

# Psycho-Cybernetics Of Puberphonia Boys: Few Devastating And Remedy

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## Abstract

Quality of life and the impact of puberphonia in boys are important because it is a specific, relevant, common condition of unknown aetiology. The perception of puberphonia (male talking in female voice disorder) by medical professionals and the public is the same all over the world. We are the pioneers in bringing out the true nature of puberphonia, treating it, and introducing a new concept of puberphonia. The puberphonia requires no breach of confidentiality. Because it is not a disease. Don't keep the puberphonia voice secret and suffer. More intensive study is done for 30 years to address clinical issues related to puberphonia. It reveals the problems of puberphonia: depression, loneliness, cowardice, low self-esteem, inferiority complex, psychological feelings, and thoughts of suicide, all of which will disappear after treatment. Untreated puberphonia can have long-term effects on a person's reproductive and physical health.

**Keywords:** Puberphonia, Devastation, Female voice, Homosexual

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## I. Objectives

Little is known about the measurement of health-related quality of life (HRQoL) in this puberphonia population, and the extent to which interventions may affect it [1].

Inaccurate pre-translated concepts about changing voice in the adolescent period in males—a false concept of puberphonia believed by society. The main object is awareness and puberphonia care by parents and the medical profession.

Attitudes about puberphonia disclosure and perceptions of stigma and shame Less research has focused on why people avoid seeking medical care, even when they suspect they should go for puberphonia. May not be aware of whom to consult for adult non-surgical voice problems. If they had the impression that it is congenital, they and their family would boldly leave it to nature and believe that it is incurable. Puberphonia boys accept the high-pitched voice and live with it.

First, over one-third of participants (33.3% of 1,000) reported unfavourable reports from neighbours, the elite community, and the medical profession about the success of treatment for puberphonia disorder [2]. Second, a subset of participants reported a low perceived need to seek medical care (100%), often because they expected their illness or symptoms to improve over time (100%). Third, many participants reported traditional barriers to medical care (90%), such as high cost (95%), no health insurance (100%), and time constraints (100%).

No puberphonia patient gives a history of taking Ayurveda, Siddha, Unani, Yoga, Naturopathy, or Homoeopathy treatment. A positive history of taking psychiatric medicine for an unknown cause of depression is available, with five puberphonia boys in 1000 cases reported.

[3]. Puberphonias stigma is defined as an undesirable attribute in a person that is viewed as (male having a lady's voice) setting that person apart from the rest of society. Shame is an intense negative emotion that results from a puberphonia person experiencing failure in relation to personal or other people's standards, feeling responsible for that failure, and believing that the failure reflects an inadequate self. Puberphonia, sometimes referred to as "self-stigmatisation," is a reflection of a person's acceptance of the negative aspects of stigma. Although puberphonia can occur privately, shame has also been described as an affective reaction that follows public exposure of some deviation from accepted norms.

Sexual obsessions in puberphonia can take many different forms. One of the most common is related to homosexuality [4]. One of the most common is extreme worry about sexual orientation. For example, a teenage boy might be obsessed with the idea that he could be a girl. Puberphonia boys might be unable to focus in class or socialise normally because of the relentless nature of their thoughts. But with sexual thoughts, there is an added element of shame.

Why do some people prefer to diagnose themselves on the Internet with puberphonia instead of going to the doctor? Why is this trust more important than professional knowledge?

Puberphonia would prefer not to share with doctors. They have many reasons: stigma, fear of judgement by the doctor, lack of sympathy from doctors in the past, or the desire to keep a secret where everyone knows each other, which some prefer to keep private. Thoughts like "What if someone else finds out?" or "I have family and friends. I have to keep this a secret" is sometimes so strong that patients choose to suffer rather than look for professional help. Many of us have a deep-rooted conviction that if puberphonia not life-threatening, we shouldn't bother the doctor, and if it makes us feel embarrassed, we'd rather avoid the doctor. Many diseases are left undiagnosed and untreated simply because of their negative perception in society. Consequently, many patients are neglected. Modern medicine seems to have forgotten how different people can be and how individual their needs are.

