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Arousal, Lovemaking And Orgasm

Opposites attract each other. In humans, just as in animals, birds and insects, males and females are attracted to each other. However, the scope of this book is restricted to a discussion about the sexual attraction between a human male and female and its relevance to a eunuch.

The ability to easily become aroused, to desire intimate and sensual contact and to achieve sexual release through orgasm is a precious gift to bring to love relationships. This is more so when combined with a desire to give full and complete pleasure to one's love partner too.

A loss of these capabilities could ruin the TS woman's chances of experiencing her full range of human emotions after transition, especially for finding and enjoying a passionate, deeply-bonded love relationship. Hence, many TS women are understandably concerned about whether they will be able to fully enjoy and eagerly participate in lovemaking after GRS. However, GRS can provide those for whom it is the right chance to fully experience the joys of sex and lovemaking and finally enjoy a satisfying human life.

Libido and Sexuality - Myth versus Reality

Many myths surround the effects of GRS on libido, sexuality and orgasm. Many people simply assume that the loss of the external male genitalia will result in a complete loss of sexuality. This very naive myth unnecessarily frightens many pre-operative women and it also furthers prejudice against post-operative TS women, who are often thought of by the general public as having 'desexed' themselves.

GRS has the opposite effect on intensely TS women as would the emasculation of a typical male. The procedure usually releases and enhances the libidos of TS women, enabling them to frequently and fully 'turn-on' and enjoy their physical sexuality and lovemaking, including achievement of orgasm during intercourse with a partner. Furthermore, intensely TS women are not 'regular men'. Certainly a typical male would suffer a catastrophic impact on body image and libido from the loss of his external genitalia. However, it has long been known that with counselling and practice, males who have lost their genitalia even partially to disease can recover the capability for arousal and orgasm. However, TS women do not suffer a negative impact on body image as a result of GRS but instead find a greatly enhanced body image.

There is a wide range of libidos in post-operative women, just as in natal women. Some women are very highly sexed, the majority are moderately sexed and some are asexual and have little libido. Similarly, many transsexuals can have strong feelings of sexual arousal in the inner remnants of their genitalia (even

though they lack the external nerve tissue preserved by modern GRS).

Transsexual women learn to visualise from their pre-operative sexual experiences that they will probably still 'turn-on' sexually and be orgasmic as women after GRS. Many pre-operative women hide their genitals by inserting the testicles up into the abdomen and then tightly tucking the male organ back through the crotch (with tight underwear, loin cloth or taping). In this configuration, the penis cannot usually get enough blood supply for full external penile erection.

She nevertheless experiences the familiar female 'glow' and warmth throughout her interior genital region when aroused. In addition, the corpora cavernosa shafts inside her body can become erect once the girl is sexually aroused and that arousal feels really wonderful. Sexual stimulation by rubbing and caressing the genital area and the breasts can then lead to orgasm for a girl who is sufficiently aroused.

From experiences like this, pre-operative women can visualise that after undergoing GRS the remaining internal stumps of her corpora will still engorge and become erect and that she can experience similar feelings of sexual arousal when she is post-operative. In addition, the post-operative woman can also experience wonderful sensations from caressing her clitoris, which in contrast to the previously hidden penis; can now be openly played without her experiencing undue concern about her body-image.

Genital Experience, Arousal and Orgasm

The results of GRS are made immediately obvious to the post-operative woman by one important effect: She now has to 'sit down to urinate'. Urinating isn't as easy as before and every time she urinates, she is reminded that she is now a girl.

The actual post-operative effects of GRS on arousal and orgasm vary greatly from case to case. Those who are male-gendered and who have male sexual urges focused in the external genitalia are likely to experience great loss of libido over time. Those who are 'in between somewhere' are likely to experience a mixture of losses and gains. Those who are female gendered and who have strong female sexual urges are likely to benefit greatly, as a whole new life of sensuality, sexuality and lovemaking opens up to them. All of this is of course contingent upon the person having a normal level of libido, having no 'hang-ups' about being sensual or sexual and also upon a successful surgical result.

However, surgery can fully release those for whom GRS is the right thing to do, from the physical gender trap they had been living in and free them to experience their full humanity in sexual and lovemaking relationships. Most TS women having healthy libidos begin to experience their first post-operative arousals within a few months after surgery. After an initial period of low sensations and even numbness, they then experience 'turning on' due to engorgement of remaining internal erectile tissue (corpora and spongiosum) that was left during GRS. The arousals produce a feeling of 'erection' but one that is different than for men, since it is inside their bodies.

For some post-operative women, it may take much longer for these arousals to begin, especially if they were inactive sexually and/or asexual prior to GRS due to their gender anguish. They find that their adrenal glands (as source of testosterone) do not produce enough hormones to provide adequate libido or orgasm. She may require a small amount of supplemental testosterone to regain functioning. The amount required is typically far below the amount that will cause any other unwanted side effects, such as hair growth. However, even these post-operative women will eventually begin to experience genital arousals and the onset of sexual desires if they have active libidos. On the other hand, many post-operative women enjoy strong orgasms even in the complete absence of testosterone.

