

OBSERVATIONAL REPORT

# Psychosocial Themes in Liver Tumours and Liver Metastases

*Refinement of the Conflict Theme – Four Anonymised Case Observations*

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## 1. Introduction and Research Question

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Over the past months, we conducted several in-depth conversations and diagnostic assessments with a total of four individuals presenting with liver tumours or liver metastases. The cases are described anonymously below as Case A, B, C, and D. One of the individuals was male. One case remains in active therapeutic accompaniment, with approximately 20 hours of supportive sessions completed to date, including imaging follow-up and planned further diagnostics, among them a cerebral CT scan. In parallel, a detailed exploration of the presumed psychosocial stress themes is ongoing.

The starting point of this investigation was the question of whether recurring psychosocial themes in the domains of financial scarcity, existential fear, or fear of starvation could be identified in individuals with liver involvement. In certain earlier cases, concrete biographical circumstances pointing in this direction had indeed been found - for example, the loss of a business. However, that case lies further back in time and is not presented here. Over the course of the work, it became apparent that such classical themes were not clearly identifiable in several more recent cases, necessitating a more differentiated analysis.

## 2. Case Reports

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### Case A Male · Failed Investment and Provider Role

Bei Case A handelte es sich um einen Mann, bei dem anamnestisch ein erheblicher finanzieller Verlust infolge einer Fehlinvestition bestand. In der vertieften Exploration wurde jedoch verneint, dass daraus eine reale Verhungersangst oder konkrete Existenzangst entstanden sei. Nach Angaben des Betroffenen hätten im Bedarfsfall familiäre und freundschaftliche Unterstützungsstrukturen zur Verfügung gestanden. Eine objektive vollständige Versorgungslosigkeit lag demnach nicht vor.

On closer analysis, however, a different and emotionally significant theme emerged: the individual appeared to experience himself as unable to provide his family with resources to the degree he expected of himself. Although external support would have been available, he was unwilling to draw upon it, insisting instead on fulfilling the provider role himself. The central source of distress thus lay not in an actual lack of resources, but in the subjectively experienced inability to make resources available for himself and his family.

### Case B Female · Partner Dependency and Resource Insecurity

Bei Case B konnte retrospektiv eine frühere Phase erheblicher finanzieller Belastung eruiert werden. Auch hier bestanden jedoch potenzielle Sicherheiten, insbesondere familiäre Unterstützungsmöglichkeiten, die im Notfall hätten genutzt werden können. Eine subjektive Existenz- oder Verhungerungsangst wurde ebenfalls verneint.

The woman lived with a partner and a young child, and was heavily dependent on her partner in both financial and existential terms. Although no manifest financial hardship was reported, she described a burden arising from her partner not representing a reliable resource for her. He was subjectively not experienced as a stable anchor she could turn to in times of need. From this perspective, the distress did not stem from an objective lack, but from the experience that essential resources for herself and her child were not reliably provided by the person on whom she depended.

An alternative hypothesis was also initially considered, framed around a broader theme of poisoning, given that the patient's father had been alcohol-dependent. Upon repeated exploration, however, the patient indicated that she had not experienced this as centrally distressing and had largely come to terms with it internally. This hypothesis was therefore discarded.

### **Case C** Female · Caregiver Burden and Self-Care

Case C betraf eine Frau, deren Ehemann an Demenz und Parkinson erkrankt war und von ihr gepflegt wurde. Die Pflegesituation führte zu einer erheblichen Überlastung. Auch in diesem Fall konnten die klassischen Themen einer realen Geldnot, Existenzangst oder Verhungerungsangst nicht klar identifiziert werden. Nahrung, finanzielle Mittel und äußere Versorgung waren objektiv vorhanden; insbesondere bestand eine gute Rentensituation.

In conversation, however, it became apparent that the ongoing caregiving burden left her with scarcely any energy, time, or inner availability to adequately care for herself. Resources were thus present, but could neither subjectively nor practically be mobilised for her own recovery and nourishment. Following her husband's admission to a residential care facility, the patient reported marked emotional relief. A pronounced liver swelling was observed in temporal association with this transition.

