

Culinary-Based Interventions in Cancer Care: A Scoping Review of Psychosocial Outcomes Among Patients, Survivors, and Caregivers

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ABSTRACT

Cancer extends beyond the patient, significantly affecting caregivers and continuing into survivorship. While psychosocial interventions such as cognitive behavioural therapy and mindfulness-based approaches are effective, they are often resource-intensive and less accessible. Culinary and cooking-based interventions have emerged as a novel, activity-based approach with potential psychosocial benefits for individuals affected by cancer. This scoping review mapped evidence on culinary and cooking-based interventions and their psychosocial outcomes among individuals affected by cancer. Guided by the PRISMA-ScR framework, databases (PubMed, MEDLINE, ProQuest, Google Scholar) were searched (January–March 2026). Of 89 records identified, 10 studies met inclusion criteria. Culinary interventions were associated with improvements in psychological well-being, quality of life, self-efficacy, and social connectedness, alongside reductions in anxiety, depression, and distress. Effects appeared to operate through sensory engagement, skill mastery, and social interaction. Caregivers were underrepresented. Culinary interventions show promise as accessible psychosocial support in oncology; however, more rigorous and caregiver-focused research is needed.

Keywords: *Culinary interventions, Cancer care, Psycho-oncology, Caregivers, Quality of life, Biopsychosocial model, supportive care*

Cancer does not end with the patient or with cure. Its impact extends beyond the patient to even those around them, with significant psychosocial consequences (Bray et al., 2024). Recognised as a major global health concern, cancer remains one of the leading causes of mortality both worldwide and in India (WHO, 2025; Onyeneho & Ilesanmi, 2021). The Global Cancer Observatory (GLOBOCAN) estimates indicate approximately 20 million new cancer cases and 9.7 million deaths globally in 2022 (Bray et al., 2024). More recently, a joint analysis by the World Health Organization and the International Agency for Research on Cancer, released in February 2026, reported that approximately 37% of new cancer cases (around 7.1 million cases) were attributable to preventable risk factors (WHO & IARC, 2026).

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With advances in early detection and treatment, cancer survival rates have improved. While this reflects significant progress in oncology, it has also expanded the psychosocial burden experienced not only by patients but also by caregivers (Bray et al., 2024). Empirical evidence highlights the magnitude of this burden. A systematic review and meta-analysis reported that approximately 42% of cancer caregivers experience depression, with a substantial proportion also reporting clinically significant anxiety (Bedaso et al., 2022). In the Indian context, this burden is particularly pronounced, with high levels of depression, anxiety, and stress reported among caregivers (Belapurkar et al., 2023). Importantly, caregiver well-being directly influences patient outcomes, including treatment adherence, recovery, and quality of care (Litzelman, 2019). Despite this, psychosocial care in oncology remains largely patient-centred, leaving caregivers relatively underserved.

Within psycho-oncology, caregivers are increasingly recognised as “co-survivors”, reflecting their shared experience of illness (Northouse et al., 2010). At the same time, they are often described as “hidden patients”, as their psychological distress remains under-recognised within formal care systems (Given et al., 2012; Litzelman, 2019). Caregivers navigate ongoing responsibilities, emotional strain, and uncertainty across the cancer trajectory, including survivorship, where fears of recurrence and adjustment challenges persist for both patients and caregivers (Simard et al., 2013; Van Rooij et al., 2019).

Beyond clinical symptoms, cancer disrupts social roles, undermines identity and confidence, and contributes to reduced quality of life (Van Rooij et al., 2018; Marzorati et al., 2025). These challenges extend to caregivers, who often face emotional distress, lifestyle adjustments, and financial strain (Ünal & Ordu, 2023). Despite growing recognition of these issues, psychosocial support for individuals affected by cancer remains insufficient (Vu et al., 2025).

Several psychosocial interventions have demonstrated effectiveness in reducing distress. Cognitive behavioural therapy (CBT) has been shown to significantly reduce depression and anxiety among cancer caregivers (Zhou et al., 2022). Similarly, mindfulness-based interventions, including Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), have been associated with reduced caregiver burden and improved mental health (Tiwari et al., 2025). Psychoeducational interventions have also demonstrated improvements in coping strategies among caregivers (Cheng, 2021; Northouse, 2010).

