

Sexual Arousal, Lovemaking and Orgasm

Many myths surround the effects of GRS on libido, sexuality and orgasm. 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 into love relationships, especially 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 woman's chances of experiencing her full humanity after transition, especially for finding and enjoying a passionate, deeply-bonded love relationship. Hence, many preoperative 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 right the chance to fully experience the joys of sex and lovemaking - and thus to finally enjoy a satisfying human life.

Myths versus Reality and the Decision to Undergo GRS

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 preoperative women and it also furthers prejudice against postoperative TS women, who are often thought of by the general public as having 'desexed' themselves.

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 counseling and practice, even males who have lost their genitalia to cancer can recover the capability for arousal and orgasm.

Furthermore, intensely TS women are not 'regular men'. They do not suffer a negative impact on body image as a result of GRS but instead find a greatly enhanced body image. GRS has the opposite effect on intensely TS women as would the emasculation of a typical male. GRS 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.

The myths and misunderstandings about the effects of GRS cause many preoperative TS women to remain in a state of indecision about having surgery. Although feeling an intense need to undergo GRS to achieve physical conformity with their gender identity, some preoperative people may also feel extreme anxiety about whether or not they will still experience sexual arousal and orgasm after GRS.

This anxiety is enhanced by stories heard from many TS transition failures, including the cases of intense cross-dressers, drag queens and cross dressers who mistakenly underwent GRS for various sexual reasons and then found that their male libidos were greatly reduced and their male orgasmic capability eliminated. There have been so many of these misguided cases that the urban myths about GRS have escalated over the years and there is now a lot of confusion about what to expect after GRS.

On the other hand, many other transsexual girls learn to visualize from their preoperative sexual experiences that they'll probably still 'turn-on' sexually and be orgasmic as women after GRS: Many preoperative 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 or taping). In this configuration, the penis cannot usually get enough blood supply for full external penile erection. The girl nevertheless experiences the familiar female 'glow' and warmth throughout her interior genital region when she is aroused, for example, by a man's warm attentions. 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, preoperative women can visualize 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

postoperative. In addition, the postoperative woman can also experience wonderful sensations from caressing her clitoris, which in contrast to the previously hidden penis, can now be openly played with without her experiencing undue concern about her body-image.

Thus, there are many dimensions to postoperative women's sexuality and the actual postoperative 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 over time. Those who are 'in between somewhere' will likely 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 and sexual and also upon a successful surgical result.

Thus the decision for GRS must be taken with great internal soul searching and introspection and with complete honesty with oneself about one's own gender identity, body image and likely psychic reactions to the body changes of GRS. This is especially true if sexual arousal and orgasm are very important in one's life. 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.

Opposites attract each other. In humans, just as in animals, birds and insects, males and females are attracted to each other. Even opposite magnetic or electric poles attract 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 various successive stages of male, as well as female arousal are:

Initial Sexual Response of Postoperative TS Women: Entering a Second Puberty

While the psychological impact of such surgery would cripple the libido of a normal male, the effect on a young transsexual girl is just the opposite. The surgery is liberating and enables a fuller expression of her sensuality and libidinous feelings. There is a wide range of libidos in postoperative 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 at all. Just as in the case of modern postoperative transsexual women, 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). For example, although eunuchs lack vaginas, many greatly enjoy (to orgasm) penetrative (anal) sexual activities with men. Because of their complete emasculation, eunuch genitalia and pelvic regions look very 'girly'. Many men in India greatly enjoy lovemaking with eunuchs and thus these unfortunate people can find some small measure of intimate contact, passion and love in this life.

Most postoperative women having healthy libidos begin to experience their first postoperative arousals within a month or two 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 postoperative 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. However, even these postoperative women will eventually begin to experience genital arousals and the onset of sexual desires if they have active libidos.

Consider also these words from the webpage *Zen and the Art of Post-Operative Maintenance*: 'Another factor in sexual function is her endocrine system ... After surgery, some women find that their adrenal glands (the other source of testosterone) do not produce enough 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. Not everyone requires this but keep in mind that some do.'