### **Case D** Female · Relational Security and Symptom Correlation

Bei Case D, ebenfalls einer Frau mit Partner und Kleinkind, konnten zunächst ebenfalls keine klassischen Themen im Sinne objektiver Existenznot oder Verhungerungsangst identifiziert werden. Der Fall wird bereits über einen längeren Zeitraum begleitet. Im Verlauf bestanden Leberkapselschmerzen, die im Zusammenhang mit Tumorwachstum interpretiert wurden und zunächst dauerhaft vorhanden waren.

During a couples' session, the partner confirmed that he was present for her, would not leave her, and represented a sustaining force in her life. Following this conversation, the pain resolved - an observation we considered clinically noteworthy. After a subsequent conflict with the partner, which led to renewed and intense doubt about his reliability, the pain returned.

Diese Beobachtung kann nicht als kausaler Beweis verstanden werden, spricht aber für einen engen zeitlichen Zusammenhang zwischen subjektiv erlebter Ressourcensicherheit bzw. Partnersicherheit und körperlicher Symptomwahrnehmung.

### 3. Functional Hypothesis Regarding the Liver Theme

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In order to arrive at a more nuanced understanding of the potential psychobiological theme associated with the liver, greater weight was placed on the organ's physiological function. The liver serves, among other things, as a site for the storage, conversion, and provision of energetic and nutritional resources. What is decisive, therefore, is not merely the presence of resources, but their availability and mobilisability for the organism.

From this perspective, the hypothesis shifts: the central theme would not primarily be an objective lack of food, money, or existential security, but rather the subjectively experienced inability to sufficiently provide, activate, or render available - for oneself or for significant others - those resources that are present or needed.

This functional perspective renders the cases under investigation more coherent:

- Case A: kein realer Ressourcenmangel, jedoch subjektives Scheitern an der eigenen Versorgerrolle.
- Case B: keine manifeste Geldnot, jedoch die Erfahrung, dass der Partner nicht als verlässliche Ressource verfügbar war.
- Case C: Ressourcen objektiv vorhanden, konnten aufgrund der Pflegeüberlastung jedoch nicht für die eigene Versorgung genutzt werden.
- Case D: die Frage, ob der Partner als tragende und versorgende Ressource subjektiv verfügbar ist, stand im Vordergrund.

The case example described by Hamer in *Vermächtnis einer Neuen Medizin*, Vol. 1, p. 254, is also amenable to reinterpretation within this framework. That account describes a situation in which a woman lost her key cook on the eve of a large dinner gathering. Here too, resources were present in a broader sense, yet the individual herself was unable to make them sufficiently available or operationalise them.

### 4. Sex-Specific Observational Hypothesis

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The observations to date also gave rise to a preliminary sex-specific working hypothesis. In men, the theme appears to be more closely linked to one's own provider function: the distress arises when the man has the impression that he is unable to provide resources to the degree he expects of himself. In the female cases described, the theme more commonly concerned the experience that an expected or necessary resource was not reliably available through the partner.

This distinction is explicitly to be understood as a hypothesis and must not be generalised or misconstrued normatively. It describes only a pattern observed across the present cases, one that requires further examination.

## 5. Summary Assessment

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The present case observations suggest that the psychosocial theme associated with liver involvement should not be prematurely reduced to objective financial hardship, existential anxiety, or fear of starvation. Across the cases described, the common denominator lay rather in a disruption of subjective resource availability: resources were at times objectively present, yet could not be experienced as available, usable, accessible, or reliably provided.

The central working hypothesis is as follows:

***The relevant theme may lie not in an actual lack of resources, but in the subjectively experienced inability to make resources available for oneself or for those close to oneself.***

These observations are explicitly understood as an exploratory clinical contribution and not as a definitive aetiological explanation. No causal claim regarding tumour development or disease course can be derived from them. Further systematic case analyses, prospective longitudinal observations, and a clear methodological separation between subjective stress experience, somatic symptomatology, and oncological disease dynamics would be necessary in order to examine this hypothesis with greater rigour.

We offer these reflections as a basis for discussion and remain open to professional dialogue and critical feedback.

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