Rather than changing patient behaviour, the Internet has only exposed long-hidden problems. Many choose to suffer rather than share their stories face-to-face. In this state of mind, a puberphonia patient enters a tunnel of isolation and fear. What they do next is use a search engine. The answer they get is a flip of a coin, which often only increases their anxiety. 70% of the population suffers from an embarrassing illness. But should we even say "embarrassing disease"? What might be embarrassing for one person is not embarrassing at all for another. It all depends on personal experiences, environment, education, societal values, family relations, and personality type, because few people accept puberphonia and live happily. Moreover, for a few, "puberphonia voice" is their rich identity, which they earn with their puberphonia voice.

## **II. Methods and material**

The target population of the study comprised age groups ranging from 15 years to 70 years. Sample selection criteria were based on who was willing to participate in the study. Study samples were selected by using a convenient sampling technique based on sample selection criteria. Data Collection and The structured questionnaire was used to assess the impact of puberphonia on society by interview method. Even though the investigator found his own simple method of puberphonia relief in 1990 [5], vigorous propaganda has been done since November 11, 2016. In a short period of time in our centre, we received 1200 cases, which indicates that the prevalence of puberphonia is high.

## **III. Case Study**

Inspiration for developing a new training, uvula manipulation, and resonance for puberphonia 29 years ago, one boy committed suicide for making fun of his female voice in North Madras. I was employed at Government Stanley Medical College. We provide counselling for social voice changes. We conducted many "voice care" programmes for all the BT training colleges. We conducted seminars and conferences for the public. More puberphonia patients are coming in for counselling. One day, a mother brought her 10-year-old son for snoring treatment. Mother informed me that the boy snores like an adult male [6]. Boys usually have a childish female voice. Intense vibrations that occur during severe snoring may cause the uvula to get longer and thicker over time. In a small percentage of patients, the cause of snoring is a long and/or thick uvula alone. From that day on, we tried various snoring techniques for air flow to treat puberphonia. Since 1992 itself, I have published 11 cases of my own method of treating puberphonia without surgery in my "Clinical and Practical Otorhinolaryngology" book.

Why are more men not taking treatment for puberphonia?

Recently, I saw a young man, 25 years old, who presented with a very high-pitched voice. Unlike most puberphonics, he was not particularly embarrassed about his voice, but he was aware that the pitch was high, that his voice fatigued easily, and that he could not project his voice. As with many handicaps, there are some misconceptions about puberphonia.[7] A common myth is that it's simply a result of somebody being overly nervous and shy. While having puberphonia may cause someone considerable anxiety in social situations, such anxiety itself does not cause puberphonia; puberphonia results in anxiety. A particularly reserved type of person may be puberphonic because they never want to exhibit their voice. Additionally, it is usually not the result of childhood trauma, as some believe, or bad parenting.

Unusually, he could produce a lower-pitched voice with difficulty, but he felt both physically and psychologically uncomfortable in the lower voice. I asked what his friends thought about his higher voice, and he said that they were used to it. The real issue was that he was used to his higher voice. He considers this voice tone a symbol of his being recognised by others.

We humans tend to be most comfortable with what we are used to, even if what we are used to is inappropriate or limiting for us. Have you ever come across a person, especially a male person, who has a female-like or childish voice? Worse yet, have you ever been bullied or made a bad joke about his having such a mismatched adolescent voice? [8] This is peer influence. The person might be suffering from a more serious medical mental inferiority complex. Don't make it so difficult for the person; he is already having a hard life with depression! And if you are seeing and hearing that you are the one suffering from such a voice disorder and

