



RESEARCH ARTICLE

 OPEN ACCESS

Received 30.12.2021
Accepted 28.01.2022
Published 05.02.2022

Citation Sudeep Shroff, MD (2022) An Improved Class of Mixed Estimators of Population Mean under Double Sampling. International Journal of Quantum Science and Consciousness Research. www.journal.cqaedu.com/

Corresponding author
sudeepshroff@gmail.com

Copyright © 2022 Sudeep Shroff, MD. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Published By International Journal of Quantum Science and Consciousness Research, Center for Quantum Activism.

Electronic ISSN No. XXXX-XXXX

DOI: XXXXXXXXXXXXXXXX

Year: 2022, Volume: 01, Issue: 01, Pages: 144-154

[Original Article](#)

Quantum Psychology Integrating the Psychologies into One Cohesive Science of Mental Health Part 2 - Case Histories

By **Sudeep Shroff, MD**

Department of Quantum Science of Health, Prosperity, and Happiness,
University of Technology, Jaipur - 302020, Rajasthan, India.

Abstract

In the previous paper of the same title - part 1- we have integrated all the disparate paradigms of psychology—psychoanalysis, cognitive-behavioral, humanistic-phenomenological, transpersonal, Jungian-depth, Yoga psychology—with one integrative fully science-based quantum psychology. In this paper - part 2- case histories will be presented to further illustrate the efficacy of the quantum approach.

Key words

Psychology, mental-health, quantum, psychotherapy, consciousness.

About the Authors



Sudeep Shroff, a practising psychiatrist since 2004, has integrative orientation for mental health. Along with appropriate use of biological means of interventions, he passionately advocates and incorporates eclectic psychotherapeutic practices. His areas of research and clinical interests are anxiety and depressive disorders

He has been running a private mental health centre named 'Happiness' in his city of origin Surat where he caters to people of all age groups with various mental health needs

Introduction

I have been practicing psychiatry for a number of years, consisting of mainly neurotic patients. I have enrolled as a PhD research student in Quantum Science of Health, Prosperity and Happiness, under professor Goswami, at the University of Technology, Jaipur, since 2019. Ever since, I have been gradually introducing Quantum Psychotherapy principles in my practice. This is a report of the significant case histories.

Case Histories

A. A couple came to see me as they wanted to take an opinion of a professional on their already-derived conclusion that they both were incompatible to stay together as partners and once their son completed his college degree, they would end the relationship. They were married for around 3 decades, had fallen in love with each other in their college years and had successfully navigated their lives building up fame and career for each of them.

When they visited me for the first time, they were sleeping in different rooms for almost 2

months. They were hardly talking with each other except when something related to their common workplace-related decision was to be made. They explained that they had reached that state of relationship because whenever they had started with any conversation in the past, they ended up hurting each other by accusing each other for not understanding and blaming.

The dynamics of their situation was obviously indicative of how each of them processed their experience was very different from the other. The wife was experiencing the issue more from the emotional standpoint and shared that she would feel heavy in her chest and sometimes choking whenever arguments would occur and escalate. During the fights and for a few days afterwards, she would cry frequently, feeling helpless and victimised. On the other hand, the husband would also feel hurt, but he would withdraw, stop talking, might purposefully come late at home and would look for ways to get busier with his work. Unlike the wife, who would look for opportunities to talk and sort things out, the husband chose to talk less and avoid facing the other person.

During their separate interviews, I found both meeting the criteria for clinical depression though the presentations were very different.

Husband revealed that his life was almost a failure. He shared that he worked hard successfully establishing himself in his field but had always found others doing better than him (which was actually not the complete truth when viewed objectively) and then his relationship was also failing. He expressed that his wife could never understand his way of looking at life. He was losing interest in pleasurable activities except drinking alcohol and then feeling better for a few hours. He said that he preferred staying alone and not talking for days once he was upset due to the fight with his wife. He expressed that getting separated was the best solution for their married life.

Unlike the husband, the wife always wanted to work on their relationship, talk and sort it out until the last few months as she started feeling emotionally exhausted, physically drained, and not able to concentrate on her work due to the escalated conflicts and husband's emotional withdrawal.

I put both on medication to begin with as they fulfilled criteria for major clinical depression and then enrolled them for individual and couple therapy sessions.