Many natal women who are having difficulty in feeling turned-on and in achieving orgasms (especially post-menopausal women) are now taking Estratest tablets, which contain a combination of estrogen and small amounts of testosterone. Although Estratest is a somewhat controversial treatment, many natal women began taking it after it was featured in a story on Oprah Winfrey's hugely popular television show in the U.S. As a result of this news and of advice like that on the Zen page, some postoperative women who were experiencing difficulty in arousals and orgasms began using Estratest too and some report that the therapy helps them. These tablets contain either 1.25 mg or 0.625 mg of estrogens (as in Premarin tablets) but also include a small amount of testosterone in each pill. There may be some kind of threshold effect involved here, whereby some women need a small amount of testosterone to maintain orgasmic capability. On the other hand, many other postoperative (and post-menopausal) women enjoy strong orgasms even in the complete absence of testosterone.

In any event, once a postoperative woman begins experiencing arousals, the nerves in the clitoris and vulva surfaces become highly sensitized 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. The arousals will gradually intensify as her genital area fully heals from the GRS. Masturbation and sexual activity can likely play a role in helping neural regeneration and sensitivity during this period. Therefore, these techniques should be practiced in proper ways to gain the maximum benefits.

There are many ways to masturbate but one favorite 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. And there are many other ways to stimulate arousals and produce orgasms, including using vibrators and other women's sex toys. Girls discover these ways just as automatically as boys discover 'jerking off', even though girls have been more secretive about it in our society in the past.

While masturbating, the pubertal girl suddenly begins to experience her first orgasms and she is then on her way to developing her full sexuality as a woman. In just the same way, the postoperative 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.

It is also important to try to get over hang-ups about what's 'OK' and what's 'naughty'. Then too, many women enjoy experiencing playful anal stimulation, including using sex toys to overcome inhibitions and enhance arousals. Most women also learn to use fantasies to trigger and enhance arousals and orgasms. Those fantasies can be used during masturbation and then later used to help heighten one's experiences during intercourse with a lover.

Thus we see that transition and GRS are just the very beginning: They enable the TG to enter her new puberty. What she will make of herself as a woman is yet to be determined!

Some Advice to Postoperative Women about Finding the Right Lover and Losing Their Virginit

This section is aimed at postoperative women who have gained some experience with their new bodies and new sexual responses and for whom 'losing their virginity' is now a 'goal'. This can be a good thing to get behind you, because she'll be much more comfortable in the knowledge that she can really 'do it' and it'll be easier the next time when it might really count.

By doing this she can get over her fears of whether she will pass or 'look OK' in the sack and whether her body or scars or whatever will lead to comments or difficulties. It

turns out that most men won't notice a thing even in very problematic cases as long she is sexually functional. Most men just don't look very close. And there is such a wide range of vulvar appearances among natal women that most postoperative women look OK anyways. So she'll soon be able to relax about all that and feel comfortable 'cutting loose' and enjoying lovemaking without being self-conscious.

However, it is important to avoid doing it with someone whose persona or approach doesn't turn her on or who doesn't try to make her feel good. By expecting sex with 'just any man' to be fun, they can become extremely disappointed. They may mistakenly think that men know how to turn them on, instead of needing to get aroused themselves. They may simply discover that they have little or no genital sensation when they are not turned on, even with the man penetrating them and ejaculating into them. This can erroneously lead them to believe that they 'lack sensation', leading to all sorts of fears and worries. Instead try hard to find someone she have something in common with and with whom she can test out if there is any 'chemistry' in advance, before jumping into the sack. And of course, she really should try to figure out if the man is a nice person who won't get violent with her if he somehow 'finds out'.

However, not 'feeling much' when having sex with a man while she is not turned on is pretty much the same for all women, TS or not! It is a common experience nowadays among young teenage girls who cave in under pressure to 'have sex with someone'. It's not even a lot different from the situation a man who isn't turned on faces while being pressured to have sex by a girl. Touching, rubbing and attempting intercourse simply do not feel good and do not produce results, unless she is turned on! Also, just as for any genetic girl, postoperative women should not expect much sensation from inside the vagina. Most of the sensation when she is turned on will be from the external clitoral area and the outer vulva (for the TS woman there will also be strong sensations from the erect corpora and the prostate inside her). That's why 'being in love' with someone really does mean something.

Many of these same issues arise for postoperative girls who seek women as love partners. They may feel even stronger concerns about whether their bodies and genitals

look OK and whether they will really be accepted as women. On the other hand, they may feel a lot less physical fear of their partners than do girls going out with men. Beyond this, the situations are similar: For lovemaking to work, she and her partner must both be aroused and be comfortable with each other and she must find sweet and compatible ways to share and enjoy lovemaking together.