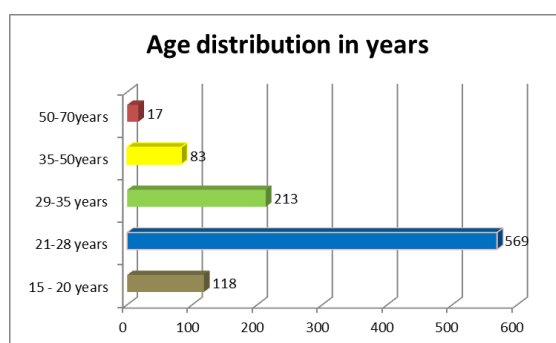
are facing such awkward situations in your day-to-day life, then you are probably suffering from Puberphonia. Do not panic, as it can be cured completely [9]. Give yourself confidence and treat it immediately. With an attractive voice, which everyone would love to hear? There is no problem with sexual activity, family life, or getting married. Confidently confirm that they will have children[10]. Recently, there has been a dramatic change in the approach to treating this condition. While older concepts were almost synonymous with vocal therapy, recent trends are prone to surgical correction. Watkinson [36] actually says that surgery is contraindicated in the treatment of puberphonia. Nevertheless, surgical correction of puberphonia is now successfully performed, which has been confirmed through many studies and case reports around the world. Our treatment is not in the larynx, but in the pharynx, mainly concentrating on uvula movement [11]

The surgeons and assistants can recognise the change from high pitch to low pitch immediately after the first manipulation in the theatre and the improvement in voice quality. The patient himself recognises his new voice, and that makes him happy.

The patient feels and hears their normal low-pitched voice on the first instance of our method of uvula manipulation and resonance therapy. Few (10%) recognise their ancestral tone in their new speech. We train them for five days to make it a habit.

Early and quick treatment is given to puberphonia boys.

Our experience in treating puberphonia Puberphonia treated clients 1. Tamil Nadu 653 13. Gujarat 6 2. Pondicherry 24 14. Maharashtra 11 3. Andhra Pradesh 72 15.



Be prepared for immediate results in puberphonia treatment by uvula manipulation and habituate it by voice resonance [12].

One of the treatments for puberphonia is direct voice therapy. Techniques used include: (1) Cough: The patient is asked to apply pressure to the Adam's apple and cough. (2) Put a tongue depressor on and examine the throat; the patient is asked to say a few words. (3) While doing an endoscope, the patient is asked to say a few words. (4) When a patient is asked to snore, many parents report that their children are snoring like an adult male. This results in a change in the air flow and resonance, which is the physiological mechanism that reduces pitch. The patient can practice continuously through uvula resonance with forcible air flow from the stomach or diaphragm [13].

The voicing can be practiced at the level of the uvula by using a lower pitch continuously. Yes, we can create and give an immediate result in puberphonia voice change, but we have to maintain it and make it a habit [14].

#### IV. Discussion

A positive history of taking psychiatric medicine for an unknown cause of depression is available, with five puberphonia boys in 1000 cases reported. Puberphonias stigma is defined as an undesirable attribute in a person that is viewed as setting that person apart from the rest of society. Shame is an intense negative emotion that results from a puberphonia person experiencing failure in relation to personal or other people's standards, feeling responsible for that failure, and believing that the failure reflects an inadequate self. Puberphonia, sometimes referred to as "self-stigmatisation," is a reflection of a person's acceptance of the negative aspects of stigma. Although puberphonia can occur privately, shame has also been described as an affective reaction that follows public exposure of some deviation from accepted norms.

Sexual obsessions in puberphonia can take many different forms. One of the most common is related to homosexuality. One of the most common is extreme worry about sexual orientation. For example, a teenage boy might be obsessed with the idea that he could be a girl. Puberphonia boys might be unable to focus in class or socialise normally because of the relentless nature of their thoughts. But with sexual thoughts, there is an added element of shame.

### **V. The Life Cycle Of Puberphonia Boys**

Puberphonia boy changed his profession to earn his livelihood [15]. He performs singing and dancing like ladies and does physical gymnastics easily because he is a boy (this boy lives in Tamil Nadu; his activities are similar to those of lady boys in Thai Land). Very shy character boy having, consuming, and – having addictive material in hand



So far, two puberphonia boys reported trimming and correction of their eye brows, and five boys reported exaggerated movement of the gluteal region while walking.



