

A Role for Mindfulness Meditation in the Treatment of Sexual Addictions

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Introduction

Mindfulness is a method of awareness and introspection which involves a conscious attempt to focus attention intensely on the present moment, noting thoughts, feelings, perception, images and sensations without judging them, participating in them or acting on them. It is observation of the contents of our mind as they appear and disappear *without reacting to them*. Every thought and every emotion dies its natural death if not fuelled by the *judgements and emotional reactions* of the individual experiencing them. The typical reactions that arise are those of craving for, or aversion to, things. Detached observation, with suspended evaluations and mental reactions, does not encourage the suppression or expression of emotions but sees with impartiality, making it possible for individuals to deal with these emotional reactions appropriately. It enables clients to become aware of experiences without being attached to them.

It may seem an almost impossible task to eradicate all cravings and aversions (and one might question the desirability of such an endeavour when one sets out on this path) but what one can hope for initially is freedom from one's fears and addictions to one's desires, which can be a hindrance to the real goals of life. Mindfulness meditation enables clients to transform their reactions (which are conditioned) into actions that are based on a free choice. The central aim of mindfulness is to free individuals from the restricting influences of strong emotions, both positive and negative.

Mindfulness meditation has been practiced in the eastern world for more than 25 centuries but only recently has it become popular in the West. The reasons for this could be many. Firstly, in Buddhist traditions, until recently, teachers were forbidden to teach this technique to householders, as it was reserved only for the monks who chose to dedicate their whole lives to attaining spiritual goals. Secondly, in the last decade or so, the scientific community has become more open to the spiritual aspects of mental health. This relates to the realisation that the holistic understanding of consciousness is possible only when we study the subjective experiences of the individual as a legitimate area of scientific enquiry.

Mindfulness meditation is based on the assumption that our minds have a natural ability to undo stress, and that this ability is regulated by certain homeostatic mechanisms. These mechanisms are activated during meditation as individuals get connected with their inner state of affairs by way of becoming aware of their inner body sensations. For instance, they can become aware of sexual urges before these urges manifest in the form of thoughts and behaviours. Mindfulness, therefore, acts at a precognitive level. It also helps clients deal with their strong emotions (cravings and aversions) by using certain cognitive strategies i.e. understanding every experience in terms of transitoriness and not identifying with them. This allows clients to become detached from the activity of the mind.

Mindfulness has been used successfully with clients suffering from low sexual desire and arousal difficulties (Kocsis, 2005) but in my opinion it can also be used in treating sexual addictions, since traditionally it has been used successfully in treating cravings of all sorts (www.dhamma.org, 2006).

This essay discusses the role of Vipassana which is a form of mindfulness meditation in treating sexual addictions.

Sexual addictions

Sexual addictions have existed at all times in human history and one can find several descriptions in literature of people who tend to over indulge in sexual activity to the point that it is detrimental to their normal life (Krafft-Ebbing, 1886; Ellis, 1905; Hirshfeld, 1948). However, in recent times the Internet has changed its whole nature, a concept that has gained scientific credibility. Sex addicts anonymous (SAA) estimate that six percent of British population are sex addicts whereas Dr Robert Lefever, of the PROMIS Centre for Addiction and Recovery, puts the same estimate at one percent. He argues that the clients with core symptoms of sexual addiction have high levels of distress and that they have suicidal thoughts. According to Dr Lefever, the questions that establish the diagnosis are: Have you had or do you have sex with someone you don't (didn't) want to have sex with? Or, Do you feel that you are not really alive unless you are with your sexual/romantic partner? (Telegraph, 19 Oct, 2003). This appears to be a very restrictive way of defining sexual addiction.

A more moderate definition of sexual addiction would to define it in terms of three core features: loss of control, continuation of the behaviour despite adverse consequences and presence of withdrawal symptoms.

James Orford was the first investigator who described sexual addictions under the heading of sexual dependency in the early 1970s and his paper was published in the British Journal of Psychiatry. The disorder was introduced in the official psychiatric nomenclature i.e. DSM III R but unfortunately it was excluded in the DSM IV due to insufficient scientific evidence supporting its validity. There is little doubt about its existence but its scientific validity has been questioned on the grounds of unnecessarily medicalising a behaviour pattern.