Even if she finds a good loving partner 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.

An inside view of intercourse positions

Some intercourse positions make it easier for a woman to reach orgasm than others. Most men will let the transitioner tell them or guide them towards what she likes (i.e., what position sequence she likes to use). However, if she doesn't tell them what she likes, she may end up flat on her back in the 'missionary position' and get nothing out of it even if she is turned on!

Remember, she is no different from genetic women in that most of her sexual sensations will come from her clitoral area and outer-areas of the vulva and she won't feel much sensation from down inside her vagina unless she is highly aroused. Therefore, just like most other women, simple penile penetration alone is not going to do much for her (contrary to most men' misconceptions about female sexual response). It's very important to have some ideas of positions and lovemaking moves that will make both of them feel really good too.

For many women it may be easiest to control their erotic sensations during penetrative intercourse if she is 'kneeling on top'. Thus the 'woman on top' position is considered by

some women to be the easiest way to reach orgasm through intercourse alone, even without extra manual clitoral stimulation.

Kneeling on top of her partner, the woman can control the speed, rhythm and angle of penetration in a way that arouses her most. She can move her pelvis against her partner's so that her clitoris rubs against his pubic bone (and pressure can be applied to her aroused corpora stumps, inside her and just behind the clitoris), which is an effective way to trigger an orgasm in many cases. At the same time, either the woman or her man can play with her breasts, adding to the erotic sensations she feels. If kneeling all the way down doesn't quite work, the woman can raise her torso slightly so that either she or her man can play with her clitoris by hand even while he is still inside her.

Instead of trying to 'both come at once', as if that were some sort of ideal goal, it is usually best for the woman to come first. That way she can be sure to come even if it takes some time. Playfully and lovingly swapping back and forth between penetration and then manual or oral stimulation of the girl's clitoris and vulva can help her get really aroused and reach orgasm. Once the woman has had her orgasm, she can flip over and wrap her legs firmly around her man's back and let him enjoy mounting her from above and thrusting hard into her while he approaches his orgasm and ejaculation.

These same concerns arise if her partner is a woman. There is a need to explore for positions and methods that work and for signaling about things such as shifting positions, who should come first this time, etc. The shared experiences of developing really satisfying lovemaking skills together is an important part of falling deeply in love and fully emotionally bonding with her partner.

Once she is comfortable making love and reaching orgasm in basic sex-positions, she and her partner may want to explore more advanced techniques in order to keep her love-life fun and exciting. There is a wide variety of excellent books and videos available

to help a woman get over various hang-ups and become more comfortable thinking about and then enjoying lovemaking.¹

Pre and Post Operative Genital Experiences, Arousal and Orgasms

The results of GRS are made immediately obvious to the postoperative 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, reminded in the same way that all the other girls are.

On the other hand, there is a really great advantage to having female genitals that soon becomes obvious too: Your sexual arousals are no longer 'visible to others'. Just as for any other woman, the postoperative woman does not have to constantly suppress her arousals like men do. It's great to be able to engage in fantasies and visualizations and get aroused at any time she wants to. She can let herself get aroused any time she wants to and can stay aroused for long periods of time without others 'seeing anything', just as many other women do. This freedom can help a woman create and firmly establish a healthy libido. She can hook-up her brain with her genitals without much 'censorship' going on.

On the contrary a lot of men have problems with getting erections simply because they have to constantly avoid having erections. In other words, they get much more practice in avoiding erections than they do in getting them! Women do not need to 'censor' their arousals in that way. If they have no religious or other types of hang-ups about sex and lovemaking, they can easily practice and enjoy getting aroused as much as they like and can develop very healthy libidos as a result. This advantage can help the

¹ **Note:** If the man has difficulty 'staying up' long enough for the woman to reach orgasm, the solution is simple: Viagra! With Viagra almost any man can get good firm erections and many healthy men can easily 'stay up' for an hour or more by using it. Women should not hesitate to suggest Viagra or any of its substitutes to their men, because it can be a wonderful lovemaking enhancer. Since Viagra helps their men stay excited longer and takes pressure off their men, it can help women reach orgasms who otherwise can't reach soon enough - by giving them plenty of time to reach a climax. A few of them have even used opium, marijuana for staying on. The fact should be borne in mind that such drugs do more harm than good.

postoperative woman get into her sexuality fairly quickly and help her learn a lot in just the first year or two postoperative.