Out of 1000 puberphonia, fifteen puberphonia boys had ear ornaments.



Many puberphonic men are homosexual. Adolescents with puberphonia are teased and bullied more than their fluent peers. Although sex is a personal decision, peer pressure is not uncommon. One of the major factors contributing to teenagers engaging in sexual activity, whether or not they feel ready for it, is the illusion that everyone else is. There is no right or wrong time to have sex; it varies for each person. Sexual attitudes are shaped by our parents, peer groups, media, and teachers. Where you are born, who your parents and family are, your culture, religion, and social circumstances will all have a profound influence on your sexual attitudes. Your friends will be very influential in shaping your ideas about sex.

Their testosterone hormone level (male level) is more than 300 ng, but they pull out their breasts in homosexuality, causing gynecomastia [16].



We have not calculated the number of gynecomastia cases per 1000 cases of puberphonia reported. Many are not willing to disclose, and we have also avoided further examination [17].

As a result, a puberphonia boy starts denying sexual maturity and masculinity, and hence denies using the mature male voice. The child thus gradually develops the habit of speaking in a high-pitched childish or female voice. Peer pressure can impact bullying in negative ways when the group views other individuals as not worthy of being part of their group. The impact of negative peer pressure can create environments in which individuals are intimidated to speak out on behalf of someone being hurt or harmed. Since then, few puberphonia boys have refused to marry, and girls are not willing to have dates with puberphonia boys. They are left out of society. They may be desperate and may do anything they like [18].

The brain works the same way for sex and for the sensation of breast sucking in male homosexuals. It is misunderstood by the brain. It has the feeling of having sex. The brain does not know the difference between action and intention. It is well known that the brain can be tricked. This is virtual reality. Pavlov's theory of classical conditioning also states the same. This study aims to revisit the studies reported in the area of peer influence with reference to health behaviour. Peer groups are social groups that consist of people of the same age who have similar interests and are usually equal in terms of education and social class. Peer groups are important as they tend to provide a space to make friends. They also help provide social and emotional support as well as an identity and a sense of belongingness to a social group, especially during adolescence. The authors have found that sexual behaviour is one of the many areas in which teens are influenced by their best friends and peers. Teens are more likely to have sex if their best friends and peers are older, use alcohol or drugs, or engage in other negative behaviours. Similarly, they are more likely to have sex if they believe their friends have more positive attitudes towards childbearing, have permissive values about sex, or are actually having sex. The authors have found that most of the studies in this area have assessed the negative aspects of peer influence. Understanding important factors related to sexual behaviour is important not only to change that behaviour; it is also important to identify those teens who are most at risk of having unprotected sex.

Puberphonia voice boys do not have a sexual issue! No anticipatory hormonal test for diagnosis is required. Still, they have a reluctance to see a doctor (iatrophobia). There was no delay in the examination by a doctor regarding the pitch of their voice.

Boys are wrongly taught about puberphonia voice, like can't get better, puberphonia voice is a congenital disease, live well with puberphonia voice, one can progress in life with puberphonia voice, one need not speak more, do public service, don't like marriage." Don't marry, and overall, don't teach puberphonia boys that you can live without women in your life.

People with puberphonia have almost as many reasons to be nervous as worriers. For example, you might expect the public to criticise you for your loneliness or another habit. There should be no fear of failure in life with puberphonia. Puberphonia, immature voice imagination may run wild, like something seems seriously wrong in the body. Do not focus on something else, like loss of sleep, not eating, or crying.

Don't lose your peace of mind. Instead of seeing a doctor when you have puberphonia, trying self-treatment and self-research is useless.

## **VI. False sexual imagination is the foremost reason they are not exposing their problem and avoiding doctors.**

Patients with puberphonia problems are often too embarrassed to go to the doctor.

