I've Got to Go, But I Can't

A day in the life of a paruretic
by Allan W. Court

I am sitting at my ergonomically designed workstation, surrounded by four-foot cubicle walls, yet feeling a distinct ergonomic dissatisfaction. It’s unrelated to the furniture that surrounds me, but rather concerns the furnishings inside of me: my bladder, urethra, prostate and frayed nervous system. A warning system somewhere in my brain is screaming, “Fire! Fire in the hole! Get out! Run!”

There’s no fire. There’s only the hum of people clacking away at their keyboards. The nerves are due to a mental process I go through every time I need to use a public restroom. The problem, I discovered after thirty years, has a name: paruresis, a condition whereby having to urinate in certain stressful situations causes an involuntary tightening of the muscles around the bladder, making urination impossible, no matter how badly you have to go. It’s an extreme form of shy bladder or bashful bladder. It can occur in the presence of other restroom users, when rushed, when traveling or in moving vehicles.

Sounds kind of funny, huh? It’s not. The physical pain can be excruciating, the anxiety debilitating, and the limitations extreme. Some sufferers barely venture into the outside world. Others do so in a constant state of anxiety. Paruresis can be a crushing infirmity that can control your life.

Tentatively I get up from my desk and peek over the tops of the cubicles, prairie-dog style, assessing whether any of my co-workers may be heading out to the restroom. I try to appear casual but I’m pushing down a painful urgency in my gut. I’ve been trying to quit coffee for some time but I can’t seem to detach from the warm welcome of the brew pot. Right now I can feel the liquid swishing around in my stomach in an irritating way.

Satisfied the coast is clear, I exit the office. As I walk down the long corridor toward the restroom, anxiety spreads like a fast-moving virus. My forehead starts to sweat. My hands grow cold. My breaths become staccato gasps. I really have to go.

And I’m terrified.

The urge feels different than it used to. After I hit 40 it became an irritating pinching sensation in my lower abdomen—the pang of the prostate—rather than that easier-to-endure feeling of fullness deep inside which could be held at bay, which is what I did in younger days. I grimace. I’m in serious pain. Relax, I tell myself. But try as I might …

There’s one bathroom on the floor, used by four companies. But surprisingly the traffic isn’t too heavy. The architecture: two urinals and two stalls, all in a row, the second stall abutting a wall and measuring larger for handicapped users. That’s good news. There’s a small “privacy wall” that juts out between the urinals. Right? As if.
I step up to the restroom door like a soldier in a state of supreme alertness. There’s no enemy fighter waiting for me, but there may as well be, for all the stress I’m feeling.

I push open the door, having mentally worked out the possible scenarios: a) nobody inside, b) one guy at the urinal, c) guys at both urinals, d) guy in one stall, or e) guys at urinals and stalls. I’ve rarely seen both stalls occupied.

I glance down under the stalls for feet and spot a pair in the handicapped stall. Bad. Very bad. It means I can’t use this bathroom at all, because if my experience over the last thirty years means anything, I’ll seize up. Paruretics, like paranoids, or neurotics, or storms, differ. I’m the type who can’t handle someone seeing any part of my body. If I suspect that’s happening, I may as well try to pee standing on my head.

I notice I’m standing totally still; soon the handicapped stall guy is going to glance under the partition and see me. I know this, even though, of course, I don’t. I even know I don’t, but it makes no difference.

I can’t keep standing there in utter total silence. If I hesitate much longer, this guy will know I can’t pee, meaning he’ll know he can control me, meaning he’ll know I’m weak and not quite a man. Because you can’t push real men around so easily. And men, of course, can pee.

Yes, I know. All this is taking place in my mind. It doesn’t matter.
I step up to a urinal, feeling like I’m approaching the hangman’s noose. I flush to get comfortable. I try to imagine the guy in the stall as an old man, or a kid, because for some reason, I don’t care how geezers or kids feel about my failures as a man. But God, if he’s a co-worker and I just stand there! He’ll know my terrible secret, and even though I know it really isn’t all that terrible, some part of me, deep down, is completely inconsolable about it.

“Take it easy,” I say to myself. But for some reason I can’t heed my own advice. I hastily zip up and sprint out of there, omitting the fake hand wash. This bathroom is out.