Along with supportive psychotherapy of validating her feelings and needs for communication, I also encouraged her to see that her husband had a very different personality profile, habit patterns, and character traits than her. I introduced and facilitated to her a new perspective: "Having differences does not necessarily always mean incompatibility but can also be an opportunity to develop one's

own character by becoming more inclusive, expanded and seeing the otherness of the other". She gradually learned not to take the husband's comments personally and instead see them as his side of the view. I also guided her through exercises to strengthen her naval energy centre (chakra) to feel less needy of communication in the times of escalated conflicts.

On the other hand, the husband needed to become aware about his feelings more and get softer in his patterns of intellectualisation, suppression, and withdrawal. During a couple of sessions with him, the discussion on meanings and purpose naturally evolved, and I guided him to pay attention to archetypes. I suggested that he explored the question of why he wasn't happy with his practice even though he had been doing quite good in the eyes of others. He broke down in one of the sessions and shared that he needed to pay attention to higher needs for himself, and not just immerse himself in the business of making money and earning fame.

Conclusion: The net offshoot of quantum psychotherapy was positive.

B. A 36-year-old female was brought to my clinic by her husband. The husband complained that she was often going blank and not speaking for hours on some days, sometimes speaking, and behaving like a child (with altered tone of voice and demanding for things), having crying episodes on trivial matters, having sleep disorder (sometimes sleeping too much and at other times staying awake whole nights). These complaints were present in her case for the last 14 years – maybe from a year after her getting married.

She was already on treatment for medicines prescribed by another psychiatrist and was partially stable in the intensity and frequency of her symptoms. Husband also shared that there were weeks at a stretch when she not only stayed fine but also continued working as a teacher. She would get very upset, and her symptoms usually got triggered when husband came late from work or when there was a verbal fight between them due to differences in opinions. During these episodes, she sometimes felt very tired and could not follow through well with her household work or private tutoring classes. When her voice tone and pattern of speaking changed like that of a small kid, she became demanding of things like cuddling too much and stopped taking responsibilities as a wife and also as a mother.

During the evaluation session, she denied any ongoing stress or conflict in her life. She even said that her married life was not unlike most other couples. Her husband was very supportive, she shared. She was aware about the change of tone of voice and the pattern of speaking, but she reported that she had no idea why such things were happening. She even said that she felt emotionally better when such changes occurred.

Her parents-in-law sometimes came to stay with them, and the episodes increased during that time although according to both spouses, her mother-in-law took over the responsibility of running the house and willingly supported the patient.

I optimized her medication to support her manage painful negative emotions, going blank for hours and stabilising her sleep patterns. She was then enrolled in therapy sessions too, quantum style. During a couple of episodes of

emotional breakdown and sobbing in therapy sessions, she was facilitated in getting in touch with negative emotions and verbalising them as much as she could while empathy and unconditional positive regard toward her pours from the therapist. There were some occasions when she joined the session with her altered tone of voice and speaking pattern, but in the end of the session those patterns and voice changed into her usual adult way of being. I gently and carefully helped her see the shift while being aware of and reflecting on what in the therapy could have been responsible for the shift.

During one of the sessions, she could for the first-time share that she had always felt that she was not well attended and praised by her parents and her siblings always got better treatment compared to her. She was closer to her father than her mother but couldn't share her feelings with people at home after her father died when she was in her early teens. As supportive therapeutic work (empathy, unconditional listening, corrective non-critical feedback) matured, she was introduced with the psychological concept of suppression-repression, negative emotional brain circuits, mind-brain and body's connection and feelings experienced in the body (chakra). I also explained to her the possibility of building up of new behavioural patterns and balancing her painful emotions with the positive if she could learn to experience expansion in her heart and staying open to reframe what was happening.

She did quite a few exercises of heart expansion and increasing the comfort level in the naval chakra at the same time in the sessions and I encouraged her to do the practices at home too. Although she was not in

regular follow-ups after a few sessions of therapy, her husband reported recently that she was doing better with less regression and other negative emotions outbursts. She still needed medication though at reduced dosage from what was before therapy.

My prognosis was that her therapy was not complete; she never took a quantum leap of insight to ensure complete healing.

