Paruresis

Kenneth L. Appelbaum, M.D.
Professor of Clinical Psychiatry;
Director, Correctional Mental Health Policy and Research
Center for Health Policy and Research

I have no actual or potential conflict of interest in relation to this program/presentation.
DOC administration seeks your advice:

- Inmate claims inability to void under observation due to shy bladder
- Never sought treatment
- Never previously revealed problem
- No other urinary tract symptoms
  - Normal UA, BUN, Crt
- No other medical problems

How do you respond?
Bashful bladder: Is it real?

If it is real, what do you do about it?
Terminology

- Paruresis
- Psychogenic urinary retention
- Shy Bladder
- Bashful Bladder
Definition

- Inability to initiate or sustain urination, or fear that one may be unable to urinate, in situations in which there is a perception of scrutiny (e.g., sight or sound), or potential scrutiny, by others.
Looks easy enough... but not for everyone
Characteristics

- Involuntary
- Anxiety may or may not be present
- Not merely shyness or desire for privacy
- Shame and secrecy
  - Believe they are the only one
- Onset at any age, but typically teens – early 20s
- Exacerbating factors: proximity, noise, relationship to others present, time pressure
Impact

- Often significant impact on quality of life
- Varying degrees of social and occupational dysfunction
  - Avoid certain situations
    - Theatre, sporting events, restaurants, etc.
    - Places with limited private b.r. access
  - Career consequences (>50% of individuals)
    - Avoid college due to dormitory bathrooms
    - Decline jobs (e.g.: lack of private facilities, mandatory urine testing)
    - No sports or athletics that require urine drug testing
In my adult life, I have avoided social events and missed out on things I would like to have been a part of all because of this problem. (Jack’s story)
One of the biggest things I think that is overlooked about AP is the mental turmoil that we all endure trying to plan everything so that we're never caught short. (Alex’s story)
Impact continued:

- Impaired social and intimate relationships
  - E.g.: >2/3 report difficulty voiding at homes of friends, and up to 15% report difficulties in their own homes
  - Avoid dating

- Secrecy and shame
  - Secondary depression

- Medical complications in extreme cases
  - Loss of bladder elasticity and muscle tone
  - Urinary stasis and urosepsis
As a child and young adult, I "suffered" greatly from paruresis, believing I was the only one in the world with this affliction. I felt intense shame, even self-loathing because of it and went to great lengths to conceal the problem. (Al’s story)
I am a 65-year old woman, and I have suffered from the condition I now know is called paruresis for most of my life...I've learnt to cope in most situations, usually by avoiding rather than confronting the problem...During my lifetime the condition has caused me a lot of stress and discomfort. (Alison’s story)
Etiology?

Psychological?

Traumatic incident

Co-morbidity: usually absent

Somatic?

Genetic

Not always present

→ ≠ paruresis

~25% Social Anxiety

~ 20% Depression

≠ Sexual Pathology

Some familiar association

Genetic

Some familiar association
Embarrassing incident (e.g.: unable to void in front of nurse, etc)

Reinforcing failures

Anxiety

Increasing anxiety

Unable to relax urinary sphincter
This is actually really embarrassing but I suffer from Paruresis ("Shy Bladder Syndrome") and soon I will be court ordered to serve time in jail.

I’m freaking out because what if I get stuck with a Cellmate? I will end up with a bladder infection or something serious because of my condition – I WONT be able to go!!

If I tell them on the form or whatever that I suffer from this do I have any rights, or will they just laugh at me and say “yeah right”? I’m praying I get my own cell. I just wanted to know how my condition stands when it requires special treatment in my type of scenario. What are my options?
“Don't look now ... you may have a bashful bladder”
Prevalence

Term “paruresis” coined in 1954 paper by Williams and Degenhart in J. of Psychology
- “Paruresis: a survey of a disorder of micturation”
- 14.4% of 1,419 college students

Other college student surveys
- 1975: 50 – 70% with “some difficulty” voiding in public restrooms
- 1985: 7% of male students with A.P.
1997: ~ 4% of 237 soldiers “unable to urinate” with observing NCO 10 feet away and water running in sink