Once she begins experiencing arousals and engaging in sexual activities, one major thing becomes immediately obvious. Orgasm feels really different as a woman. It may not be quite as easy to achieve and may take longer to achieve but it can be a much more powerful sensation than any she ever experienced before as a boy. It feels kind of like she is being gently stimulated with electricity inside and throughout her entire genital region. The experience can vary a lot from orgasm to orgasm in the way in which the 'neural halo and spasmodic colors' of the orgasm develop, spread and feel. It seems almost as if most men so easily and quickly reach ejaculation that they never manage to get 'high enough' sexually to trigger this more powerful form of orgasm.

In addition, there are real differences in 'body feelings' during lovemaking between the male and female experience (although many of these feelings will be 'female' in form for preoperative TS women too). Most males are usually stimulated visually by their partner's body-appearance. This desire comes on suddenly and quickly becomes quite overpowering, with most of the sexual sensations coming only from within the penis itself causing a quick ejaculation, followed by quite a sudden letdown and loss of any interest in sexual activity. On the other hand the sexual experience for the postoperative 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 all over her body becomes more sensitized to caressing and touching. The estrogen 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. Having this heat come over her in the absence of a partner and without any satisfaction can make her feel like 'climbing the walls' or 'thrashing around in her bed'.

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. And usually she'll like to take some time to do this and enjoy this, instead of just 'rushing for ejaculation' like most men do.

Finally, the TG woman will get up on a 'plateau' and realize that an orgasm is going to come. This is a truly wonderful feeling. At some point, the orgasm starts and spreads throughout her genital area, with the genital nerves becoming tremendously sensitized as it spreads. Just like natal women, transsexual women often experience a strong urge to 'vocalize' just before and during orgasm - moaning, squealing, screaming and making other loud noises while they come. The sound and internal body sensation of these vocalizations can greatly heighten the intensity of the orgasmic experience for many women. Hence postoperative women shouldn't be afraid to let out loud moans or screams when they come. It is perfectly natural and can help transform ordinary orgasms into ecstatic ones. In contrast, very few men vocalize when they ejaculate, other than making a few grunts. Perhaps the difference is hormonal, with testosterone blocking these emotional vocalizations, just as it blocks emotions such as 'crying' in males.

After climax the transsexual woman feels a sudden relaxing and calming effect that is somewhat similar to what it is like for boys. But unlike when she was a boy, she may often feel aroused and sexy again rather soon after having sex, often getting firm internal erections again soon after her orgasms. 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 snuggling with a loving partner after intercourse.

Sexual Behaviour of a Eunuch

Ask a eunuch about her sexual preferences, practices and habits. She will give you an expressionless stare. For them, the sexual experience is akin to eating bland boiled food or eating after prolonged dosage of antibiotic. Similar to other sexually oppressed societies, sex is taboo and a forbidden thing for eunuchs and it can not be discussed in the open. Traditionally, they are not supposed to indulge in any sort of sexual practice, even in private. Sex is considered inhuman for them since they are deprived of a clear gender. Eunuchs are made to believe that sex is for normal men and women, for the purpose of reproduction and as they belong to neither sex and are also incapable of reproduction, they should not indulge in sexual practices. The sad truth is that it is inhuman to kill one's natural physical urges.

Nature has its own rules and it can never be undermined. Like energy that is created, suppressed feelings also come out of one's mind either in a constructive or destructive way. As they are made to believe against sexual practice, eunuchs will never agree that they have ever been involved in any sort of sexual activities or were sexually inclined towards some other person of either the same sex or the other. Despite their disagreement, the fact is that they too are in search of sexual pleasure and emotional companionship.



The sexual behaviour of a eunuch can be broadly classified into 3 categories:

- 1) **Asexual:** Those who are never sexually aroused. They rarely like to be touched by males and never by females. While sleeping in their homes, they prefer to sleep away from fellow eunuchs, even though the distance may be as little as one foot because space is in short supply in their dwellings. They never get involved in any type of sexual activity and have negligible knowledge of the sexual behaviour of human beings. They may have seen a penis or a vagina but will never talk about sex. These are the teachings of their community. About 43% eunuchs fall into this category. They hold the following category 2 & 3 eunuchs in disregard.