There is a need for increased awareness regarding puberphonia. People feel ashamed, that they are somehow damaged, and that no one will want them in the future. The internet can provide general resources, but a doctor will be able to discuss what is going on with you specifically and also be empathetic. A medical professional can help you see that you're not sick. People feel ashamed, that they are somehow damaged, and that no one will want them in the future. The internet can provide general resources, but a doctor will be able to discuss what is going on with you specifically and also be empathetic. A medical professional can help you see

that you're not sick. It's not a lifelong problem. The Internet has created new possibilities, covering previously unmet needs.

When a puberphonia voice conflict arises, it's not to blame others, make excuses, twist the facts, or flat-out lie. Instead, you swiftly acknowledge there is a problem, identify your role in it, and implement an action plan to entirely treat it. For the same reason, we have to implement three action plans.

1. Self-awareness
2. Awareness in society
3. Awareness in the medical community
4. Self-awareness

Once the puberphonia problem is identified, the next step is proper treatment that will put us on the road to recovery. Take responsibility for your problem. Stop self-research

Try not to look for answers online. If you go online to find solutions for the symptoms you're experiencing, don't read other people's comments. Doing so will make your worries worse, and you will feel miserable reading the worst-case scenario. Only you can take responsibility for fixing your life and problems and improving your quality of life. Remind yourself that taking responsibility for the problem is important, and this is the first step in doing so.

Reach out to a friend or family member and discuss with them what you are afraid of. They can comfort you, reassure you, and help you feel better. You can ask them to accompany you to the doctor for extra help during difficult times.

Here's what to do when seeing a doctor for puberphonia

- Carry your past medical records. This will help increase awareness among the medical profession.
- Be open and transparent. Puberphonia is not a disease. The voice is not broken. Puberphonia boys will definitely get their ancestral voice.
- Share your feelings.
- Share your gender activity.
- Be open about bullying.
- Do not hide family puberphonia medical details.
- Do not be afraid.
- Don't forget your voice history.

Patient confidentiality must be maintained at all times. Revealing puberphonia secrets can ruin someone, especially in recent times. In the future, all puberphonia will be treated, and the stigma will disappear.

There was some barrier to communication between the patient, society, and the health care provider, either due to language, the distance of the medical setup, or the technicalities involved. It was perceived that the health care providers were prescribing unnecessary tests and medications and were more concerned about their fees than patients' welfare. The fear of pain, monetary drain, lack of health insurance, and other related factors lead to medical care avoidance by puberphonia patients.

We know that the thought of any doctor's visit can be very scary, as there is always the fear of dire consequences. Every minute, our mind starts running a marathon while scheduling an appointment. Don't worry; it's not uncommon, but you can definitely learn to calm yourself down when dealing with the fear of seeing a doctor.

Do you feel nervous before going to the doctor? Here's how to calm yourself down:

Afraid to go to the doctor? This feeling can be unsettling and worry you every time you visit a doctor.

A. Parent awareness to increase puberphonia care.

1. The general public does not know that puberphonia is a disease. The public should not tell puberphonia boys that they can live well and progress without treatment.
2. There are many reasons why people with high-pitched voices are nervous, and an unnatural sex habit is on their mind. Do not aim for psychiatric or psychological treatment.
3. Instead of seeing a doctor when you have puberphonia, try to self-medicate, which won't work.
4. Puberphonia should not lose their peace of mind. It is not wrong with the body. It doesn't go away, and puberphonia is not a congenital disease.
5. Do not delay in consulting a doctor. Try a new exercise. Practice with a full heart.
6. Many have recovered and need their minds to be okay.

## VII. Result

First, over one-third of participants (33.3% of 1,000) reported unfavourable evaluations of seeking medical care, such as factors related to physicians, healthcare organisations, and affective concerns [19].

Second, a subset of participants reported a low perceived need to seek medical care (100%), often because they expected their illness or symptoms to improve over time(100%).

Third, many participants reported traditional barriers to medical care (90%), such as high cost (95%), no health insurance (100%), and time constraints (100%).