6.6% (17 million Americans) in 1994 National Comorbidity Survey

- Fear of using toilet away from home

Surveys asking about “fear” may underestimate prevalence

- Sufferers describe “inability” not “fear”
Four million Brits suffer from toilet phobia
Paris Hilton Fears Toilet Cam in Prison
By Biff Scuzzy
Jun 11, 2007, 09:47
**Movies**
- The Good, the Bad and the Ugly
- Big Bully
- Fight Club (Tyler Durden)
- Waiting
- Clerks 2
- Shanks

**Television**
- Hill Street Blues (off. Joe Coffee)
- Frazier (Niles Crane)
- The Simpsons
- Buffy the Vampire Slayer (Jonathan)
- Seinfeld
- Scrubs (Elliot)
- Bones

**Lit., Music, etc**
- Myra Breckinridge by Gore Vidal
- The Mezzanine, by Nicholas Baker
- Empire State by Colin Bateman
- “Pee Shy” by Pansy Division
- Ann Landers
- Dilbert
- Stephanie Miller (comedian/talk show)
Diagnostic Work-up

- **History**
  - **Self-report**
    - Ability to provide details
      - Exacerbating and mitigating factors
      - Coping methods
      - Functional impact
    - Motive to malinger
  - Functioning in similar situations
  - Third party (e.g., family, friends): confirmation and prior treatment hx. *usually absent*
Consultations (e.g., urology, neurology) and Testing:
- Rarely necessary: dx. based on history

Rarely, if ever, able to r/o diagnosis:
- Wide variability in symptoms among individuals
- Variable symptoms within individual cases over time and context
On-line Urinal Etiquette Quiz:

Pick the best spot to continue...
Treatment
Behavior Therapy

Graduated exposure therapy*

Paradoxical Intention

Bio-feedback

Other relaxation techniques

Hypnotherapy
Behavioral Strategies

- Single-occupancy or less busy room
- Self-Catheterization
- Distraction (e.g., serial multiplication)
- Close eyes/imagery
- Run tap or flush
- Stall
- Fluid restriction
Meds

- Anxiolytics
- SSRIIs
- MAOIs
- Beta-blockers
- Cholinergic stimulants (e.g., bethanecol)
  - Possible use as enhancement to exposure therapy
- Usually poor response to all
Significant Improvement

Moderate Improvement

Partial Improvement: ↑ time and circumstance
I'm writing because my husband is bladder shy... and he can't urinate in front of people. Because of this they are saying that he failed his drug test when in reality he just couldn't do it and would have submitted to any alternate form of testing... Is there a solution or something he can do to petition? I was told he needed a Doc to diagnose this so he has a form of action? How hard is it to get a prison Doc? Please any information would be great.
Resources: national organization websites

- European Paruresis website
- UK
- Australia
- Germany
- Finland
- France
- China
- Netherlands
United Kingdom
Australia

The website for people who suffer with paruresis (shy bladder, stagefright, etc.)
Italy
Poland
Shy Bladder Syndrome

Your Step-by-Step Guide to Overcoming Paruresis

Steven Soifer, M.S.W., Ph.D.
George D. Zgourides, Psy.D.
Joseph Himla, M.S.W., Ph.D.
Nancy L. Pickering
Bathrooms Make Me Nervous
A Guidebook for Women with Urination Anxiety (Shy Bladder)

Carol Olmert
International Paruresis Association (IPA)
Women’s Coordinator

Foreword by Dr. Steven Swaller
Author, Co-founder and CEO, International Paruresis Association
Toilet Phobia: Breaking the Silence

(Phobia Phobica Societa)
Lass es laufen!
Ein Leitfaden zur Überwindung der Paruresis

Philipp Herreleinstei
Documenting the problems faced by people who avoid activities that put them out of range of proper toilet facilities.
The Stadium Pal™ Portable Urinal for Men
The discrete portable restroom system for men

The Original Since 1998
Stadium Gal™ Female Portable Urinal
An UNDETECTABLE FEMALE URINAL
April 14, 2002
For Some, Drug Tests Are Almost Impossible
“I suffer from paruresis…I’m not able to urinate while I am being watched or when an officer is standing near or behind me. I have been fighting this for years now…I have written to physicians in every facility I’ve been to – most say that they have never heard of the disorder… I have had approximately thirty or more urine tests for which I have never given a sample…Because of my inability to comply with the tests, I have spent almost thirteen years in SHU. I have nothing to hide and have offered to give blood instead of urine to show that I’m drug free, but my request has been denied. No one wants to concede that I have a legitimate problem.”
Legal issues