Patrick Carnes (1998) coined the term sexual addiction and wrote a book on this topic entitled *Out of shadows: understanding sexual addictions*, which became hugely popular and established it as a valid diagnostic entity. Aviel Goodman has also described it as a form of addiction. Since then, numerous authors have studied this phenomenon using different theoretical constructs. Hollander (1993) labelled it as an obsessive-compulsive spectrum disorder whereas Barth and Kinder (1987) argued that this sexual syndrome should be designated 'sexual impulsivity'. Mart Kafka and Reid Finlayson have described it as non-paraphilic hypersexuality and problematic hypersexuality respectively. Sexual addictions have also been described it as intimacy disorder, affective spectrum disorder etc.

The conventional treatment of sexual addictions

The various behavioural methods employed in treating sexual addictions are oriented either towards assisting individuals reduce the erotic quality of their sexual interests or in shifting the balance of erotic arousal potential from paraphilic interests to non-paraphilic interests. The commonly used behavioural approaches are: aversion conditioning, covert sensitisation, masturbatory training and imaginal desensitization (Goodman, 1998). More recent approaches have tried to integrate cognitive, behavioural and social learning perspectives that focus on interpersonal and behavioural issues alongside the behavioural ones

A number of different treatment approaches that have been successful in treating other addictive behaviours have been tried for sexual addictions as well with similar beneficial results. The commonly used approaches are cognitive behavioural techniques, experiential therapies, relapse prevention programmes and the 12-step Alcoholics Anonymous approach.

12 Step AA approach adapted for sexual addicts

The therapeutic ingredients relevant to sexual addictions in the 12 step approach are; facing the harsh reality of being an addict, surrender to higher power, making amends for past wrongs, instillation of hope etc. Patrick Carnes (1993) has described in his book how these 12 steps could alter the core beliefs that underlie sexual addictions and has developed a structured and intensive six stage recovery programme along the lines of a chemical dependency treatment programme. The programme also involves members of sex addicts' families and includes a relapse prevention programme.

Relapse Prevention Programmes

This consists of three primary components: risk recognition, urge-coping and slip handling. Risk recognition makes clients aware of the sequences of steps that culminate in episodes of symptomatic behaviour, key features or patterns that different sequences share, and triggers that precipitate the sequences. Urge coping involves behavioural and cognitive strategies and engaging in an activity that precludes the next step towards sexually acting out. Slip-handling skills are developed in order to prevent progression to relapse after an episode of symptomatic sexual behavioural slip has occurred.

Carnes (2005) headed a research team and carried out an extensive month-by-month overview of a 5-year recovery process of 190 sex addicts. Clients were asked to note the helpfulness of various treatment options (see Appendix A). Subjects reported good improvement resulting from the 12 step programme/ higher power, individual therapy, periods of celibacy and support from friends. A similar programme developed by Quadland has been found to reduce the frequency of sexual compulsive behaviour at six months follow-up (1985).

In the UK Thaddeus Birchard (unpublished) has been working in this area and his team have developed two overlapping group programmes that include psycho-education, emotional intelligence, assertiveness training, experiential exercises. He understands sexual addiction as a disturbance of attachment and relatedness and uses groups to address these issues.

Mindfulness meditation

Mindfulness has its roots in the teachings of the Buddha some 2500 years ago. It was taught by him as a universal remedy for all sorts of human suffering. In recent times, mindfulness meditation has been used successfully in the treatment of a number of different addictive disorders such as alcohol and drug dependence, binge eating, smoking etc. (Hammersley and Cregan, 1986, Chawala et al, 2005, Bowen et al in press, Marlatt GA & Ostafin, 2005, Chandiramani et al, 2000) There is also ample evidence of its efficacy in treating anxiety and depressive symptoms, which are closely related to addictive behaviours.

In mindfulness traditions, the root cause of all human suffering is thought to be our strong cravings and aversions which arise as a result of our

'ignorance' i.e. our inability 'to see the reality as it is'. We can see reality more accurately if, at the time of perception, our minds are equanimous (free from strong emotions). Otherwise the perception gets coloured by our emotions, desires, fears, fantasies etc. It is likely that a sex addict reacts more to his/her own fantasised images projected on to people rather than to the people themselves. Mindfulness enables the clients to free their minds of all these distorting influences and achieve a state of equanimity (neutrality of mind). It is assumed that strong emotions, both positive and negative, can have distorting influence on our perceptions.