However, these approaches often face implementation challenges, including the need for specialised training, financial resources, and structured clinical settings (Ugalde et al., 2019). These barriers are particularly evident in low- and middle-income countries, where access to mental health services remains limited. Consequently, there is a growing need for accessible, low-cost, and culturally relevant interventions that can be integrated into everyday life.

Activity-based approaches such as art and music therapy have demonstrated the value of sensory engagement and emotional expression in improving psychosocial well-being (Uttley et al., 2015; De Witte et al., 2020). Within this context, culinary-based interventions offer a uniquely integrative approach. Cooking engages multiple sensory modalities, involves skill development, and fosters social interaction, while producing a tangible outcome that extends benefits beyond the intervention setting (Farmer et al., 2017).

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In cultural contexts such as India, cooking is closely tied to identity, caregiving, and family life (Sangma, 2025). For caregivers, it represents not only a routine responsibility but also a meaningful expression of care. Emerging evidence suggests that cooking-based interventions can support both functional recovery and psychosocial well-being, integrating physical, cognitive, and emotional processes (Hingst et al., 2023).

A growing number of culinary programmes have been developed within oncology settings, targeting fatigue management, dietary adherence, and psychosocial well-being (Pritlove et al., 2020; Miller et al., 2020; Spees et al., 2019). These interventions have been delivered through diverse formats, including group-based sessions, occupational therapy settings, and virtual teaching kitchens.

From a biopsychosocial perspective, culinary interventions may influence well-being through multiple mechanisms, including enhanced self-efficacy, sensory engagement, and social connectedness (Bandura, 2005). These mechanisms are particularly relevant in cancer contexts, where disruptions in autonomy, identity, and social roles are common.

In this context, the present scoping review aims to map the existing evidence on culinary and cooking-based interventions among individuals affected by cancer, including patients, survivors, and caregivers. Guided by the PRISMA-ScR framework, the review seeks to examine psychosocial outcomes, identify underlying mechanisms, and highlight gaps to inform future research and practice.

METHODS

Study Design

This scoping review was conducted to map the existing evidence on culinary and cooking-based interventions for psychosocial well-being among individuals affected by cancer. The review followed the methodological framework outlined in the PRISMA-ScR guidelines.

The review process was conducted between January and March 2026. The initial search strategy, screening, and drafting of the manuscript were carried out by SN, with subsequent refinement, verification, and supervision provided by VV. Discrepancies at each stage were resolved through discussion and consensus.

Inclusion and Exclusion Criteria

This review selected studies from literature with following criteria:

1. Culinary or cooking-based interventions (including meal preparation, cooking classes, teaching kitchens, or occupational therapy interventions involving cooking)
2. Individuals affected by cancer, such as patients, survivors, or informal caregivers
3. Psychosocial outcomes
4. Conducted in healthcare or community settings that included oncology settings, hospitals or community centres.
5. Quantitative, qualitative, or mixed-methods designs, including randomized controlled trials (RCTs), quasi-experimental studies, observational studies, or qualitative research
6. Published in English

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This review excluded studies with following criteria:

1. Focused exclusively on nutritional or dietary outcomes without addressing psychosocial dimensions
2. Examined cooking as a non-therapeutic or purely recreational activity
3. Did not involve cancer-related populations
4. Were review articles, editorials, commentaries, or conference abstracts without full text

Search Strategy

This review gathered literature from PubMed, Google Scholar, ProQuest and MEDLINE. Eligible sources included studies examining individuals with cancer-related experiences, including cancer patients, survivors or family caregivers. Primary and secondary caregivers were included. There were no restrictions placed on gender, age or socioeconomic status. Studies with caregivers of patients with any type or stage of cancer, were included and from any country, were eligible. The searches included the following terms: (cooking OR culinary OR meal preparation) AND (psychological well-being OR mental health OR stress OR anxiety OR depression OR quality of life) AND (cancer OR oncology) AND (caregiver OR patient OR survivor).

The search strategy was adapted across databases to account for differences in indexing and search models. In addition to database searches, reference lists of included studies were manually screened in Google Scholar.