- Americans with Disability Act (ADA)
- Eighth Amendment
  - Cruel and unusual punishment
- Fourteenth Amendment
  - Substantive due process
Americans with Disabilities Act
42 U.S.C. sec 12132

“[N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity”

Definition of disability under ADA

“a physical or mental impairment that substantially limits one or more of the major life activities…” [42 U.S.C. sec 12102(2)(A)]
**ADA continued**

- **Definition of “substantial limitation”** [EEOC, 29 C.F.R. sec 1630.2(j)]
  - “1) [u]nable to perform a major life activity that the average person in the general population can perform; or
  - 2) significantly restrict[s a person] as to the condition, manner or duration under which [he] can perform a particular major life activity as compared to …the average person in the general population.”
ADA continued

- ADA violated by either:
  - 1. discrimination
    - E.g., denial of opportunity or different treatment
  - 2. Or failure to make reasonable accommodation despite awareness of the disability
ADA and Paruresis

- Is paruresis a mental impairment under ADA?
- Is urination a major life activity under ADA?
- Does paruresis substantially limit the ability to urinate?
- Are reasonable accommodations available?

Answers to all questions:
- Evolving, but *up*ly yes
Buckley v Consol. Edison Co. of N.Y.
2nd Cir. 1996

- Employment terminated bec. unable to urinate on command for drug test
- Failure to accommodate did not violate ADA
  - *But note:* Buckley “conceded” that his bladder condition is not a disability under ADA
Manhattan Federal jury awards fired bladder-shy guy 225G

Sludge boat captain with 30 years in merchant marines fired bec. paruresis prevented peeing into cup for drug test.
- passed hair, blood, and saliva drug tests
First non-prison case with federal judge and jury recognizing paruresis as disability under ADA

NY DAILY NEWS
Friday, October 5th 2007
Bus driver unable to produce urine sample
Plaintiff claimed life-long problems with public restrooms and providing urine samples
Company referred employee to urologist
  Dxed. “shy bladder” and offered to catheterize
Employer rejected dx. & accommodation
  “refusal to test” interpreted as “+ test result”
Melman continued

- Consequences to Melman:
  - Admin. leave without pay,
  - Mandatory drug treatment program at employee’s expense,
  - Reassigned to lower status, non-driving position
Melman continued

- Melman brought ADA action for failure to reasonably accommodate disability
  - Co. filed motion for judgment that “the accommodation sought by plaintiff was not reasonable”
- Fed. Court’s ruling:
  - Defense motion denied:
    - Plaintiff presented facts that could entail disability discrimination and entitle relief under ADA
CATBERT: EVIL DIRECTOR OF HUMAN RESOURCES

WHAT? YOU'VE BEEN RANDOMLY SELECTED FOR A DRUG TEST.

I HAVE A SHY BLADDER. I CAN'T PRODUCE UNDER PRESSURE!!!

DO IT NOW OR BE FIRED.

THANKS FOR UNDERSTANDING.

DO IT! DO IT! DO IT!
HUMAN RESOURCES TELLS ME THAT YOU REFUSED TO TAKE THE RANDOM DRUG TEST.

I DIDN'T REFUSE. I LITERALLY CAN'T DO IT BECAUSE I HAVE A SHY BLADDER. IT'S A MEDICAL CONDITION THAT 7% OF MEN HAVE.

I HOPE YOU UNDERSTAND.

IT'S A SIDE EFFECT OF THE NOSE CANDY, RIGHT?
IF YOU DON'T GIVE US A URINE SAMPLE TO TEST, I HAVE TO FIRE YOU.

HOW ABOUT A HAIR SAMPLE TO TEST INSTEAD?

HOW DO I KNOW IT'S YOUR HAIR?

YOU CAN TAKE THE SAMPLE YOURSELF.