In any event, once a post-operative woman begins experiencing arousals, the nerves in the clitoris and vulva surfaces become highly sensitised and sensual and sexy feeling permeate her body. Then, just as during pubertal sexual awakening, she will automatically feel urges to play with her body and to masturbate. While masturbating, the pubertal girl suddenly begins to experience her first orgasms. She is then on her way to developing her full sexuality as a woman. In just the same way, the post-operative woman needs to explore her new sexual anatomy and masturbate and learn her new sexual responses and experience her first orgasms as a woman - learning what most girls do in their teens during puberty. The arousals will gradually intensify as her genital area fully heals from the GRS. Masturbation and sexual activity

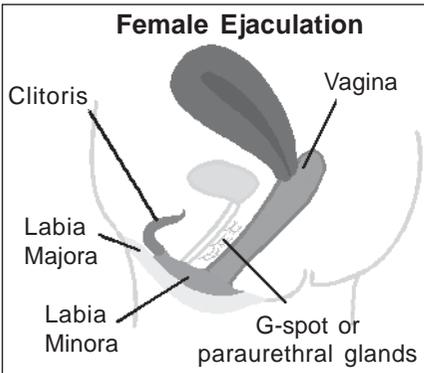
can play a role in helping neural regeneration and sensitivity during this period.

There are many ways to masturbate but one favourite way for girls to do it is to 'rub on a pillow'. The girl does this by lying face down on her bed, with a firm pillow between her legs. This way she can rub her vulva and clitoris on the pillow while squeezing it, putting pressure on her clitoris and also being able to thrust and thrash around. At the same time she can play with her breasts and body with her hands. Alternatively, she can rub her clitoris with the fingers of one hand while squeezing her legs and thrashing around to stimulate her body. There are many other ways to stimulate arousals and produce orgasms, including using vibrators and other female sex toys or even fantasies to trigger and enhance arousals and orgasms.

The sexual experience for the post-operative woman is much more 'internal' within and throughout her whole body than for a male. The arousal may start in her genitals but then can spread all through her lower body, especially inside the muscles. Her skin becomes more sensitised to caressing and touching. The oestrogen seems to also enable a powerful 'heat' to fill the woman's whole body once she is aroused - and especially once she is being penetrated.

Since her whole body becomes much more sensitive to touch as she get fully aroused, she is not stimulated so much by her partner's appearance as by the way he (or she) touches her and manipulates her body and the way his (or her) voice sounds. She

doesn't feel the hard focused drive to quickly achieve orgasm as do males but instead feels a desire to let go and thrash around and be 'handled' and gradually heighten her erotic feelings. It isn't what she is seeing that counts as much as what she is feeling and hearing and how her body is being manipulated by her partner, as she yields to the wonders of sexual heat and lovemaking.



Finally, the TG woman will get up on a 'plateau' and realise that an orgasm is going to come. The orgasm starts and steadily spreads throughout her genital area, with the genital nerves

becoming tremendously sensitised as it spreads.

After climax, the transsexual woman feels a sudden relaxing and calming effect that is somewhat similar to what it is like for men. But unlike when she was male, she may often feel aroused and sexy again rather soon after having sex, often getting firm internal erections. Even though it may be difficult for her to achieve orgasm again until some time has passed (a few hours to a day or so), she may feel a desire for sex again right away anyways. These re-arousals are a really wonderful feeling and can enable sweet sessions of touching and cuddling with a loving partner after intercourse.

Tips for Post-Operative Women

Some issues arise for post operative girls who seek love partners. They may feel strong concerns about whether their bodies and genitals look passable enough for them to be really accepted as women. For lovemaking to work, she and her partner must both be aroused and be comfortable with each other and they must find sweet and compatible ways to share and enjoy lovemaking together.

Even if she finds a caring man who turns her on and who is a good lover, she may still need some advance practice in order to easily reach orgasm. Some of this depends upon the sexual positions they both like best and upon how they have previously been masturbating. She may need to modify her private masturbation habits and migrate to positions and stimulations more similar to those she experience during intercourse with her partner. Also, she should tell her partner what she likes. If he enjoys being with her and wants to make her happy, he will try to help her feel good about herself.