How mindfulness works in sexual addictions

The following mechanisms (overlapping to some extent) explain the ways in which mindfulness works:

- Anxiety reduction: Coleman (1990, 1992) supported the notion that sexual addictions are mediated by anxiety reduction, not sexual desire per se, and these disorders were related to obsessive compulsive illness. Mindfulness meditation has been shown to reduce anxiety scores (Kabat-Zinn et al. 1992, Chandiramani et al. 2000).
- Antidepressant effect: Sexual addiction can be described as a way of coping with low moods, anaesthetising painful feelings of loneliness, self-hatred, emptiness and a lack of meaning and purpose in life. Mindfulness has been shown to address these existential issues (Chandiramani, 1995). It encourages clients to examine these painful feelings with equanimity and deal with them more effectively. It results in increased tolerance for painful affects.
- Return from 'the escape': While addiction can be a way of running away from life by trying to forget one's difficulties and challenges, mindfulness is the opposite (Rahula, 1996). It improves one's ability to cope with life by teaching how to be present with whatever is going on without getting overwhelmed or overly disturbed.
- The philosophical approach adopted by Alcoholics Anonymous is that alcoholism is not an escape from the reality but an inability of individuals to handle their cravings. Mindfulness focuses on these cravings for sensations that are linked with erotic sensory stimulation through the five senses. It helps individuals inculcate a sense of detachment from these inner sensations that are at the root of conscious experiences.
- Mindfulness neutralises emotionally charged experiences from the past that are stored in the unconscious mind.
- Achieving an altered state of consciousness makes addictive behaviour unnecessary. Experience of a higher nature emerges during meditation bringing a new sense of purpose and meaning to life. This new way of being assumes urgency and priority over the desire to indulge in compulsive sexual behaviour.

Review of literature

The assumption that Mindfulness meditation can help clients with sexual addiction is based on several scientific studies that have been carried out recently, documenting its efficacy in alcohol and drug addictions, binge eating and smoking. Vipassana meditation, a form of mindfulness meditation

has been found to help clients with smoking, alcohol problems and other addictions (Chandiramani, 2000).

Hammersley and Richard (1989) studied the efficacy of Vipassana meditation at Cyrenian House, a leading drug rehabilitation centre in Western Australia where over 600 addicts have been treated on an inpatient basis and over 400 on an out patient basis. In addition to Vipassana meditation, the programme included individual counselling, group therapy, attendance at Narcotic Anonymous meetings, participation in arts and craft programmes and promotion of physical and mental well being through yoga, relaxation, sport and drama. The director of this programme concluded that a Vipassana course was a perfect conclusion to the Cyrenian House programme and Vipassana became an integral part of rehabilitation programme at Cyrenian house.

Gerhard Scholz (2006) carried out a historical review on the use of Vipassana in drug addictions and how sensations play a central role in achieving cure through Vipassana. He has tried this approach successfully with several alcohol and drug addicts in Switzerland.

Kristeller et al. (1999) carried out a multi-site (with Duke University) randomised clinical trial comparing a mindfulness meditation-based intervention to a psycho-educational and a waiting list control for binge eating in the obese. There was a significant improvement with mindfulness meditation.

Professor Marlatt (2006), director of addictive behaviours research centre at the University of Washington, presented a paper in July 2006 on Mindfulness meditation in the treatment of addictive behaviour at the 4th biennial international conference on personal meaning in Vancouver. He discussed the relevance of the two main approaches: a ten day Vipassana retreat and a mindfulness-based relapse prevention – a weekly outpatient treatment programme for alcohol and other drug dependency. The second approach was in the form of an extension of traditional cognitive-behavioural treatment. He has reported statistically significant improvement resulting from mindfulness meditation (Marlatt, 2006)

Mindfulness and sexual anorexia

Mindfulness has been reported to have beneficial effects on clients suffering from low sexual desire and other similar sexual dysfunctions. (Kocsis, 2005) it is my belief that it can work in sexual addictions as well. This paradoxical effect can be explained on the basis that mindfulness meditation results in 'neutralisation of emotionally charged experiences', both positive and negative. Sexual anorexia generally results from negative emotions acting as obstacles in the way of normal sexuality. Mindfulness work happens at the body level and can help patients with sexual anorexia by neutralising these negative emotions and connecting the clients with the disconnected aspects of their sexual lives.

On the other hand it can also help sexual addicts by neutralising the strong positive emotions associated with sexual cravings, thereby promoting normal sexuality. Getting connected with the inner sensations and not reacting to them at an emotional level can also promote homeostatic mechanisms thereby facilitating these two opposite effects.