ADD THIS TO THE LIST OF THINGS YOU SHOULDN'T TRUST HUMAN RESOURCES TO DO.
ADA and Inmates

- ADA is applicable to state prisons

- Emerging case law supports ADA coverage of inmates with paruresis
Does punishing an inmate who fails to provide a urine sample due to parusis violate the Eighth and/or Fourteenth Amendments?
Eighth Amendment

- Usually limits severity of punishment
- Occasionally can limit the kind of acts or mental states fit for punishment (e.g., *Robinson v. California*, 1962)
  - Can failure to provide witnessed urine sample be basis for sanctions?
    - Is the failure a volitional refusal or due to an inability to comply, such as paruresis?
**Fourteenth Amendment**

- **Substantive due process**
  - Does the state action have a reasonable justification toward a legitimate objective?
    - Objective = drug testing
    - State action = sanctions for failing to provide urine sample
    - Is it reasonable to impose sanctions against an inmate who is unable to comply with command to urinate?
Does punishing an inmate who fails to provide a urine sample due to paruresis violate the Eighth and/or Fourteenth Amendments?

Yes, according to some courts;  
*But outcome may hinge on diagnosis by a competent health care provider.*
Inmate repeatedly failed to provide witnessed urine specimens for drug testing
  - Claimed shy bladder

Prison psychiatrist “unaware of any psychiatric condition that would prevent someone from urinating in front of other people.”

Inmate’s offer to take, and pay for, blood test denied
Dwyer sanctioned for “refusal”

Sued for violation of ADA and of constitutional rights

Findings of trial court:

- Psychiatrist lacked “sufficient knowledge or expertise” regarding paruresis
- Inmate “not provided a meaningful opportunity to present [SBS] as a defense” at disciplinary hearings
Court ADA findings continued

- Dwyer had SBS, which qualifies as a mental impairment under ADA
- Dwyer’s SBS results in a substantial limitation of a major life activity (urination)
- “Correctional officials should have known that Dwyer suffered from...SBS and...should have attempted to accommodate his disability.”
Dwyer Constitutional findings

- "The defendants violated the plaintiff’s rights under the Eighth Amendment and his right to Substantive Due Process by imposing discipline upon him for his failure to comply with departmental rules despite his inability to do so."

- Court ordered DOC to:
  - Expunge records of disciplinary reports
  - Reinstate forfeited “good-time” credits
  - Compensate $29,350 for injuries
Sheehy v. Palmateer
9th Cir., 2003

- Inmate with paruresis unable to give urine sample
- Prison physician disagreed with inmate about his medical condition
  - Inmate given disc. sanctions
- Fed dist ct granted summary judgment in favor of prison officials on inmate’s 8th Amendment claim
9th Cir. affirmed the district Ct ruling:

“Sheehy did not establish that the defendants were deliberately indifferent to his serious medical needs. The record demonstrates that, at most, defendant Vargo was negligent and disagreed with Sheehy about his medical condition...it was not objectively unreasonable for defendants to subject Sheehy to disciplinary sanctions after he failed, without a valid medical excuse, to provide a urine sample...”  [emphasis added]
Ollis v. Bennett
Fed Dist Ct N. Carolina, 2005

- Inmate sanctioned for failure to produce urine
  - DOC denied his request to self-catheterize
  - IM claimed violation of constitutional rights
- Court granted defendant’s motion to dismiss:
  - At time of incidents, plaintiff did not have dx.
  - But: “the Court concludes by noting that Plaintiff now has a diagnosis of paruresis and...any future failure to reasonably accommodate Plaintiff’s medical condition might constitute a violation of Plaintiff’s constitutional rights.”
Systems can also run afoul of state law when inmates are sanctioned because of a physical or psychological condition such as paruresis.

But, here too the outcome may hinge on diagnosis by a competent health care provider.
Infante v. Selsky
NY Supreme Ct. Appellate Division 2005

- Failure to provide urine sample within required 3 hour period → ticket for refusing direct order
- Based on state law only, Court confirmed guilt
  - “Although petitioner asserts that he was unable to provide the urine sample because of …shy bladder syndrome, his examining physician testified that petitioner’s condition would not have prevented his compliance within the allotted three-hour time period.” [emphasis added]
Failed to provide urine sample within 2 hours

- Inmate wanted to provide blood sample, but:
  - Lacked required “written evidence… that his medical condition prevents him from providing a urine sample.”