- 2) **Moderately Sexual:** Those who have mild sexual arousal. They feel excitement sometimes, though it is always for male company and never for a female partner. When a male hugs or kisses them, they get pleasure. The duration of their excitement lasts up to 20-25 minutes, while the male partner hugs, kisses and sucks the breast of the eunuch. Sometimes very rarely they also derive pleasure by rubbing their rudimentary sex organs with other eunuchs. However, they

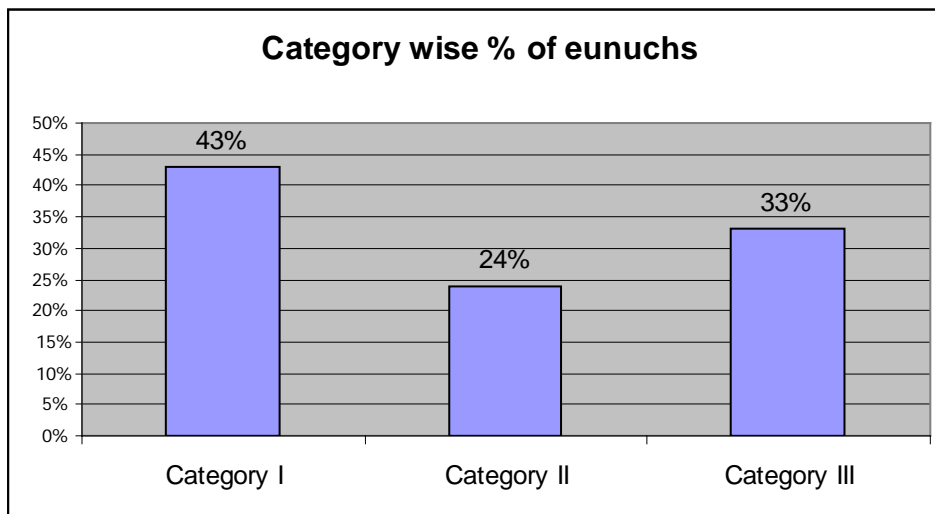
never experience orgasm. They may have seen pornographic films and are familiar with the penis.

They indulge in clandestine sexual acts to earn money. During sex, the male partner usually penetrates them through the anus. However, they are afraid that if the guru comes to know about their sexual activity, they will be punished. For one session lasting for about 2 hours, they charge between Rs. 100 to Rs. 250. They usually have fixed customers who use their services regularly. There are risks involved but customers are often willing to incur them in search of pleasure. The looks of a eunuch matter greatly while soliciting a client and therefore they are careful about their looks. Approximately 24% eunuchs fall into this category. They interact with eunuchs of category 3 and often wonder what an orgasm feels like.

Highly Sexual: Eunuchs of this category are sexually very active and full of lust. Their sexual behaviour is like that of an oversexed lady. These eunuchs do not have vaginas and they do not have sex with females. They always take male partners. They perform oral sex, between the thighs from the front or in the anus. Occasionally, they may indulge in sex for pleasure though mostly, they do it for money. It is often said that once a man has sex with a eunuch, he never goes back to normal sex with a woman. A normal prostitute soon gets exhausted but this is not the case with a eunuch. Some eunuchs have also learnt better stimulation techniques. They have flat stomachs and better body shape than regular prostitutes because they are always on the move. Also, their skins on average, are better than the average woman's skin in texture. The most sensitive organs in a eunuch's body are her lips and a point about 2" below the urethra, where nerve endings are maximum.

Eunuchs in category 3 also do not always experience orgasm. They are mostly satisfied with kissing, hugging etc. But these category 3 eunuchs experience orgasm sometime. When a male caresses them tactfully, they feel excitement

throughout their bodies and get orgasm. They like to watch pornographic movies because in the case of eunuchs, oral sex plays an important role.



