

An Introduction to Paruresis – “Shy Bladder Syndrome”

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Introduction

- Paruresis
- Defining some terms
- Show-and-tell
- B-Reel
 - Succession clip
 - Family Guy clip
- Primary Paruresis
- Secondary Paruresis
- Compare/Contrast clips:
 - Is what I'm seeing Primary Paruresis? Secondary? Both?



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Overview of Paruresis

- Definition
 - Social anxiety disorder
 - DSM V- 300.23
 - Given as example
- We can easily help people with CBT, in particular graduated exposure
- One-on-one, live weekend workshops, live one-day virtual workshops, and support groups
- 8-12 sessions or weekend workshop help people substantially (more later)



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Women and Paruresis



Women seek treatment less often than men

It has not been studied and not very well understood



Some possible reasons

Women always use stalls
Women's paruresis is not associated with issues of masculinity



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Vignette

20-year-old

- Could not go away to college as she wanted to
- Significant social anxiety
- Parents accommodating over the years
- When first started seeing me had given up a school trip to abroad
- Would not go out with friends – dramatically effecting social life
- Feelings of despair and hopelessness

Worst case scenario: essentially become homebound

What are Women with Paruresis Afraid of?

- Have to remember it is a social phobia and women who suffer from paruresis have an acute fear of being judged
 - Inconveniencing another person by making them wait to use the bathroom
 - Someone hearing no stream or a soft stream
 - Also hyper-sensitivity to bladder sensations



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Shame

- Women with a high level of shame have a harder time with recovery
 - Encourage clients to tell friends and family
 - It is a biological condition that is not their fault
 - The definition of bravery is doing something despite fear



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Self-catherization

- If a woman is willing to do, it can alleviate the fear of severe pain and allow her to take risks she might otherwise not take
- It is a very hard sell



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Differential Diagnosis



**At treatment outset, suggest a
consult with GP or urologist**



Is it:

“Pelvic floor insufficiency”
“Bladder neck issue”
Benign prostatic hypertrophy (BPH)



One-question rule-in:

“Do you ever have this problem
when you are at home, alone,
and under no time pressure?”
If “no,” then Paruresis is
probable



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Common Mental Health Comorbidities

- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Social Anxiety Disorder, Generalize
- Substance Use Disorder
- Persistent Depressive Disorder
- Major Depressive Disorder



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Data on Paruresis Treatment

- 2010 article by Soifer et al. in *Social Work and Health Care*
- Workshops conducted by Soifer *et al.* from 1997 to 2003
- 101 participants
- Compared pre-test, post-test, one-year follow-up
- Ran ANOVAs
- Results: Significant improvement in global severity of symptoms at post-test and one-year follow up

However, major limitation: no “gold” standard, i.e., control groups



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New data on paruresis treatment

- Workshops conducted from 2004 to 2019
- 317 participants (307 males and 10 females)
The mean age of the participants was 42.6 years ($SD = 13.2$)
- Participants reported experiencing symptoms for an average of 27.1 years ($SD = 14.1$), with 59.3% not knowing the cause of paruresis
- Compared pre-test and post-test and analyzed various factors that may influence a workshop's success
- Ran dependent (paired) t-tests and multiple regression
However, major limitations: self-reported data, no follow-up and control group; multiple regression's effect size is weak



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Q: On a scale of 1-10 (ten always being the highest), how badly do you feel you suffer from paruresis?

- The result of dependent t-test comparing average severity of paruresis measured at before and after a weekend workshop is presented in Table 1.
- Using an alpha level of .05, average severity of paruresis measured at posttest (Mean = 5.80, $SD = 1.79$) is significantly different from the pre-test (Mean = 6.65, $SD = 1.69$), $t(316) = -9.65$, $p < .001$, Cohen's $d = 1.57$. The difference is large based on Cohen's (1988) guidelines.

Table 1

The Comparison of Severity of Paruresis Between Pre- and Post-Tests ($n = 317$)

Time	Mean (SD)	t (df)	p -value	Cohen's d
Pre-test	6.65 (1.69)	-9.65 (316)	<.001	1.57
Post-test	5.80 (1.79)			

Participants reported lower severity of paruresis after a weekly workshop.

Q: I am (never, seldom, sometimes, often, always) worried about the sound I make when I use the bathroom.

- The result of dependent t-test comparing anxiety about sounds measured at before and after a weekend workshop is presented in Table 2.
- Using an alpha level of .05, average anxiety about sounds measured at posttest (Mean = 3.43, $SD = 1.13$) is significantly different from the pre-test (Mean = 3.74, $SD = 1.14$), $t(316) = -6.23$, $p < .001$, Cohen's $d = 0.89$. The difference is large based on Cohen's (1988) guidelines.