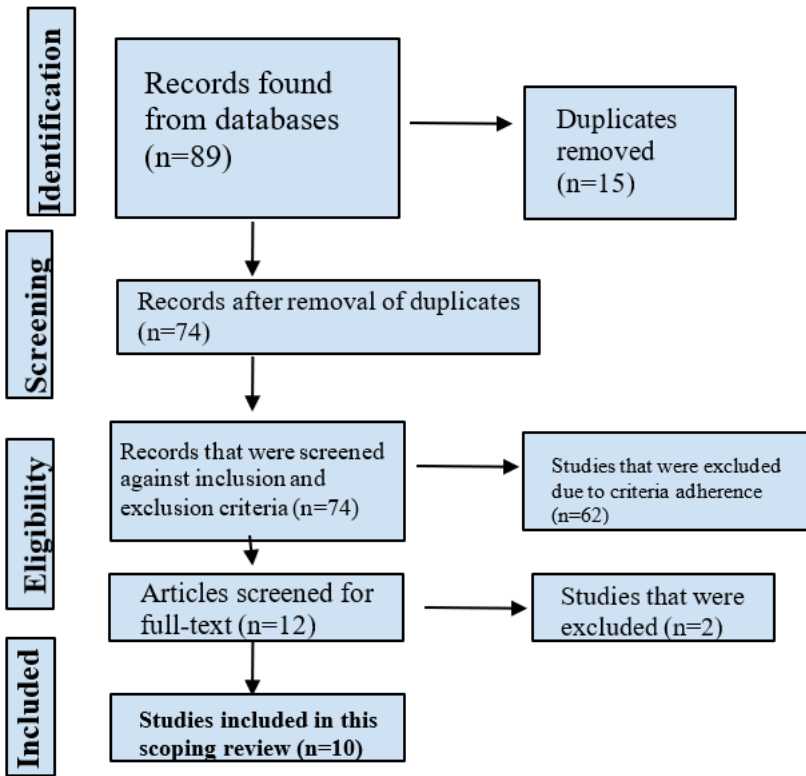
Study Selection and Data Extraction

A total of 89 records were identified through database searches. Following the removal of duplicates, titles and abstracts were screened against the predefined inclusion and exclusion criteria. Studies that did not align with the scope of culinary or cooking-based interventions or did not assess psychosocial outcomes in cancer-related populations were excluded at this stage.

Subsequently, 12 articles were considered eligible for full-text review. After detailed assessment, 10 studies met all inclusion criteria and were included in the final review. The study selection process was conducted systematically, and any discrepancies were resolved through discussion and consensus. The overall selection process is illustrated in the PRISMA-ScR flow diagram (Figure 1).

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Figure 1 PRISMA-ScR Flow Diagram of the article selection process



RESULTS

A total of 10 studies published between the years 2016 and 2026 were included in this review. These studies were conducted across 6 countries around the globe, including the United States (n=5), Canada (n=3), Israel (n=1), Japan (n=1), and the Philippines (n=1), with most evidence based in the western context (Barak-Nahum et al., 2016; Miller et al., 2020; Pritlove et al., 2020; Spees et al., 2019; Huang et al., 2023). The detailed characteristics of the included studies are presented in Table 1.

Breast cancer was the most commonly represented diagnosis amongst all the studies, with 24-64% of the cases, followed by ovarian, prostate and blood/bone marrow cancers (Huang et al., 2023; Pritlove et al., 2024). 82-88% of the participants were female, aged 57-61 years on average and highly educated (65-87%), and the majority were Whites (41-81%). Other ethnicities included 13% Black, 7-23% Hispanic/Latins (Spees et al., 2019; Pritlove et al., 2020).

The study designs varied and included four quasi experimental studies, three mixed methods studies, two case studies and one randomised controlled trial (RCT) (Miller et al., 2020; Pritlove et al., 2020; Kondo et al., 2023; Hermosura et al., 2026). This highlights the limited exploration and need for further studies in the literature about the role of culinary therapy in cancer care. Two papers included caregivers as participants along with the survivor and patient population. The total number of participants across studies included in this review are close to 600, encompassing patients actively undergoing treatment, survivors and caregivers. While the number of caregivers in the studies was difficult to be separated from the participant samples, two studies included caregivers as part of their study population (Aquino et al., 2022; Hermosura et al., 2026).

