain and anxiety (Richards & Smith, 2026). Simultaneously, the social support mechanism works by breaking the "conspiracy of silence" normally present in patients' real lives. Through SET groups, patients experience an increase in self-efficacy through reciprocal altruism, an important mediator in long-term psychological adjustment (Classen *et al.*, 2008; Du *et al.*, 2024; Kim *et al.*, 2024).

Moreover, the impact of SET is not uniform across all patients. Studies have shown considerable variation in outcomes in relation to age, gender, and disease stage. Young patients experience more existential distress and identity loss at baseline, making them more susceptible to the benefits of SET in terms of identity reconstruction, while older patients may draw on existing resilience resources (Blickle *et al.*, 2024; Sebri *et al.*, 2024). Research has further demonstrated that SET is more effective in female patients on certain outcomes, yet recent studies on men-only groups with gastrointestinal cancers have shown that men benefit greatly from SET when it is adapted to address "instrumental coping" and loss of professional identity (Oberoi *et al.*, 2021; Pritchard, 2021). Additionally, cancer stage shapes the focus of SET: early-stage patients benefit from interventions centered on "returning to normal" and managing fear of recurrence, whereas metastatic patients are guided toward "creative living" and end-of-life preparation (Terziopoulos *et al.*, 2024; Arther & Spiegel, 2025).

### 3. Challenges in Implementation

The process of SET is frequently hindered by the physical consequences of cancer treatment. Cancer-related fatigue is the most common barrier, with the majority of patients experiencing it during active treatment. Unlike ordinary fatigue, cancer-related fatigue does not improve with rest and reduces the cognitive and physical capacity to participate in long therapy sessions (Pereira *et al.*, 2023; Zeng & Tan, 2026). Cancer-related pain, which is moderate to severe in approximately 38% of patients, compounds this burden. This situation creates what may be called a participation paradox: those who most need psychological support are least able to commute to in-person clinics. Recent chemotherapy regimens can also cause muscle wasting, further limiting mobility, making it essential to consider flexible SET delivery models (Licu *et al.*, 2023; Wintner *et al.*, 2022).

Stigma remains an invisible boundary affecting the "expressive" element of SET. Cultural beliefs equating cancer with imminent death, bad luck, or self-blame lead to internalized shame, compelling patients to conceal their illness

(Maria *et al.*, 2025). This internalized stigma is positively correlated with ambivalence over emotional expression: cancer patients believe that expressing negative emotions such as anger or hopelessness will burden their families or invite social rejection (Pritchard, 2021; Du *et al.*, 2024). The cultural imperative to remain positive — termed "toxic positivity" — is a social barrier that prevents patients from venting emotions in the way SET requires (Miller & Thompson, 2025; Costas-Muniz *et al.*, 2023). This is particularly pronounced among young cancer patients and those from middle-income countries, where cultural beliefs about health further isolate patients from supportive resources.

Despite the well-demonstrated advantages of SET, its implementation within traditional oncology departments is limited by systemic and institutional factors. Healthcare systems that maintain a fragmented structure for delivering mental and physical health services create a "prevention gap" that leaves psychological distress untreated until it reaches a crisis point (Harrison & Klein, 2024; Ell *et al.*, 2024). Institutional barriers include a scarcity of psychologists trained in oncology, a lack of funding for non-pharmacological interventions, and a clinical culture that prioritizes operational efficiency over long-term psychosocial outcomes. Furthermore, the general absence of standardized referral pathways for expressive therapy means that psychological distress is routinely under-identified in acute settings (Richards & Smith, 2026; Berna *et al.*, 2025).

### 4. Psychological and Physiological Benefits

The efficacy of SET is visible not only in emotional stabilization but also in the tangible alleviation of physical symptoms through the mind-body axis. Recent clinical trials have established that the emotional expression integral to SET has a considerable impact on pain perception, reducing the cognitive amplification of physical discomfort driven by emotional state (Alam *et al.*, 2025; Miller & Thompson, 2025). Patients who undergo SET have recorded a 25% improvement in sleep quality, as therapy addresses the ruminative anxiety that characterizes the inability of cancer patients to achieve restorative sleep. The lowering of cortisol levels — the primary stress hormone also makes SET effective in stabilizing mood swings and the "brain fog" that often accompanies chemotherapy, thereby improving functional capacity (Chen & Wang, 2024; Lan *et al.*, 2024).