There’s another one on floor two, but the stakes are higher now, because if that one doesn’t work, I’m really screwed. I’ll have to go back to my cubicle and endure the horrible pinching sensation or get in my car and drive to PJ’s Barbeque with its merciful single-user locking bathroom. Whichever it is, I’m already feeling powerfully humiliated and emasculated.

I used to be able to sit on the bowl and wait, and eventually the stream would come. But since I came down with benign prostatic hyperplasia (BPH), a.k.a. enlarged prostate, a common malady in aging men that triples the number of trips you take to the bathroom, weakens your stream and elevates your urgency to stratospheric levels, the slightest sign of fellow citizens in the restroom locks me as securely as a chastity belt. Back in the day, when I only had to urinate three or four times daily, I was able to more or less live a normal life. Ah, the good ol’ days…

Like most paruretics I have a Plan B, a way to get relief even if it means telling a companion I forgot my wallet, running behind a building or into the woods, and returning hoping my subterfuge worked.
Air travel presents a serious problem. At 30,000 feet there’s only Plan A, and the pressure that goes along with it, which amplifies the anxiety. On days I fly I dehydrate myself and hope for the best. I also tend to get spiritual, making bargains with God. But mainly I prepare myself for a long bout of excruciating pain.

I’ve met fellow sufferers who solve the problem—get ready for a shock—with a catheter. “Self-cath ing” means shoving a long tube up the tiny hole in your male member, pre-lubed with jelly, until it arrives at the neck of your bladder. Then you push it a little farther and voila, a stream dribbles out. There are guys who can go into a stall and perform this process so deftly you wouldn’t know it from the next one over.

I even know of one guy who takes the extreme measure of inserting such a tube up into his anatomy, leading the other end into a colostomy bag, and leaving it there for the entire airborne journey.

As for me, I tried self-cathing a couple of times in my urologist’s office but it was just too creepy. I couldn’t handle it, not to mention it hurt. Too bad, because it’s a great Plan B for those cross-country flights, one so good that just knowing you have it in your arsenal often makes it unnecessary (I’m told).

Okay, I’m about to burst. I take the elevator up to floor two—and the upstairs bathroom is empty! I dash into the handicapped stall as a conga band plays in my lower abdomen. As I unzip, I notice, as I have many times, that this particular bowl is closer to the back wall and thus farther away from the adjoining stall than the handicapped toilet downstairs. This additional three-foot buffer allows me the comfort to pee even if others are in the room, whereas in the downstairs stall there’s just no way.

I start up a stream, just as someone walks in.

It doesn’t matter. I’m on my way. One of my rules is that once a stream gets going, nothing can stop me. The problem is getting to that point.

I finish, wash up and get out of there.

It’s 10 a.m. I’m exhausted. I’m sweating. My adrenals have shot off enough juice to make me want a nap. I can’t go back to my cubicle just yet. I get a call on my cell but I don’t take it. I can hardly concentrate, standing there in the hallway.

I will go through this about eight times today. And tomorrow. And the next day.

I know. It’s just peeing.

I’m caught in a secret war with myself—the part of me I can control versus the part I can’t—a 30-year battle I can’t share with anyone, because it’s so damned puerile and embarrassing. I’m 45 years old.
The company I worked for last year had a single-user locking bathrooms. They had no idea how productive this made me. Then we moved to a different building, a paruretics nightmare: twenty-five guys to a single bathroom—two stalls, two urinals—so quiet you could hear the ticking of your watch. And unbelievably, the gaps under the stall walls were so big you could almost see the next guy’s knees. I may as well have been trying to pee on stage at the Metropolitan Opera.

When I had to go I would take the elevator down to the lobby bathroom, which the receptionist and fellow employees got to see several times a day, depending on coffee and water intake. Sometimes I’d walk down the back stairway, five flights, just to mix it up a little.

I have many “rules” for elimination, none of which I like, agreed to, or seemingly can do anything about. Where, I have wondered, is it written than I can’t pee unless I can see a solid wall that is part of a building structure? Or that I’ve got a fifty-percent better chance if the restroom is dimly lit? Or a zero percent chance if I’m in a moving vehicle or a body of water?

Lacking answers to these questions, I can only become philosophical. I’ve determined that two types of people inhabit this world: 1) those that can do what they want, and 2) those, like paruretics or alcoholics or agoraphobics, that can’t.