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According to these studies, the culinary interventions varied in format and duration, ranging from single-session formats (90 minutes to 1.5 hours) to multi-week programmes delivered over several weeks. These interventions included hands-on cooking activities, nutrition education, and group discussions, with some delivered through virtual formats such as The Not-Just-Supper Club (NJSC) and Survivors Overcoming and Achieving Resiliency (SOAR) (Hermosura et al., 2026; Huang et al., 2023). Other structured programmes identified across the studies included Coping with Cancer in the Kitchen (CCK), Cooking for Vitality (C4V), and Eliminating Digestive Irregularities Caused by Late Effects (EDIBLE) (Miller et al., 2020; Pritlove et al., 2020; Pritlove et al., 2024).

Across studies, culinary interventions were consistently associated with improvements in psychosocial outcomes, including subjective well-being, quality of life, self-efficacy, and emotional and social support, along with reductions in anxiety, depression, fatigue, and psychological distress (Barak-Nahum et al., 2016; Kondo et al., 2023; Spees et al., 2019). Some studies also reported enhanced mindfulness and awareness following participation (Huang et al., 2023). Interventions delivered over multiple weeks demonstrated more sustained benefits, with effects in several studies persisting for 1–3 months post-intervention, although follow-up durations remained limited (Pritlove et al., 2020; Miller et al., 2020).

Table 1 Studies examining the effect of cooking or culinary based interventions on psychosocial outcomes among cancer caregivers, patients and survivors.

S. no	Author and year	Country	Study design	Sample Size (M/F)	Population	Type/Stage of Cancer	Intervention	Duration	Effectiveness (potential/definitive)
1	Aquino et al., 2022	Philippines	Observational design	8 (5/3)	Pediatric patients, guardians, 2 shelter staff	Multiple/NA	Food preparation program: daily feeding, nutrition education, hands-on cooking classes	2-months	Emotional SWB (happiness, optimism, gratitude and self-confidence), Social SWB (collaboration, bonding, friendships, and helpfulness)
2	Barak-Nahum et al., 2016	Israel	Quasi experimental design	184 (13/71)	Patients and survivors	Multiple/NA	Culinary group intervention, 2-hr weekly sessions, hands-on cooking and group discussions	10-weeks	Health related QoL and SWB, and negative affect.
3	Hermosura et al., 2026	Canada	Mixed methods design	40 (5/36)	Patients and caregivers	Multiple/NA	NJSC-culinary cancer care program,	Not fixed; weekly.	Positive impact on life, social support, emotional

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S. no	Author and year	Country	Study design	Sample Size (M/F)	Population	Type/Stage of Cancer	Intervention	Duration	Effectiveness (potential/definitive)
							promoting health, plant-based meals, culinary nutrition education, cooking demonstrations.		support/mental health, emotionally supportive space
4	Huang et al., 2023	USA	Quasi experimental	10 (F)	Survivors	Breast cancer/ 0-III	SOAR a virtual teaching kitchen	9 weeks	Mindfulness, Social connectedness, PWB, and awareness.
5	Jackson et al., 2024	USA	Quasi experimental	22 (F)	Patients	Multiple/NA	Virtual educational cooking class	30-minutes	Cognitive functions and QoL.
6	Kondo et al., 2023	Japan	Observational design	18 (3/15)	Adult patients	Digestive cancer/ early and advanced	Cooking programme as part of occupational therapy.	90 minutes	Anxiety and depression, happiness, relaxation, satisfaction and confidence.
7	Miller et al., 2020	USA	Randomised Control Trials	54 (4/49)	Adult cancer survivors	Breast cancer/NA	CCK- in-person program with 90-min weekly sessions.	8-weeks	CC, self-efficacy. QoL, fatigue and PD.
8	Pritlove et al., 2020	Canada	Mixed-methods	58 (7/51)	Adult cancer survivors	Multiple/NA	C4V- in-person group cooking classes.	6 weeks	Satisfaction, motivation to manage fatigue and CC
9	Pritlove et al., 2024	Canada	Mixed-methods	53 (F)	Adult cancer survivors	Gynaecological cancers/NA	EDIBLE-hands-on group cooking workshop.	7 weeks	CC, self-efficacy, well-being and QoL.
10	Spees et al., 2019	USA	Quasi experimental design	29 (5/24)	Adult cancer survivors	Multiple/NA	Bi-monthly cooking demonstrations.	6-months	QoL, PWB and spiritual well-being.