Some facts about arousal and orgasm in eunuchs

- When a suitable environment is present, orgasm occurs in a eunuch after 15-20 minutes of peak sexual arousal. During orgasm, a semi thick, colourless, watery fluid is discharged from the urethra. On drying, it leaves a light grey coloured mark on a transparent slide. When viewed under a microscope, no sperms were found. The quantity of ejaculated fluid varies between 1/10 ml to 1/2 ml. A few eunuchs experience such discharge and they feel a high degree of satisfaction and ecstasy. They become absolutely happy and relieved. Besides receiving money, they wholeheartedly thank the male partner for this gift of orgasm.
- Eunuchs normally empty their bowels before the sexual act. Because of this, the penis comes out clean in all cases. The anus has sphincter (capable of contraction) muscles. It is stretchable and loaded with nerves – meaning it imparts a high degree of excitement when stimulated properly. All eunuchs feel some pain when the penis penetrates the anus. The intensity of pain varies and regularly sexually active eunuchs experience less pain, since the anal muscles have acquired some elasticity due to constant use. The anus and rectum do not produce natural lubrication like a vagina does. Hence, eunuchs use jelly

lubricants to facilitate anal penetration. Some use saliva but that is not as effective as jelly lubricants and is ultimately painful. During sex, eunuchs have their partners insert the penis inside their (the eunuch's) anus slowly, so as not to get hurt. They also use condoms in order to avoid sexually transmitted diseases.

- Most eunuchs are curious to know what category they belong to and some are even keen to change their category, since there is a general prevalent feeling among eunuch society that only category 1 eunuchs are 'true' eunuchs and bestowed with their 'divine' powers.

Comparison of physical manifestations during various stages of sex

	Female	Male	Eunuchs
Excitement	<p>The clitoris is engorged with blood and becomes erect and highly sensitive.</p> <p>Breasts may increase in size by up to 50%</p> <p>The inner and outer lips fill with blood, increase in size and lift and separate to reveal the vagina.</p> <p>The upper two thirds of the vagina begin to lubricate and this slowly slides down the vagina on to the external lips. This lubrication varies in quantity and texture at different times of the month.</p> <p>The vagina becomes longer and wider ready to accommodate a penis.</p>	<p>Penis engorges with blood and becomes erect. The average male erection is 6 inches long though this varies greatly.</p> <p>Scrotum thickens and testicles rise to protect them when thrusting.</p> <p>Some eastern mystics and sports coaches believe that ejaculate is so full of essential nutrients that it should be retained whenever possible. This is also used as an explanation of why men so often fall asleep straight after sex.</p>	<p>They have sensation in breasts and lips. They look to being hugged and kissed. Kissing at varied locations e.g. face, scalp, neck, shoulders, breasts, nipples, abdomen, waist, buttocks, thighs and back of legs. They too have personal preferences.</p> <p>This does not happen in case of category 1, happens occasionally in category 2 and always in case of category 3 eunuchs (see page).</p>
Plateau	<p>The vagina continues to expand and balloons at the top to form a seminal pool.</p> <p>The clitoris retracts behind the clitoral hood. It is possible that for some</p>	<p>Penis reaches full erection and the glans increases in diameter and deepens in colour. Urethra increases in diameter.</p> <p>Cowpers Gland secretes a fluid</p>	

	<p>women it is too sensitive for direct stimulation.</p> <p>The uterus lifts into a “false” body cavity to protect it from being buffeted by a thrusting penis.</p> <p>The lower one-third of the vagina becomes heavily congested with blood and pubococcygeus muscles begins to tighten forming what’s known as the “orgasmic platform”.</p>	<p>which both lubricates and cleanse the urethra (often known as pre-cum).</p> <p>Testicles become fully elevated. They increase in size by up to 25% Once the testicles are fully elevated, ejaculation is imminent.</p>	
<p>Orgasm</p>	<p>Up 10% women may experience ejaculation. This may be from the G-spot or excess lubrication being expelled by the contractions.</p> <p>The orgasmic platform pulsates. PC muscles, uterus and rectal muscles all contract at approximately 0.8 second intervals.</p>	<p>The prostate, vas deferens and seminal vesicles contract and collect the ejaculate in the urethral bulb. The sensation is often referred to as the point of inevitability.</p> <p>The penis and pelvic muscles contract at about 0.8 second intervals and force out the ejaculate.</p> <p>NB: It is possible to orgasm and not ejaculate and vice versa, though this is relatively rare.</p>	<p>In many eunuchs, the body becomes loose. In some cases, there is ejaculation and a clear odourless fluid is released from the urethra. This gives them high satisfaction and a feeling of relaxation.</p> <p>The face and thighs swell up due to an inflow of blood, breasts become gorged with blood and firm up, swelling in size.</p> <p>NB: Ejaculation may or may not take</p>