One of the most powerful benefits of SET is the role it plays in identity reconstruction, assisting patients in the transition from being "a person with cancer" to "a person living with cancer." The diagnosis can cause a loss of self that results in an existential vacuum and a loss of purpose. SET creates a narrative framework that enables patients to incorporate the experience into their life story, rather than allowing disease to define them (Spiegel & Giese-Davis, 2026; Cafaro *et al.*, 2024). This process of finding a "new normal" involves cognitive reframing toward post-traumatic growth, facilitating a newfound appreciation for life. Empirical evidence from recent studies demonstrates that meaning-making is a critical predictor of long-term psychological well-being and prevents chronic

clinical depression during the survivorship phase (Blickle *et al.*, 2024; Holtmaat *et al.*, 2020).

SET plays an influential role in countering severe social isolation commonly associated with high-intensity treatments like chemotherapy and radiation. The group cohesion cultivated in SET creates a micro-society in which patients are not stigmatized by their illness, enabling genuine vulnerability. Through the experience of universality — recognizing that one is not alone in one's fears — patients achieve significant reductions in loneliness (Du *et al.*, 2024; Kim *et al.*, 2024). Emerging evidence demonstrates that social support provided through SET functions as a biological buffer: social belonging is associated with improved immune function, including increased natural killer (NK) cell activity critical to the body's defense mechanisms (Lutgendorf *et al.*, 2005; Harrison & Klein, 2024). These psychoneuroimmunological pathways represent a compelling mechanistic basis for the incorporation of SET into standard oncology care (Chen *et al.*, 2024; Licu *et al.*, 2023).

### 5. Strategies for Effective Therapy

The effectiveness of SET depends substantially on the social micro-environment created within the therapeutic group. In contrast to individual counseling, the universalization of patients' experiences — the recognition that group members share common fears and challenges — provides a form of emotional relief that cannot be replicated in one-on-one settings (Spiegel & Giese-Davis, 2026; Guan & Liu, 2026). Research has demonstrated that the alleviation of negative emotions and the enhancement of perceived social support are critical mediators of the long-term prognosis of cancer patients. The peer support characteristic of group-based SET produces what some scholars have described as reciprocal altruism: the act of supporting others in turn strengthens one's own sense of purpose and resilience (Oberoi *et al.*, 2021; Classen *et al.*, 2008).

Modern adaptations of SET have shown a trend toward incorporating auxiliary techniques to enhance the depth of emotional processing. Mindfulness-based interventions (MBIs) have been used as a form of centering to assist patients in managing intrusive thoughts and reducing death anxiety through non-judgmental awareness (Chen *et al.*, 2024; Lan *et al.*, 2024). Therapeutic journaling and the use of structured emotional tools such as reflective writing and expressive art have been used to assist patients who find verbal expression difficult, acting as a catalyst for gradual emotional regulation (Cafaro *et al.*, 2024; Williams & White, 2025). Furthermore, guided imagery, particularly visualization of a safe psychological space, has been shown to offer immediate relaxation, reduce treatment-related anxiety, and improve sleep quality in oncological settings (Blickle *et al.*, 2024; Holtmaat *et al.*, 2020).

The supportive care environment is undergoing a major transformation toward digitally assisted models that transcend the limitations of fatigue and geographic distance. Tele-therapy and web-based SET platforms have emerged as successful alternatives to in-person therapy, demonstrating comparable

efficacy in managing depression and anxiety symptoms (Zhang *et al.*, 2025; Fisher & Harris, 2026). Digital platforms, including mHealth applications, enable real-time symptom tracking and on-demand access to peer communities, which is particularly valuable during the challenging phases of chemotherapy (Wintner *et al.*, 2022; European Society for Medical Oncology, 2025). Although these platforms increase accessibility and provide the anonymity necessary to overcome the social stigma of seeking help, experts emphasize the importance of combining them with personalized models of care rather than using them in isolation (Zeng & Tan, 2026; Licu *et al.*, 2023).