NA: Not applicable; **NJSC:** The Not-Just-Supper Club; **SOAR:** Survivors Overcoming and Achieving Resiliency; **CCK:** Coping with Cancer in the Kitchen; **C4V:** Cooking for Vitality (C4V); **EDIBLE:** Eliminating Digestive Irregularities caused By Late Effects; **SWB:** Subjective Well-Being; **QoL:** Quality of Life; **PWB:** Psychological Well-Being; **CC:** Cooking Confidence; **PD:** psychological distress.

DISCUSSION

This scoping review mapped the available evidence on culinary and cooking-based interventions and their effects on psychosocial well-being among individuals affected by cancer, including patients, survivors, and caregivers. A total of 10 studies were identified, representing a range of study designs and populations. Overall, the findings across studies were consistently positive, demonstrating improvements in both psychological and social domains of well-being. However, the strength of this evidence should be interpreted with caution, given the predominance of pilot and non-randomized study designs.

A key contribution of this review is the identification of culinary interventions as multidimensional, activity-based approaches that extend beyond traditional psychosocial therapies. These interventions integrate sensory engagement, functional skill-building, and social interaction, positioning them as a meaningful and accessible form of support within oncology care.

Impact of supportive culinary based Interventions:

1. Boost self-efficacy and confidence: The most consistent finding across the literature was the positive impact of culinary-based interventions on self-efficacy and confidence. Despite differences in intervention focus, such as fatigue management, gastrointestinal symptom management, or dietary adherence, participants across studies reported improved confidence in managing cancer-related challenges (Pritlove et al., 2020; Pritlove et al., 2024; Kondo et al., 2023; Miller et al., 2020).

This finding is theoretically aligned with Bandura's social cognitive theory, where mastery experiences enhance perceived control and competence (Bandura, 2005). Cooking, as a task-oriented activity with tangible outcomes, allows individuals to regain a sense of autonomy that is often disrupted during illness.

2. Multi-sensory engagement: Culinary interventions engage multiple sensory modalities, including visual, tactile, olfactory, and especially, gustatory experiences. This sensory engagement may contribute to emotional regulation and improved mood, consistent with evidence suggesting that multisensory activities enhance psychological well-being (Farmer et al., 2017; Kuliński & Nowicka, 2020).

3. Social Connectedness: Group-based culinary interventions facilitated social connectedness and peer support, which were reported to positively influence mental health outcomes. Shared participation in cooking created a supportive environment where individuals could connect, share experiences, and normalise challenges associated with cancer (Yuen et al., 2025).

4. Psychological resilience: In post-treatment contexts, cooking also functioned as a restorative activity, supporting individuals in regaining independence and reducing anxiety associated with returning to daily routines (Kondo et al., 2023). These factors contribute to psychological resilience, particularly in the context of chronic illness (Miller et al., 2020; Pritlove et al., 2020; Spees et al., 2019).

5. Negative Impact: Although the findings across studies were consistently positive, it is important to note that no included study explicitly assessed potential adverse effects of participation in culinary interventions. This represents a significant gap in the literature.

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Potential unintended effects may include physical fatigue, particularly among patients undergoing active treatment, as well as emotional distress triggered by food-related memories or changes in functional ability. For caregivers, participation in cooking-based interventions may, in some cases, contribute to role burden, given that meal preparation is often already a central caregiving responsibility.

Psycho-social Impact on Caregivers

Though the literature highlights the benefits of culinary therapy on the patients, a very limited studies included the “hidden patients” in these studies. This review found that only two studies explicitly included caregivers, despite higher psychological burden.

Available evidences suggests two major psycho-social impact on caregivers:

1. Emotional support and connectedness: Caregivers may benefit from emotional support and social connectedness through shared responsibility and experience. This helps the caregivers to derive new meaning in life and better resilience (Hermosura et al., 2026; Aquino et al., 2022).

2. New relational meaning: These interventions may serve as a relational and emotionally meaningful space. This allows the caregivers to engage in effective meaning beyond their role and experience a sense of support and normalcy.

Integrating caregivers into culinary interventions may therefore provide a holistic and family-centered approach to cancer care, benefiting both patients and caregivers.

Culinary as a rehabilitation for Patients and Survivors

For patients and survivors, culinary interventions offer benefits that extend beyond psychological well-being. They support functional recovery, routine re-establishment, and self-management, which are critical during and after treatment. Cooking, as a meaningful daily activity, may help individuals regain a sense of normalcy and control, particularly in the context of survivorship.