C. A 30-year-old female, married for 2 years, came to me with complaints of feeling panicky without reasons, crying spells, insecurity about future, impending divorce and feeling of inadequacy. She shared that 6 months after her marriage, conflicts with her husband started increasing. She felt that the husband was not giving him enough time and attention which she deserved. She would prefer that the husband always shared the activities and the events of his day, but he would choose instead to relax, to watch movies and generally preferred not to talk about office matters at home. She felt that by not sharing the husband was considering her inadequate and such a thing was not healthy for their marriage life.

When I interviewed the husband, he said that he found his wife to be very much needy, possessive and always keeping watch on his activities. He even said that she would call at inappropriate times (when he was in an office meetings) and would demand that he talked to her.

The history showed that she lost her mother at an early age. Her father (very loving and caring in her words) got married the second time. Though her stepmother was quite friendly and caring, she could not build a loving rapport with her. Her father had always been the strong

emotional support throughout her life, she shared.

As her panic symptoms and crying episodes were quite disturbing for her to go through during her day, I put her on medication to deal with them. After 3 to 4 weeks of medicines, she was also enrolled for a therapy session.

Along with other therapeutic processes, she was introduced to the idea of negative emotional brain circuits, feelings at chakras, suppression-repression dynamics, and male-female dichotomy. She revealed that though she studied well and had many opportunities to work, she chose to be a homemaker and would occasionally work part-time from home. As she was facilitated to share about her deceased mother and her feelings related to her, she began to realise that there were many things she couldn't express before getting out during the sessions.

I encouraged her to join yoga sessions, taught her navel chakra opening exercises and guided gradually to get herself a job.

She is better now in managing her feelings of insecurity, her panic attacks have almost gone, and she finds herself less upset with her husband these days.

D. A 37-year-old male visited with complaints of sleeplessness, chest discomfort, difficulty in concentration and repeated uncomfortable thoughts (details below) for the last 6 to 7 weeks. His wife had accompanied him and shared that the husband had indeed become more irritable, not sleeping well and occasionally crying.

He did not have any major medical condition and was going through these symptoms for the first time in his life.

When he is examined in the absence of his wife, he shared that the symptoms started around a couple of months ago after he had a break-up from a relationship with his female friend outside of his marriage that he was into for a few months. He hesitantly expressed that he did love his wife, but he found the other female partner to be more attractive, intellectually matching and fun filled. He also claimed that his involvement with the other woman was not intentional, and he still loved his wife.

As the other woman chose to abruptly break-up with the patient without much explanation but citing her family as the priority, the patient was then left with confusion, guilt, feeling of betrayal and rejection. As his symptoms of panic were moderate to severe affecting his work life, he was prescribed medicines for dealing with them to begin with and then only he joined regular therapy sessions.

His repeated thoughts included a mixture of reconnecting with his broken relationship and also not letting his wife get hurt too. Along with medication, I introduced him to mindfulness meditation to observe his internal emotions, to learn how not to get carried away with his obsessive need to connect with his friend, and to become aware about what other insights could emerge. He had a few sessions of mindfulness meditation with me and then I encouraged him to continue with the meditation at home.

Later in one of the sessions, he could share that though he loved his wife their intimate encounters were not very satisfying. He told me that sexual pleasure was one of the stress busters for him after a busy day of work.

I educated him about molecular pleasure of sexual encounter vs sexuality leading to expansion and feeling of love. He also realised that he needed to learn to deal with his stress by developing better coping skills and personality traits, and not just using sexual pleasure as its antidote. These were some creative quantum leaps for sure for him. He then started becoming more aware about his wife's other qualities (like being helpful, working hard to take care of family, better parenting) and felt more inclusive toward her.

Apart from the efficacy of quantum psychotherapy this case confirmed to me what quantum psychology teaches us: intimacy in a relationship that satisfies is best approached with commitment. The presence of a supportive & caring wife was a strength in this case, and the patient could take a leap to see love as expansion and inclusion.

E. A 45-year-old female approached me for online consulting for her ongoing conflicts, fights and abuse happening in her intimate relationship with her husband.

