



Is “shy bladder syndrome” (paruresis) correctly classified as social phobia?

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Abstract

Paruresis manifests in an inability to urinate in public restrooms followed by a considerable avoidance behavior. According to DSM-IV TR this disorder is classified as social phobia. A sample of $N = 226$ subjects completed different questionnaires concerning paruresis, social phobic symptoms, lower urinary tract symptoms and depressive symptoms. These individuals were divided into four groups: no symptoms, suffering primarily from paruresis, non-generalized social phobia and generalized social phobia. The paruretic group differs significantly in all symptom variables from both the non-generalized and the generalized social phobia groups. Regression analysis separated by groups shows that the interference with everyday life can be mainly explained by paruretic symptoms (in the paruretic group) or by social anxiety and depressive symptoms, respectively (in the social phobic groups). These results question the classification of paruresis as simply being a form of social phobia.

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Paruresis manifests in a fear and inability to urinate in public restrooms when other persons are present or may enter the room (Soifer, Zgourides, Himle, & Pickering, 2001; Zgourides, 1987). This disorder was first labeled as “paruresis” and described as a “disorder of micturition” by Williams and Degenhardt (1954). According to DSM-IV-TR (American Psychiatric Association, 2003) this disorder

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falls under the category of a social phobia. However, most descriptions, books and articles concerning social phobias do not refer to paruresis (Hofmann & DiBartolo, 2001).

Fifty years after the first systematic description, there is still little knowledge about the origin and specific features of this disorder. Unfortunately, most literature is based on treatment case reports (Hatterer, Gorman, Fyer, & Campeas, 1990; Lamontagne & Marks, 1973; McCracken & Larkin, 1991; Nicolau, Toro, & Perez Prado, 1991; Sagar & Ahuja, 1988; Zgourides & Warren, 1990; Zgourides, Warren, & Englert, 1990), while other studies examine voiding dysfunction in sub-clinical samples such as college students (Gruber & Shupe, 1982; Rees & Leach, 1975). Based on these descriptions of paruresis, two primary classifications can be identified (even though the existing literature did not consider these classifications).

On the one hand, the functional nature of paruresis was emphasized and the syndrome was consequently described as a “functional disorder of micturition” (Williams & Degenhardt, 1954; Zgourides, 1987) or as “psychogenic urinary retention” (Christmas, Noble, Watson, & Turner-Warwick, 1991; Lamontagne & Marks, 1973; Wheeler & Renshaw, 1995). On the other hand, presence of anxiety and avoidance were pointed out, and paruresis was described as a social anxiety disorder (Malouff & Lanyon, 1985; Soifer et al., 2001).

Supporting evidence exists for both views. In the case of paruresis as a functional disorder, the patients’ subjective complaints are the substantiation: patients emphasize their inability to urinate and often negate the experience of fear (Hammelstein, Jäntschi, & Barnett, 2003; Hammelstein, Pietrowsky, Merbach, & Brähler, *in press*).

Yet, analysis of social phobia subtypes raise concerns about classification of paruresis solely as a social anxiety disorder. In analyzing the items on the “Liebowitz Social Anxiety Scale” (LSAS; Liebowitz, 1987), Heimberg et al. found that the item “urinating in (use of) a public restroom” was shown to be the most different from other items on the LSAS (Heimberg, Holt, Schneier, Spitzer, & Liebowitz, 1993). Based on this result Heimberg et al. postulated that paruresis should be eliminated as an example of social phobia in the text of DSM-IV. Furthermore, medical treatments which are effective for some forms of social anxiety (like beta-blockers or MAO-inhibitors) do not improve paruretic symptomatology (Hatterer et al., 1990; Zgourides, 1988, 1991; Zgourides & Warren, 1990).

Classification of paruresis as social anxiety is a good match to the features of the disorder itself: the pronounced avoidance behavior and the fear of negative evaluation (people recognizing and ridiculing the paruretic’s voiding dysfunction). Studies in sub-clinical samples have found higher values of self-reported interpersonal anxiety and performance anxiety in subjects suffering from paruretic symptoms in contrast to control subjects (Malouff & Lanyon, 1985). When examining male college students ($n = 90$), Gruber and Shupe (1982) found a strong relationship between paruretic symptoms and body shyness and found

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