Comparison of physical manifestations during various stages of sex

	Female	Male	Eunuchs
Excitement	<ul style="list-style-type: none"> • The clitoris is engorged with blood and becomes erect and highly sensitive. Breasts may increase in size by up to 25%. • The inner and outer lips of vulva fill with blood, increase in size and lift and separate to reveal the vagina. • The upper two thirds of the vagina begin to lubricate and this slowly slides down to the external lips. This 	<ul style="list-style-type: none"> • Penis engorges with blood and becomes erect. The average male erection is 6 inches long though this varies greatly. • Scrotum thickens and testicles rise to protect them when thrusting. • Some eastern mystics and sports coaches believe that ejaculate is so full of essential nutrients that it should be retained 	<ul style="list-style-type: none"> • They have sensation in breasts and lips. They show a marked preference for being hugged and kissed at varied locations. • The face and thighs swell up due to an inflow of blood, breasts become gorged with blood and firm up, swelling in size. <p>Note: The above is not true in case of category 1 eunuchs. These characteristics are</p>

	Female	Male	Eunuchs
	<p>lubrication varies in quantity and texture at different times of the month.</p> <ul style="list-style-type: none"> • The vagina becomes longer and wider ready to accommodate a penis. 	<p>whenever possible. This is also used as an explanation of why men so often fall asleep straight after sex.</p>	<p>prevalent to some extent in category 2 eunuchs and always in case of category 3 eunuchs.</p>
Plateau	<ul style="list-style-type: none"> • The vagina continues to expand and balloons at the top to form a seminal pool. • The clitoris retracts behind the clitoral hood. It is possible that for some women it is too 	<ul style="list-style-type: none"> • Penis reaches full erection and the glans increases in diameter and deepens in colour. • Urethra increases in diameter. 	<ul style="list-style-type: none"> • Nerve sensation is maximum at the location of the clitoris (though the upper part of the vagina is fused).

	Female	Male	Eunuchs
	<p>sensitive for direct stimulation.</p> <ul style="list-style-type: none"> • The uterus lifts into a “false” body cavity to protect it from being buffeted by a thrusting penis. • The lower third of the vagina becomes heavily congested with blood and PC muscles begins to tighten forming what’s known as the ‘orgasmic platform’. 	<ul style="list-style-type: none"> • Cowpers Gland secretes a fluid which both lubricates and cleanse the urethra (often known as pre-cum). • Testicles become fully elevated and increase in size by up to 25%. Once the testicles are fully elevated, ejaculation is imminent. 	
Orgasm	<ul style="list-style-type: none"> • Up to 62% of women may experience ejaculation. This may 	<ul style="list-style-type: none"> • The prostate, vas deferens and seminal vesicles contract and 	<ul style="list-style-type: none"> • In many eunuchs, the body becomes loose. This gives them

	Female	Male	Eunuchs
	<p>be due to stimulation of the G-spot or excess lubrication being expelled by the contractions.</p> <ul style="list-style-type: none"> • The orgasmic platform pulsates. PC muscles, uterus and rectal muscles all contract at approximately 0.8 second intervals. 	<p>collect the ejaculate in the urethral bulb. The sensation is often referred to as the point of inevitability.</p> <ul style="list-style-type: none"> • The penis and pelvic muscles contract at about 0.8 second intervals and force out the ejaculate. <p>Note: It is possible to orgasm and not ejaculate and vice versa, though this is relatively rare.</p>	<p>high satisfaction and a feeling of relaxation.</p> <ul style="list-style-type: none"> • In about 4% of category 2 and 12% of category 3 eunuchs, there is ejaculation and a clear odourless fluid is released from the urethra. <p>Note: Ejaculation may or may not take place. However, the other characteristics peak and then after achieving an 'orgasmic' state, begins the process of resolution.</p>

	Female	Male	Eunuchs
Resolution	<ul style="list-style-type: none"> • The uterus descends from its “false” position and the cervix dips into the seminal pool to draw up semen into the uterus. • The vagina begins to return to normal size though the lower third returns more quickly than the upper two third. • The cervix continues to remain open for a further 20-30 minutes. • The clitoris begins to descend to the usual position. 	<ul style="list-style-type: none"> • Half of the erection is lost quickly, the rest gradually subsides. • Scrotum returns to normal. • During the resolution phase, men experience the refractory period, when the testes are restocking and preparing to ejaculate again. Until they're ready, the penis will not respond to stimulation. The duration ranges from 	<ul style="list-style-type: none"> • The swollen face, breasts, urethra and thighs come back to normal.

	Female	Male	Eunuchs
	<ul style="list-style-type: none"> • Inner and outer lips return to usual size. 	<p>a few minutes to hours or even days, depending on health and, more particularly, age.</p> <ul style="list-style-type: none"> • Testes lose swelling and gradually descend. 	
Refraction period	<ul style="list-style-type: none"> • Women can perform again with almost no loss of time. 	<ul style="list-style-type: none"> • Men need a time interval of about 1-6 hours in order to perform again. 	<ul style="list-style-type: none"> • They can perform again with no loss of time. They can have multiple orgasms like females.
Masturbation	<ul style="list-style-type: none"> • 67% of women in the 18-59 years age group accepted that they do it 	<ul style="list-style-type: none"> • 82% of all men aged 18-59 years agreed that they do it at least 	<ul style="list-style-type: none"> • Category 1 eunuchs say that they do not know about it.

	Female	Male	Eunuchs
	<p>at least thrice a year. The frequency is about 3 times more, when they have had past sexual experience with a man.</p>	<p>once during the month. This is irrespective of their marital status.</p>	<p>Category 2 eunuchs have some idea about it, while those from Category 3 are familiar with it. No eunuch admitted to ever having masturbated.</p>