During her first session, she explicitly acknowledged that she loved her husband much but could not handle him anymore. According to her, they got into fights on small issues which then escalated into her husband getting physically abusive and threatening to leave her. She felt extremely helpless, upset, scared, insecure and the victim who had been continuing with the 'mess' for so many years. She was not willing to take any medication treatment for her emotional challenges and wanted me to help her learn to deal with them. She admitted that she had tendencies of pushing her husband too much on some issues

like what to eat, how much and what exercises to be done, and also asking him to lose weight. She believed that if her husband didn't follow what she desired of him, it meant that he was not loving her anymore.

When the husband was interviewed separately, he also explicitly acknowledged that he loved his wife much and also that he did have issues when it came to managing his anger. He described his childhood where he had seen abusive behavioural episodes in his family. He felt sorry about him becoming abusive but expressed that he could not control his emotions when his wife, despite his requests to not repeat, continued to push him for keeping himself physically fit and maintaining weight within a specific range.

The dynamics also revealed that there was a reversal of roles for the last few years in their relationship as the husband had a big financial loss in his business. Wife had since then become the main earner for the family.

Therapy sessions began with the wife first where she was facilitated in exploring her feeling of love towards her husband. She became aware that she still saw him as the desired romantic partner but also had complaints about him. I introduced the idea of unconditional love to her. Her belief system that caused her to feel unloved when the husband didn't follow her requests/pushes was also explored. She recognised that in the family where she was raised, she learned this behavior pattern as her father always surrendered to her every demand and tantrums. I found that being a working woman and almost the sole earning member of her family those days, her 'self' in the navel was attended well (sometimes too much) but her

heart was opened just for pleasure-oriented romantic involvement.

She was guided to expand and to reflect on her husband's childhood family circumstances. That facilitated her empathy toward him over a few months of therapy; her nature of being pushy also gradually softened. In the sessions that happened with her husband, he was guided to learn about negative emotional brain circuits and his personal emotional software. He realised that although he was intellectually aware about what needed to be done to correct the situation (anger outbursts and becoming abusive), he lost himself to the unconscious negative emotional energy and acted inappropriately. I initiated him into doing mindfulness meditation; he is then introduced with chakras and feelings. As he was not earning enough, his energy at the naval chakra was negatively affected. I guided him to strengthen his heart self, and later nourish his naval self along with heart energy.

This was an interesting case because individual therapy was what was necessary than couple's therapy. Indeed, quantum psychology says that you can only change yourself to include others in a relationship. When that happens for both, relationships fall in place.

F. A 19 - year-old boy came to visit me with his uncle.

The uncle shared that the boy's behavior had changed for the last 2 to 3 years since his academic performance started deteriorating when he entered his high school years. His school's performance used to be more than average up to his 10th standard although in his early school years teachers used to complain

that though he would answer the questions right when asked but would always disturb other classmates by poking them and talking in between ongoing class activities.

The boy did not have lasting friends since beginning though he could manage to complete project works in a small group of kids of his age. By the time he came to therapy, he preferred to stay isolated, in his own room, sometimes keeping himself locked in many hours and had reduced his interactions with family members very much. He easily got angry and then blamed his parents for spoiling his life. Family members shared that he sometimes talked about very deep philosophical issues, he read books on productivity, management and entrepreneurship and confided to me that they (his parents) were not able to understand the kid well. It was also observed by his family that occasionally the boy muttered to himself and made hand gestures in the air when he was absorbed in his thoughts.

The boy during his therapy visits came well dressed and well groomed. He occasionally appeared fidgety and kept moving his fingers while talking, but he articulated his points very well during conversation. He said that he himself noticed from early on in his life that he had difficulty sustaining attention on what was taught to him in school but would sometimes get hyper-focused when he found tasks interesting - mathematical problems or thinking about how to solve some social problems. He said that he found himself lacking in interpersonal skills. When someone offered him compliments or help, though that made him feel good, he found it confusing how to respond. He believed that he needed training and guidance in managing his emotions. He liked to sleep cuddling his

pillow and sometimes could not control his impulses to touch some inanimate objects (even though they belong to other people) as 'touching' made him feel good! He brought up in the sessions the incidents of frequently getting bullied by his fellow mates in his school but also claimed that he was not much bothered by them these days. He reported that his mother was very self-absorbed, getting angry easily and always needed to be right. His relationship with his father was neutral.

It was easier for me than I expected to build a rapport with the boy. When asked he shared with good clarity and articulation his views with me as well as his difficulties and expectations from therapy sessions.