One particularly irritating aspect of this worldview is that the people who have the freedom to do what they please usually think those of us who can’t simply need to change our thinking and act differently. Can’t pee? Forget about what people think! They don’t care! Believe me, I would if I could. I would happily relinquish my life savings to be rid of this. Maybe even a finger or two, if it came down to that. Did I mention that some of us shove tubes up our penises?

The question that begs to be asked is this: Why do I care what others think about whether I pee or not? My answer: I don’t, at least not consciously. And that is precisely the issue. The paruretical wiring is located on a deeper level, one not accessible to the conscious mind. Do those normal pissers think I want to avoid concerts, vacations, skiing, hiking, or the freedom to move about as I please?

The rules, it seems, were set up long ago, maybe in pre-speech days, maybe at the foot of my mother, maybe on the playground. Who knows? The patterns are set. And they don’t seem changeable. A malady such as this twists you. For example, I know the location and layout of dozens of restrooms in towns all across America, and yet, amazingly, I can’t recall a single conversation with my father, whom I was close to until he died fifteen years ago. Was it my decision to prioritize memories like that?

McDonald’s: B-. Usually a large handicapped stall. Wendy’s (A+): single user, locking. Baja Fresh (C): one stall, one urinal, but the stall is a big one that often works. Ramada Hotel (A-): though a shared restroom, the stall walls go down to the floor and there’s music playing.
I’ve spent more than a few hours wondering how I’d survive jail, God forbid, with the open toilet. What would happen? Would I eventually release it? Faint? Explode? I don’t know the answer, and I’m not sure I want to.

It’s evening now, and I’ve gone through the drill many times today. I’ve survived them all. I’m out with my wife at Jimmy’s, a restaurant on the promenade. I “came out” to her about the paruresis long ago and she is understanding, if not sympathetic, as I expected. She once asked me if it would help if she stood in line behind me as I used an airplane bathroom. That made me smile. But no, it wouldn’t.

The restroom at Jimmy’s isn’t great. One stall, one urinal, and small. Claustrophobically small. Ordinarily I’d bolt out of there immediately, but hey, I’ve had Bourbon on the rocks and I’m feeling my mettle.
I go into the stall, unzip and wait.

Immediately a kid comes in and lets rip at the urinal. Damn! I listen to him as I stifle feelings of jealousy. I prop that kid up higher than me, as if his ability to urinate trouble-free makes him a higher being. Quickly he leaves.

I wait. It will take a full three minutes for me to calm down.

Just as I feel it starting, another guy comes in. He also lets it go and departs quickly. I wait awhile but now I’m pretty agitated. I take a breath and slide my hand under my shirt and rub my lower back, lightly grazing my fingers against the lowest part of my back; I don’t know why but it feels sexual, which means it might distract me from the hell I’m in, release the groin muscles that are too tight. Sexual fantasies can also do that.

But no such luck today.

Then I bark—literally—like a dog. Funny, huh? Not to me. I’m trying to do anything to distract the demon that’s grabbed hold of my sphincter. Sometimes acting crazy works and the stream comes. But not this time.

Next trick: Ball up some toilet paper, throw it up and catch it a few times. Then slam it against the wall.
Still, nothing.
Now I spit a big hocker at the wall and watch it creep down, thinking that worrying about being an asshole may trump the paruresis, and the stream will come. But still no. There’s no hope at all now. The muscles feel tighter than ever.

Fuck, fuck, fuck. Fuck.

I exhale loudly. I want to scream. I’ve had it—with this and everything else. What’s the point in even trying? I can’t go through this again. How many more times will I have to in this life? Thousands?Tens of thousands? I want to die. I start thinking of ways to kill myself. I want to
separate from this dysfunctional body, slide right out of it into the afterlife. No physical body, no have to pee, right?

I try not to encourage this thinking. I let it go. I have to. Swallowing hard, I zip up and stop by our table to explain to my wife what’s happened, in a code we use. Then I shuffle down to a coffee shop a block away, which has a doable bathroom. When I return, I can barely bury my shame, even though I know she’s not judging me.

As a paruretic, you’re constantly looking for guys from the same dismal planet as you, so you won’t feel so alone. You notice guys who try for a minute and when nothing happens, zip up and leave. You know who pees in stalls or takes a long time to get going. You note who whistles or flushes to get comfortable. They are all releasing tension, tension you wish you could let go of.