			place. However, the other characteristics peak and then after achieving an 'orgasmic' state, begin the process of resolution.
Resolution	<p>The uterus descends from its "false" position and the cervix dips into the seminal pool to draw up semen into the uterus.</p> <p>The vagina begins to return to normal size though the lower third returns more quickly than the upper two thirds.</p> <p>The cervix continues to remain open for a further 20-30 minutes</p> <p>The clitoris begins to descend to the usual position. Inner and outer lips return to usual size.</p>	<p>Half of the erection is lost quickly then the rest gradually subsides, Scrotum returns to normal.</p> <p>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 length of time ranges from a few minutes to hours or even days, depending on health and, more particularly age.</p> <p>Testes lose swelling and gradually descend.</p>	The swollen face, breasts, urethra and thighs come back to normal.
Refraction period	Women can perform again with no loss of time.	Men need a time interval of at least 1-6 hours in order to perform again.	They can have more than one orgasm like females. They have no refraction period.
Masturbation	67% of women in the 18-59 years	82% of all men aged 18-59 years	Eunuchs from Category 1 say that

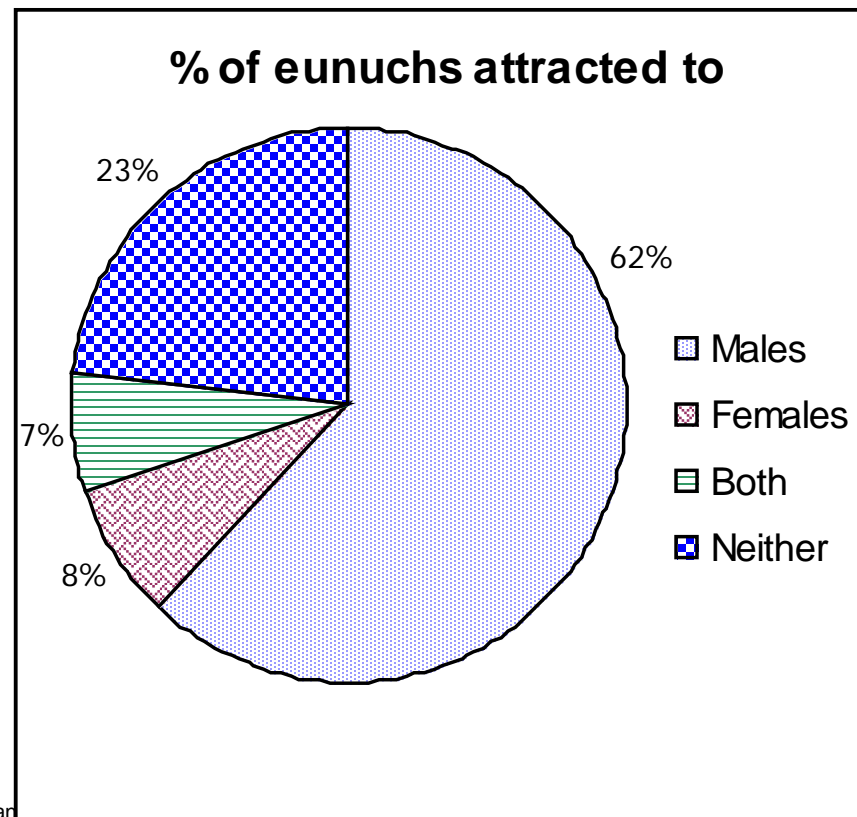
	<p>age group accepted that they do it at least thrice a year. The frequency is 3 times more, when they have had past sexual experience with a man.</p>	<p>agreed that they do it at least once during the month. This is irrespective of their marital status.</p>	<p>they do not know about it. Those from Category 2 have some idea about it, while those from Category 3 know about it. During my survey, none of them admitted to having ever masturbated.</p>
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During the author’s interaction with several hundred eunuchs, he could not find a relationship between their looks and sexuality.

Broadly speaking, they fall under four categories:

- Eunuchs sexually attracted to males 62%
- Eunuchs sexually attracted to females 8%
- Eunuchs sexually attracted to both 7%
- Eunuchs sexually attracted to neither 23%

(Note: The eunuchs consider themselves closer to females. Therefore they are more attracted towards females the PAIS of see....)



- attracted to males
- attracted to females
- attracted to both
- attracted to neither

consider themselves closer to physiologically and sexually towards males, compared to Grade 4 to 7. For PAIS grades