As his sessions proceeded, I did not see much progress except that there certainly was not only supportive therapeutic interaction between us but also empathy and tangled hierarchical exchange of insights about his problems. As of date, two additional interventions (with quantum science worldview) were initiated by me – 1) concentration meditation practices and 2) learning to experience feelings in the body (rubbing his palms and feel the tingling, doing yoga poses and paying attention to not just physical stretching but also the vital energy experience if any during yoga).

My conclusion is that the boy needed a supportive intimate relationship with an adult the most, which could act as a supportive base on which he could then learn, developing better attention skills and experiencing positive feelings in his body. Quantum psychotherapy provided what all he needed for his life's journey.

G. A mother of a 17-year-old girl called me asking for time to talk about her daughter's problems. On her visit, she described that her daughter who was in the last year of her school had been withdrawing herself from social situations. She doesn't like it at all when teachers during online school sessions wanted her to keep her camera on. Though she managed her studies reasonably well, she refused to join parents for family meetings or other outings. She had become more irritable than usual, sometimes cried on trivial matters and insisted on getting some plastic surgery done for her face.

During the interview with the girl, she presented herself well dressed, and a rapport with her was established easily. She confided that she felt very anxious for the last 4-5 months when she was in some social situations although okay socializing with a couple of old friends. She was explicit in her belief that she was not much presentable in her physical appearance and did not like her face; she thought that other girls are more beautiful and attractive.

It is obvious to me (as it was to her family members) that there is nothing majorly wrong in her physical appearance and her perception about the situation was grossly exaggerated.

She always liked other people's photographs but had never appreciated her own.

She had a love relationship with one of her classmates that recently broke up. The boy in the relationship unfortunately did comment negatively about her physical appearance. She claimed she was happy with her decision of ending the relationship; but was also eager to get her facial surgery done as early as possible.

Looking at this case from quantum worldview perspective, I easily appreciated that she was quite in touch with her feelings and could express them very well verbally although her parents appear to be more 'mental' and less tuned to their own as well as their daughter's feelings. The girl spoke softly and lovingly whenever she shared even her difficulties. So, it was easier building a tangled hierarchical relationship with her, and the therapeutic interactions flew smoothly.

She was now (for the last two sessions) being educated about awareness meditation and I am also encouraging her to meditate (reflect) on who she really is (beyond just physical appearance). Although she is young (being in her teenage years), she has picked up these practices well and feels relaxed and less bothered to some extent by her preoccupation with her physical appearance during and after these practices.

It still is a long way in this case for her belief systems and perceptions to get updated and her ego-tendency to change toward some non-attachment to her perceived physical appearance.

H. An unmarried male in his early twenties is undergoing therapy sessions with me for the last 2 years. He first visited my place with complaints about lack of interest in completing his college education, about not enjoying company of friends, about a lack of confidence in his abilities and about not seeing any purpose in his life. He said that he had difficulties in his academic performance in the past too. He was diagnosed to have ADHD (inattentive type). He did not take any medicine for that and was helped by his school's counsellors for his studies related challenges.

He sometimes felt like running away to an isolated place and spending some time away from friends & family. He did not report any major conflict in his interpersonal relationships with friends and family members; instead, he said that his parents were very supportive, giving him enough space and also encouraging him to pursue his life on his own terms.

It was during his third visit that he shared about his breakup with a friend for whom he had romantic feelings around a few months ago. The friend did not have reciprocal feelings and so the relationship did not continue for long. He got angry, abused his friend and felt rejected in that episode of ending the relationship. Later, guilt started creeping in about the way he handled the situation.

He then started remaining preoccupied with the thoughts about the incident, could not focus on his studies and developed a compulsive mental habit of talking back to his thoughts in the form of him rectifying what he did wrong with his friend.

I prescribed a medicine to deal with his bothersome thoughts of the past and compulsive habits of reimagining the situation that was not helping him to settle his discomfort for long. He also started on regular therapy sessions.

After initial supportive psychotherapy sessions with empathy and unconditional positive regards, he became little open to accept what had happened and agreed that his internal compulsive habits of reimagining were a defence against the painful emotions that he needed to go through. As it was difficult for him to do anything else but get into his compulsive patterns automatically, he was introduced to

mindfulness meditation. Then he was educated about the types of internal experiences, negative emotional brain circuits and experiencing feelings in his body (mainly at heart & navel chakra). One of the realisations that was uplifting for him was that since the incidence of breakup occurred, he was living more of his life being in compulsive corrective thinking and had stopped feeling much in his other relationships, work and routines.