Table 2

The Comparison of Anxiety about Sounds Between Pre- and Post-Tests ($n = 317$)

Time	Mean (SD)	t (df)	p -value	Cohen's d
Pre-test	3.74 (1.14)	-6.23 (316)	<.001	.89
Post-test	3.43 (1.13)			

Participants were less anxious about the sounds made when using a bathroom after a weekly workshop.

Q: I am (never, seldom, sometimes, often, always) worried about someone seeing me go to the bathroom.

- The result of dependent t-test comparing anxiety about someone seeing the person going to the bathroom measured at before and after a weekend workshop is presented in Table 3.
- Using an alpha level of .05, average anxiety about someone seeing the person going to the bathroom measured at posttest (Mean = 3.53, $SD = 1.03$) is significantly different from the pre-test (Mean = 3.82, $SD = 1.09$), $t(316) = -4.64$, $p < .001$, Cohen's $d = 1.10$. The difference is large based on Cohen's (1988) guidelines.

Table 3

The Comparison of Anxiety about Someone Seeing The Person Going To The Bathroom Between Pre- and Post-Tests ($n = 317$)

Time	Mean (SD)	t (df)	p -value	Cohen's d
Pre-test	3.82 (1.09)	-4.64 (316)	<.001	1.10
Post-test	3.53 (1.03)			

Participants were less anxious about someone seeing them going to the bathroom after a weekly workshop.

Do length of paruresis, knowing the cause of paruresis, being open to people about the condition, gender, and age have an influence on the workshop's success?

- The results of multiple linear regression analysis predicting workshop's success based on the length of paruresis, knowing the cause of paruresis, being open to people about the condition, gender, and age are presented in Table 4. Using an alpha level of .05, the model explained 3.7% of total variability in the workshop success, $F(5, 311) = 2.368$, $MSE = 176.04$, $p = .039$.
- Knowing the cause of paruresis was the significant predictor of workshop's success ($B = 0.23$; 95% $CI = .06, 0.40$, $p = .01$), as well as gender ($B = 0.51$; 95% $CI = .04, 0.99$, $p = .04$).
- The length of paruresis, being open to people about the condition, and age were not significant predictors of the workshop's success.

Table 4

The Results of Multiple Regression ($n = 317$)

	<i>B</i> (SE)	95% <i>CI</i>		<i>p</i> -value
		Lower	Upper	
Length	-.00 (.005)	-.02	.00	.50
Cause	.23 (.09)	.06	.40	.01
Openness	.03 (.06)	-.08	.14	.63
Gender	.51 (.24)	.04	.99	.04
Age	.00 (.006)	-.01	.01	.85

$F(5, 311) = 2.368$, $MSE = 176.04$, $R^2 = .037$

Knowing the cause of paruresis and participant's gender influenced self-reported workshop success; length, openness about the condition, and age did not influence the workshop's success.

Modalities/Techniques

For Primary Paruresis

Exposure-based work:
Graduated Exposure
Desensitization Hierarchies

For Secondary Paruresis

Cognitive/Cognitive Behavior
Therapy
Acceptance and Commitment
Treatment (ACT)

Coping Skills Training

Intermittent clean self-
catheterization
“Stadium Pal/Gal” or external
catheter use

Breath-Hold Technique

Medications

Selective Serotonin Re-uptake Inhibitors
Benzodiazepines

Advocacy/Paruresis in the News

- Department of Transportation's Notice of Proposed Rule Making
- Public comment closed 4/30/22
- Social justice remedy
- Role of clinicians in documenting Paruresis, opportunities for clients seeking minimal accommodation.

Source:

<https://www.federalregister.gov/documents/2022/02/28/2022-02364/procedures-for-transportation-workplace-drug-and-alcohol-testing-programs-addition-of-oral-fluid>

The screenshot displays the Federal Register website interface. At the top, there is a navigation bar with options like 'Sections', 'Browse', 'Search', 'Reader Aids', and 'My FR'. The main header features the 'FEDERAL REGISTER' logo and the text 'The Daily Journal of the United States Government'. A blue banner indicates 'Proposed Rule'. The main content area is titled 'Procedures for Transportation Workplace Drug and Alcohol Testing Programs: Addition of Oral Fluid Specimen Testing for Drugs'. Below the title, it states 'A Proposed Rule by the Transportation Department on 02/28/2022'. A green button labeled 'SUBMIT A FORMAL COMMENT' is visible, along with a note that the comment period ends on 03/30/2022. A sidebar on the right provides 'DOCUMENT DETAILS' including 'Printed version: PDF', 'Publication Date: 02/28/2022', 'Agencies: Department of Transportation, Office of the Secretary', 'Dates: Comments to the notice of proposed rulemaking should be submitted by March 30, 2022. Late-filed comments will be considered to the extent practicable.', 'Comments Close: 03/30/2022', and 'Document Type: Proposed Rule'.

Thank you!

Q & A



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