The findings also suggest that culinary interventions may serve as a rehabilitative component, supporting recovery following surgery or treatment-related impairments. This highlights their potential role within integrated cancer care models, particularly in survivorship and supportive care.

Clinical and Psycho-oncological Implication:

From a psycho-oncological perspective, culinary interventions align with a biopsychosocial model of care, addressing psychological distress, social isolation, and functional impairment simultaneously. The consistent improvement in self-efficacy, emotional well-being, and social connectedness observed across studies suggests that such interventions may support patients in regaining a sense of control and autonomy, which are often disrupted during cancer diagnosis and treatment (Pritlove et al., 2020; Miller et al., 2020; Kondo et al., 2023). This is theoretically supported by Bandura’s self-efficacy framework, where mastery-based activities enhance perceived competence and coping (Bandura, 2005). In clinical settings, this highlights the potential role of culinary programmes as part of supportive care and rehabilitation pathways, particularly for patients transitioning from active treatment to survivorship (Miller et al., 2020).

Importantly, the findings underscore the need to extend psychosocial care beyond patients to include caregivers, who remain underrepresented in intervention-based research despite

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experiencing significant psychological burden (Bedaso et al., 2022; Litzelman, 2019). Culinary interventions provide an opportunity to engage caregivers in a shared, non-clinical therapeutic space, promoting emotional expression, reducing isolation, and facilitating relational coping (Hermosura et al., 2026; Aquino et al., 2022). Incorporating caregivers into such interventions may enhance dyadic adjustment and family functioning, ultimately improving overall care outcomes (Northouse et al., 2010).

Finally, culinary interventions may serve as a bridge between clinical care and everyday life, supporting the continuity of psychosocial care beyond formal healthcare settings. Their integration into routine activities allows for sustained engagement, making them particularly valuable for addressing the ongoing and often under-recognised needs of both patients and caregivers across the cancer trajectory.

Social Implication:

Unlike traditional therapies that require specialised training and clinical infrastructure, culinary interventions can be integrated into everyday routines. Supporting patients and families in recognising the value of routine activities such as cooking can shift their perspective from viewing these tasks as burdensome survival activities to meaningful and enjoyable experiences. Culinary interventions could also be effectively integrated into support group and community-based care models, including programmes delivered through Accredited Social Health Activist (ASHA) workers or non-governmental organisations.

Limitations and Future directions:

This review has several limitations and a wider scope of investigation. The relatively limited number of studies reflects the significant gap in the field. The limited demographic diversity in these studies, majorly comprising older and highly educated women diagnosed with breast cancer, may affect the generalisability. A very limited study included caregivers' role and representation. Future study should focus on multi-disciplinary and cross-sectional studies. This emerging intervention is unique and shows a clear need for family and community-based intervention in handling psychological burden.

CONCLUSION

This scoping review provides a primary mapping of the evidence on cooking or culinary-based interventions and their psychosocial effects on a spectrum of individuals affected by cancer, which includes cancer patients, survivors, and their caregivers. Although a preliminary review, the evidence consistently shows and supports the potential of culinary based interventions to improve psychological well-being, self-efficacy and quality of life amongst cancer patients and survivors. Improvements were observed across outcomes, including fatigue, anxiety, depression, gastrointestinal symptom related distresses, confidence with the effects of the interventions persisting for months post-intervention.

A critical gap exists in the evidence which is that no study has examined the effects of psychological or social aspects specifically on the cancer caregivers as the primary population. This gap is especially essential given the high psychological burden experienced by caregivers. This is also highlighted in the Indian context, where the caregiver burden is substantial, psychological distress among caregivers is high, with limited formal mental health accessibility. Hands-on cooking, sensory engagement, social support through group based formats and self-efficacy based on mastery are primary mechanisms through which the benefits appear, making it applicable across cultural and socioeconomic contexts.

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The low resource requirements, culturally accessible and the action of cooking-based interventions make this a uniquely promising method for addressing caregiver psychological and social distress in settings where the conventional clinical approaches are not feasible. Culinary interventions, integrated into existing community structures, hold the potential to extend its reach for psychosocial support for those in need.

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Conflict of Interest

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