At some point in his sessions, I also introduced him to archetypes as contexts of living (thinking & feeling) and explained to him the roles archetypes play in different professions. He was given an exercise to remember and write about what he naturally liked doing and stay busy with in his childhood. He then came up with the memory that travelling, reading, and cooking aroused his passion. In his current direction of career, he was working to fit himself into his father's business after completing his studies. The revelation of what he would enjoy as his career gave him the conviction to take actions to choose the fields that interested him and not just follow the path that was laid down to him by his family.

At present he is emotionally and mentally much better than before. He still gets bothered by thinking about how he handled his breakup but is able to deal with it and not getting into the compulsive patterns of vain imagination. His involvement in the areas of his liking has given him positive feelings of expansion and more possibilities. Meditative practices have helped him learn letting go of bothersome thoughts and sometimes having creative ideas to work on his areas of interest.

Quantum psychotherapy has worked for him.

Conclusion

My conclusion is: Quantum psychotherapy works. It is a developing science - I am helping in developing it. No doubt, the techniques will improve in the future and the success rate will also improve. I hope to report on this in a third paper of this series.

This paper is in partial fulfilment for the requirement of the Doctor of Philosophy degree in Quantum Science of Health, Prosperity and Happiness for Sudeep Shroff.

Bibliography

1. Goswami A. *Quantum Creativity*. Hay House Incorporated, 2014. 133p.
2. Bogart G. *The use of meditation in psychotherapy: A review of the literature*. *American Journal of Psychotherapy* 1991; 45: 383-412.
3. Boccia M, Piccardi L, Guariglia P. *The Meditative Mind: A Comprehensive Meta-Analysis of MRI Studies*. *Biomed Res Int* 2015; 2015: 419808.
4. Xue S, Tang YY, Posner MI. *Short-term meditation increases network efficiency of the anterior cingulate cortex*. *Neuroreport* 2011; 22: 570-574.
5. Goswami A, Pattani S. *The Quantum Science of Happiness*. 2020. 79p.
6. Cortright B. *Psychotherapy and Spirit: Theory and Practice in Transpersonal Psychotherapy*. 1997. 188p.
7. Taylor VA, Daneault V, Grant J et al. *Impact of meditation training on the default mode network during a restful state*. *Soc Cogn Affect Neurosci* 2013; 8: 4-14.
8. Farb NA, Segal ZV, Mayberg H et al. *Attending to the present: mindfulness meditation reveals distinct neural modes of self-reference*. *Soc Cogn Affect Neurosci* 2007; 2: 313-322.
9. Goswami A, Onisor VR. *The Quantum Brain: Understand, Rewire and Optimize Your Brain*. Blue Rose Publishers, 2021. 108p.
10. Goswami A. *Physics of the Soul*. Hampton Roads Publishing, 2013. 62p.
11. Hölzel BK, Lazar SW, Gard T, Schuman-Olivier Z, Vago DR, Ott U. *How Does Mindfulness Meditation Work? Proposing Mechanisms of Action From a Conceptual and Neural Perspective*. *Perspect Psychol Sci* 2011; 6: 537-559.
12. Lazar SW. *Functional brain mapping of the relaxation response and medi.*: *NeuroReport*. 2000; 15: 1581-5.
13. Goswami A. *The Quantum Doctor*. Hampton Roads Publishing, 2011. 155p.
14. Beck AT, Weishaar M. *Cognitive therapy*. eds. *Comprehensive handbook of cognitive therapy*. Springer, 1989: 21-36.
15. Beck AT. *Cognitive therapy: past, present, and future*. *Journal of consulting and clinical psychology* 1993; 61: 194.
16. Onisor VR, Goswami A. *QUANTUM SPIRITUALITY*. BlueRose Publishers, 2019. 101p.
17. Bowlby J. *Attachment theory and its therapeutic implications*. *Adolescent psychiatry* 1978; 5-53.
18. Reddy MS. *Psychotherapy-insights from bhagavad gita*. *Indian Journal of Psychological Medicine* 2012; 34: 100-104.