A positive history of taking psychiatric medicine for an unknown cause of depression is available, with five puberphonia boys in 1000 cases reported. Puberphonias stigma is defined as an undesirable attribute in a person that is viewed as setting that person apart from the rest of society. Shame is an intense negative emotion that results from a puberphonia person experiencing failure in relation to personal or other people's standards, feeling responsible for that failure, and believing that the failure reflects an inadequate self. Puberphonia, sometimes referred to as "self-stigmatisation," is a reflection of a person's acceptance of the negative aspects of stigma. Although puberphonia can occur privately, shame has also been described as an affective reaction that follows public exposure of some deviation from accepted norms. Sexual obsessions in puberphonia can take many different forms. One of the most common is related to homosexuality. One of the most common is extreme worry about sexual orientation. For example, a teenage boy might be obsessed with the idea that he could be a girl. Puberphonia boys might be unable to focus in class or socialise normally because of the relentless nature of their thoughts. But with sexual thoughts, there is an added element of shame.

Why do some people prefer to diagnose themselves on the Internet with puberphonia instead of going to the doctor? Why is this trust more important than professional knowledge?

### Solution to treat more puberphonia

Parents and puberphonia boys should seek immediate treatment for puberphonia. It is an easily treatable problem. Don't keep the puberphonia voice secret and suffer. Similar medical professional awareness is needed to increase puberphonia care.

1. Separate puberphonia treatment units should be created. Awareness about puberphonia treatment in medical schemes provided by the government will help them take full advantage.
2. A sufficient number of health care personnel should be appointed for the treatment of puberphonia in rural and urban areas. Best of all, no testing is required because it is not a disease. Aural and visual examinations alone are sufficient to provide a diagnosis.

The following message should be recognised by the public and medical professionals:

1. Puberphonia is a very common problem.
2. It needs treatment, and treatment is available.
3. It is not a hormonal or physiological disease.
4. Puberphonia boys are smart and intelligent.
5. Bad parenting is not the aetiology of puberphonia.
6. Curable.

## VIII. Conclusion

The study concludes that the treatment improves not only the voice but also the personality of puberphonia clients and provides further knowledge about puberphonia among society and health professionals. The study also included that other problems of puberphonia such as depression, loneliness, cowardice, low self-esteem, inferiority complex, and thinking of suicide will disappear after 5 days of training, which would be the take-home message from our long experience of 29 years in treating puberphonia.

## References

- [1]. Stephanie Misono, MD MPH, Assistant Professor, Carol B. Peterson, Phd, Research Associate, Assistant Professor, Liza Meredith, BS, Graduate Research Assistant, Kathryn Banks, BA, Research Assistant, Dipankar Bandyopadhyay, Phd, Associate Professor, Bevan Yueh, MD MPH, Professor And Chair, And Patricia A. Frazier, Phd, Professor And Associate Chair, Psychosocial Distress In Patients Presenting With Voice Concerns, *J Voice*. Author Manuscript; Available In PMC 2015 Nov .Published In Final Edited Form As: *J Voice*. 2014 Nov; 28(6): 753–761. Published Online 2014 Jun .  
Doi: 10.1016/J.jvoice.2014.02.010, PMCID: PMC4252975, NIHMSID: NIHMS570816, PMID: 24930373
- [2]. Avi Besser, Hadassah Academic College., Virgil Zeigler-Hill, Oakland University Sari Lotem When A Man Sounds Like A Woman: The Consequences Of Puberphonia For Perceived Romantic Desirability And Attractiveness For Relationships, Accepted: 29 January 2022, February 2022 *Current Psychology*, DOI:10.1007/S12144-022-02837-1, © The Author(S), Under Exclusive Licence To Springer Science+Business Media, LLC, Part Of Springer Nature 2022
- [3]. Janet Baker , Psychogenic Voice Disorders And Traumatic Stress Experience: A Discussion Paper With Two Case Reports, *J Voice*., 2003 Sep;17(3):308-18., Doi: 10.1067/S0892- 1997(03)00015-].