You don’t want to notice these things any more than you want to have the problem in the first place, or the self-recriminations that go with it. But you do. This has been going on for thirty years. Thirty years. At least, you think so. The truth is, you have no idea when it started, whether you went to the restroom in high school at all, held it all day, or what. You remember none of it.

Real life is happening all around you, and you’re missing lots of it. You’ve got a career, a relationship, kids, friends, hobbies. These important parts of your life are constantly crowded out by your ridiculous problem.

You endure the anxiety, day after day, year after year, decade after decade. Now that you’ve got the prostate issue you pee about fifteen times a day. Fifteen times! Fifteen stress-outs. You recall when the urologist said you had BPH. The irony! If there was one problem you didn’t want, it was to pee more often.

You’re exhausted. And angry. You’re angry about having something this infantile hold you up. You’re a grown man, for chrissakes.

I was so ashamed about it, I didn’t tell anybody until I turned forty. I assumed I was the only loser with such an odd ailment. It fit in perfectly with my depression, anxiety disorder, codependency—all embarrassing gray-area problems you just can’t talk about.

I’ve come out of the closet to several people now. At times I am so frustrated by the problem I just don’t give a damn. But if I really didn’t give a damn…

A few years ago I saw a newspaper article about unusual phobias, including paruresis, and for the first time in my life knew I wasn’t alone. I took a workshop led by Steve Soifer of the International Paruresis Association (www.paruresis.org) that year and a miracle happened.

No, I wasn’t cured. You don’t get cured; you recover. It’s a lifelong problem you either gain or lose headway on. Like a mole on your nose that may bug you if you let it, you ain’t never gonna change it, so you’d better just learn to live with it.

The miracle was that I found myself sitting in a room full of fellow paruretics, the large majority of whom are men. For the first time I wasn’t suffering alone. The shame melted away. These guys understood what I’ve been through. They shared their own weird and humiliating
machinations, just like I’ve just done with you. One guy even told me that he, too, tickles his lower back for comfort and it feels oddly sexual.

At the workshop I felt a powerful sense of freedom, the knowledge that I could finally relax, I wasn’t being judged—real or imagined—that this crazy issue wasn’t an issue. The vigilance was gone. I allowed myself to experience the full spectrum of my feelings about it, which I’d never done before.

We worked on desensitization, determining our comfort zones, using fellow paruretics to help us expand those zones. After talks by Steve on medical research or the latest helpful techniques, we’d pair off and do “buddy work”—go to our hotel rooms or find public restrooms of varying difficulties in the building or down the street, and attempt to pee.

Steve recommended placing ourselves just outside our comfort zones; for example, in my case, situating my buddy at the sink washing his hands while I attempted to use the urinal. If I succeeded I would follow Steve’s advice to stop myself in mid-stream, after which I’d create a more difficult situation, such as having my buddy stand at the sink without the water flowing (eliminating the comfort of noise) or maybe stand him a couple of urinals down. Then I’d try again. I might ask him to talk, or remain quiet—all paruretics have their list of what scares them. Peeing at a ballpark trough usually wins for highest achievement.

If I failed, I’d retreat a bit and create an easier situation. Maybe try to do it standing in the handicapped stall while my buddy waited over at the towel dispenser. In this way I’d try to rack up successes, while slowly ratcheting up the difficulty level.

I learned the breath-holding technique, in which you hold your breath in a specific way before attempting to pee. Many paruretics have found it helpful because it somehow relaxes the muscles of the pelvic floor and allows the stream to start.

The work works. I’ve become comfortable in situations that previously drove me crazy. But if you don’t keep at it, your recovery creeps away.

It’s now late evening, my favorite time of the day. I’m in bed, reading a novel. No more public restrooms to worry about. No more embarrassment and frustration. Finally I can relax.

I feel like I’m on the flip side of life now. The BPH tells me that. I can’t say I will ever beat paruresis. I may not. But I can say this: I’m not alone. And that helps.

I try to carry my strange burden as best I can with the help of a little perspective. I’ve found that the Twelve Step method of “giving it over to your Higher Power,” whatever that might be helps.

The actual peeing is one aspect of the problem, the resulting guilt and shame and frustration, the other. Though the former may present one of life’s true headaches, the latter can be dealt with. The attitude you take toward paruresis is up to you. Like most people in recovery from obsessive problems, you gain and lose ground on a daily basis. But, no matter what, you can always get back in the ring and do your best to improve your perspective, if you are willing.