D. Board excluded evidence that:

- HSA denied request for psych eval:
- M.D. report: “Mr. Meeks has paruresis. He can give urine samples, however it may take several hours.”
  [emphasis by Court]
Meeks continued

- Disciplinary infraction → fine + 10 days punitive seg
- Meeks filed legal petition alleging that the D. Board deviated from proper procedures, but:
  - Trial court granted DOC motion (for judgment on the record) to dismiss inmate’s claim
Meeks continued

- **Appellate issue:** Did D. board deviate from procedures in way that may have affected outcome?
- Based on state law only, ct. of appeals affirmed:
  - “Assuming arguendo that the excluded evidence should have been admitted, Meeks failed to establish that the exclusion of the documentary evidence affected the disposition of the case.”
  - “Meeks has paruresis; however...as Dr. Campbell noted, Meeks ‘can give urine samples’”
Mullins v. Michigan DOC
State circuit court 2009

- Inmate failed to provide witnessed urine sample
  - Claimed shy bladder
  - Not allowed to use stripped room
    - State regs require provision of stripped room for prisoners who claim inability to urinate under observation
  - Misconduct report → ad seg
Mullins continued

- **Ruling:**
  - Expunge misconduct report
  - Release from ad seg
  - Afford use of stripped room for future urine specimens
Recommendations

- Test for drug use not for ability to void under observation
My son called me this afternoon. He had to do a urine test. He couldn't urinate. Because he couldn't do it. They wrote him up because he couldn't pee.
Options

- Dry cell
- Blood
- Hair
- Saliva
- And Sweat: 5 day patch
Dry Cell

- Supervised, but unobserved
- Search clothing
- Handwashing prior to collection
- Specimen checked for body temp
- If non-dry cell:
  - Water turned off and unused during collection
  - Blueing agent in toilet
Saliva

- Clean, easy fluid to test
  - Spitting or dental swab
  - Less invasive or embarrassing than blood or urine
- NIJ funded comprehensive, multiyear study:
  - Illegal drugs can be detected in saliva
  - Saliva drug concentrations correspond to drug dosage
  - Saliva concentrations can predict blood concentrations (saliva derived from blood)
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Urine: average detection time</th>
<th>Saliva: average detection time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>2-14 days</td>
<td>48 hours</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>2-14 days</td>
<td>60 hours</td>
</tr>
<tr>
<td>Cannabis</td>
<td>2-30 days</td>
<td>2-10 hours</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3-36 hours</td>
<td>3-6 hours</td>
</tr>
<tr>
<td>Opiates</td>
<td>2-3 days</td>
<td>4-8 hours</td>
</tr>
</tbody>
</table>

Note: T1/2 affected by age, weight, gender, body fat, health status, amount and duration of consumption, etc.
Urine tests: myths and realities

- **Prior hx. always exists**
  - Reality: Observational conditions can elicit onset of paruresis

- **With privacy and enough time, the person will always void**
  - Privacy is not necessarily the issue
  - Documented cases inability to void for >24 hours
    - E.g.: on international flights, or simply when away from home
Myths and Realities

- Fluid loading will eventual → sample

- Reality: Involuntary Autonomic response → tightened sphincter + ↓ voiding pressure due to relaxed bladder muscles

- What fluid loading may →:
  - water intox., bladder damage
  - Litigation?
Ability to void in some public settings does not r/o paruresis

• Difficulties context specific
“What to do?”:
10 second take-home message

- Problem only if you make it into one
- Don’t evaluate; accommodate
  - No need for diagnostic testing or consultations
- Don’t medicate; accommodate
  - Treatment irrelevant when considering drug testing procedures
- Don’t castigate; accommodate
  - Provide alternatives, not punishment
    - Dry room → blood, saliva, hair, sweat
Conclusion

- It’s real
  - Educate your medical and custodial colleagues
- Primum non nocere: avoid medical harm
  - Don’t force fluids or prolonged observation
- Avoid legal harm
  - Don’t sanction inability to void under observation
- Simple solution:
  - Accommodate
If your system does not make reasonable accommodations for inmates with paruresis…

You might get bitten.