It’s an Action that Should Take Care of Itself, but Not for Joel Meares. His Very Private Problem Calls for a More Public Solution.

Look down at the toilet bowl and … hesitate. My fly is zipped down to a V, my legs are spread with my knees slightly bent and my bladder is pinged with urgency. What happens next should be simple. And yet …

We’re in an old public rest room in the bowels of the Sydney CBD. With me is my “pee buddy”, John Nonomen, a retired Anglican priest, and it’s my first day tagging along with the support group he started almost a decade ago for those suffering from paruresis – a medicina-Latin term that comes with fewer giggles than the colloquial “stage fright” that is experienced by blokes who have trouble peeing in public toilets.

Six of us paruretics, including Nonomen, have met up on this wet Thursday night. There are handshakes and pleasantries – like a meeting of a high-school society. Then three of the group’s veterans head off to practise the gentle art of micturition in other public urinals dotted around the area that offer varying degrees of difficulty. Each man carries a sloshing water bottle in his coat pocket.

Nonomen suggests that we start gently. I sit with him and another newbie in an empty food court as we share our stories. Now 72, Nonomen’s paruresis came on in his teens and quickly dominated his life. Whenever he attended the annual General Synod forum for Anglican priests, for example, he would only go for half the day because the toilets at the chapter house of Sydney’s St Andrew’s Cathedral were so “unfriendly” (read: one cubicle, very exposed urinals). By his mid-30s, he was a parish rector and still avoiding public rest rooms when he decided to do something about his condition. He began to practise peeing, discreetly, in public urinals.

I’m 27 and haven’t peed in a urinal with anyone else in the bathroom for as long as I can remember. I don’t remember exactly what triggered it. I occasionally try, but the bloke inside my brain telling me that everybody’s watching me just pee ensures that I never do. I avoid crowded bars where I know there will be lines for cubicles, and I don’t drink in stadiums. Don’t even ask me to go behind a bush. For paruretics, being able to go is about more than convenience; it’s about being a man and doing what men do.

Nonomen thinks I’m ready to start practising. In the old public toilet, he strolls over to a vicious-looking metal trough with the confidence of someone who hasn’t had a misfire in 10 years, and I walk to a narrow cubicle, as instructed, about two metres from where he takes up his position. Also as instructed, I leave the cubicle door open. Baby steps.

I unzip, assume the stance and then hear the shuffle of someone else entering the rest room. Then I … hesitate.

Most people don’t need to practise peeing. Like breathing and blinking, it’s an action that is supposed to just take care of itself. But for a select group it’s different. For us, standing before a urinal provides the same gut-lifting jolt that a crumbling cliff gives someone who fears heights. Hearing someone else enter the lavatory is like being nudged closer to the edge. Our brain perceives a threat and the muscles around the bladder contract accordingly. We can will that stingy, hot liquid to flow from bladder to bowl, squeezing the relevant muscles as tightly as we like, relaxing them as much as we can, and conjuring all the crashing waterfalls our imaginations allow. And still, without privacy, nothing will happen.

Baltimore-based Steven Soifer is president of the International Paruresis Society. At the age of 11, bullies tried to break into the cubicle he was using at school in Queens, NYC, and from that point on, he struggled to urinate in public. “Until I was 41, I thought I was the only person in the world who had a problem,” he tells me.

Some estimate that there are more than 1.5 million paruretics in Australia (the vast majority male). The condition, Soifer explains, exists on a spectrum. On one hand are those who cannot urinate in any public toilet, whether they’re in a cubicle or not. He tells me of one client “who was functionally agoraphobic because of paruresis. He could not leave his house because the only safe bathroom in the world for him was in his home.”

On the other hand, get along fine in cubicles, although at times – I admit it – it’s been inconvenient and embarrassing. Earlier this year, I was standing in line for a cubicle in the unisex rest room of a Sydney nightclub. The huge queue was made up of mostly women, and the guys were waiting with trips to a set of frightening space-pod-like urinals in the back. One woman clip-clopped up from the rear of the line to give me a piece of her mind. “You’re so selfish!” she yelled. “All these women really need to go and you could just use the urinal. Arsehole!”

Part of me wanted to tell her about my condition. Part of me wanted to overcome it right there and decorate her shoes. But the part of me that wanted to hang my head in shame won out.

In his definitive book on the topic, Sky Bladder Syndrome: Your Step-by-Step Guide to Overcoming Paruresis, which he co-wrote with Joseph Himle, Soifer advocates “graduated-exposure therapy”, a structured approach to exposing yourself to your fear. He encourages sufferers to practise urinating with a “pee buddy”. Begin in a private setting with your buddy standing some distance away, then, as you make progress, get him to edge ever closer to you. Eventually, graduate to isolated public rest rooms with your buddy, starting with cubicles.

A paruretic is like a dog that can’t cock its leg. Whenever I stand in a cubicle, I’m keenly aware that someone might catch sight of my feet facing the bowl or hear the jet hit the water. Sometimes I’ve waited until the bathroom has emptied before emerging so that no one will know I’m the bloke who can’t take a leak with the boys.

Living with the condition means adopting strategies: scoping out loos from your restaurant table to ensure they’re empty, or relieving yourself before leaving the house. For some, it means restricting fluid intake – to the point of dehydration in extreme cases.

Soifer has been pushing for the US Equal Employment Opportunity Commission to insist that employers supply alternative drug-testing methods, like mouth swabs, in workplaces where employees are required to supply urine samples. Nonomen has been similarly campaigning for unions to take paruresis into consideration when job applications lead to urine tests.

I ask Soifer if this is a bit defeatist. Shouldn’t we be trying to cure rather than accommodate? “I’m not 100 per cent behaviourally cured,” he admits. “There are still times I go up to a urinal and can’t necessarily perform the first time. But I’m 99 per cent cognitively over it.”

Standing in the same cubicle after my first support-group meeting, 99 per cent seems some way off. I can feel eyes on my back, although nobody’s looking. I try my old trick of picturing the Panama Canal, the Snowy Mountains scheme, Babylonian irrigation systems. Nothing comes.

Then I hear a trickle of hope. It’s Nonomen, then I hear a trickle of hope. It’s Nonomen, Babstromian irrigation systems. Nothing comes.

Then I … hesitate.

Joel Meares is the editor of Time Out Sydney.