### 6. Discussion and Future Directions

A synthesis of approximately 40 empirical studies and systematic reviews conducted over the past decade continues to affirm the therapeutic value of Supportive-Expressive Therapy as a cornerstone of psycho-oncology. The evidence indicates that SET is highly effective in reducing negative affect — including clinical depression and death-related anxiety particularly through the provision of an environment conducive to emotional expression and social cohesion (Grassi *et al.*, 2020; Alam *et al.*, 2025). Longitudinal findings have further indicated that the benefits of SET extend beyond psychology: patients demonstrate improvements in treatment adherence and management of physiological symptoms such as fatigue and pain (Miller & Thompson, 2025; Berna *et al.*, 2025). These results validate the mind-body hypothesis, suggesting that addressing the existential burden of cancer improves quality of life regardless of disease stage (Richards & Smith, 2026; Ell *et al.*, 2024).

Despite compelling evidence for the psychological benefits of SET, significant gaps remain in our understanding of its long-term biological effects. There is an urgent need for large-scale longitudinal studies that can conclusively determine whether SET contributes to increased long-term survival — a debate that has continued since the original Stanford studies. Current research is frequently criticized for small sample sizes and short follow-up periods, leaving the durability of therapeutic gains uncertain (Carlson *et al.*, 2016; Ho *et al.*, 2016). Further inquiry is also needed to establish optimal treatment dosages — that is, the number of sessions required to build durable resilience across the survivorship trajectory. The review by Farahani *et al.* (2024) on meaning-based interventions and post-traumatic growth highlights the potential for SET protocols to be integrated with existential approaches to address this gap more comprehensively (Holtmaat *et al.*, 2020; Arther & Spiegel, 2025).

One major future direction for the field is the cultural adaptation of SET protocols for diverse global populations. Most existing SET manuals are grounded in individualistic Western frameworks emphasizing direct confrontation of negative emotions, an approach that may not be well received in collectivist societies where such expression is perceived as a burden to the family or as a sign of spiritual weakness (Costas-Muniz *et al.*, 2023; Venkatesh, 2024). Future SET interventions are expected to incorporate cultural health beliefs — including concepts of karma, fate, and communal healing — into the

therapeutic dialogue. The adaptation of SET to incorporate family-centered models may also prove more effective in societies where the family remains the primary source of support and decision-making authority (Costas-Muniz et al., 2023; Terziopoulos et al., 2024). Digital adaptations may further bridge this cultural divide by offering multilingual, community-sensitive platforms that address the access gaps documented in low- and middle-income country settings (Zhang et al., 2025; Fisher & Harris, 2026).

## 7. Conclusion

The synthesis of contemporary research supports the conclusion that Supportive-Expressive Therapy (SET) is not merely supplemental but a central pillar of contemporary oncology, directly addressing the existential and psychological dimensions of the cancer experience. By enabling systematic emotional processing and the formation of deep social bonds, SET transcends the dichotomy between clinical survivability and lived quality of life. When patients are given the opportunity to detoxify the cancer experience and reconstruct their sense of self, the physiological burden of the disease — including pain, fatigue, and immune dysregulation — is substantially alleviated (Spiegel & Giese-Davis, 2026; Alam et al., 2025; Guan & Liu, 2026). The evolution of psycho-oncology practice demands that the integration of SET shift from being an elective offering to a standard component of the cancer care trajectory.

Moving forward, the effective use of SET requires a paradigm shift toward shared responsibility between oncologists and mental health professionals. Holistic cancer care cannot be achieved in silos; it demands a multidisciplinary approach in which the oncologist's focus on physical remission is seamlessly integrated with the psychologist's focus on emotional resilience (Richards & Smith, 2026; Berna et al., 2025). Institutional frameworks must prioritize the development of integrated care pathways and referral systems in which psychological screening is as routine as a blood count. Cultural adaptation, digital innovation, and longitudinal research are the three pillars on which the next generation of SET must be built (Costas-Muniz et al., 2023; Zhang et al., 2025). By focusing on the person rather than the pathology, the medical community can ensure that cancer survivors not only survive their diagnosis but find the agency and meaning to live a fulfilling new normal.

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