Vipassana meditation

Vipassana is an intensive form of mindfulness meditation. The term Vipassana means 'to see things as they really are and not as they appear to be'. Our habitual ways of understanding the world tend to be coloured by our past conditionings and very often we fail to see others' points of view. It is desirable to integrate the multiplicity of perspectives in order to arrive at a better understanding of things. This is possible only when we have gained the ability to free (or distance) ourselves from our own fantasies and fears and reach a reasonable state of equanimity. It is assumed that the mind is at its best when it is equanimous. Vipassana enables us to neutralise the restricting influences of our past experiences and attain greater equanimity. This helps in exercising free choice.

Vipassana is not just a technique. It is a way of *being in this world*, although initially one has to employ a method or make preparations for the required change to occur. It is a return to our true, real nature, which we have forgotten

The Atheoretical Stance

Vipassana practice is based on the individual's inner experiences. No theoretical framework is used to explain or analyse intra-psychic phenomena. It is assumed that the meanings hidden inside the experiences will be revealed to the individual as the inner unfolding takes place. No attempt is made to impose meaning from outside. The individual is encouraged to face anything that comes up in the mind, no matter how distressing, without any desire to distort it. Although no attempt is made to analyse the experience, one does use some understanding of certain universal principles, which are helpful in freeing oneself from past mental reactions, false beliefs and false self-definition.

All experiences are understood in terms of the following three principles (Rahula, 1996):

1. **Anicca** (impermanence): nothing is permanent; everything exists against the background of no-thingness, which is predominant. This leads to a state of unsatisfactoriness, which is at the bottom of human life, and one begins to question the essence of things.

2. **Anatta** (egolessness or non-identification): not identifying oneself with what one encounters during introspection. It is not a denial or disowning parts of ourselves but recognition of false identifications and letting go of things that we are holding on to out of our own insecurities.

3. **Dukkha** (suffering): this is the corollary of impermanence. One can think of two different types of suffering, in-built and self-created. In-built suffering is not related to anything in particular. It is about eventual nothingness or uncertainty about things. In spite of our best efforts we remain subject to chance and battle with doubts about the fairness of human life. It is easier to avoid self-created suffering as it originates from our own mental reactions, self-definitions and the conclusions we draw about our experiences and the world in general. There is a link between the two types of sufferings. Our unwillingness to accept inbuilt suffering makes us react in certain ways leading to further suffering.

Vipassana encourages us to confront the ultimate concerns pertaining to in-built suffering. The 'acceptance of suffering' in Buddhist psychology is generally misunderstood as a nihilistic approach. The acceptance should not be viewed as the endpoint. Rather, it is a means of achieving the goal of total eradication of suffering. Even in-built suffering dissolves with the dissolution of

one's ego. It becomes a non-issue as one transcends the human way of looking at things.

The Ten Day Course

The practice of Vipassana is divided into three parts, *sila*, *samadhi* and *panna*, being respectively, morality, concentration and wisdom. *Sila*, or virtuous living, is the basis for *samadhi* (control of mind leading to one-pointedness). In turn, it is only when *samadhi* is attained that one can develop *panna*. Therefore, *sila* and *samadhi* are the prerequisites for *panna*. By *panna* is meant the understanding of *annica*, *annata* and *dukkha*, through the practice of Vipassana.

Students wishing to learn Vipassana undergo a minimum ten-day residential course, during which time they take the precepts not to kill, not to steal, not to commit sexual misconduct, not to speak lies and to refrain from intoxicants. For the entire ten days they do little other than sleep, eat, meditate and wash. For the first three days, concentration of the mind is developed by observing the inhalation and exhalation of the breath, and the consequent sensations that arise. From the fourth day, students learn to feel sensations inside the body in order to awaken the insights related to the mind and matter. Each day's progress is explained during an hour's discourse in the evening. The course closes on the last day with the practice of loving-kindness meditation, the sharing of the purity developed during the course with all beings

Embodiment

Meditators in the tradition of Vipassana work at the body level. It is assumed that the mind exists in each and every living cell of our body and therefore to change the mind one has to work at one's body level. The brain is considered an important organ regulating consciousness but there are many important functions of the mind that happen outside our heads, in a complex network of energy spread all over the body. Many complex tasks are precognitive and pre-linguistic and they tend to bypass our conscious awareness. They are mediated through internal body sensations and symbolic representations connecting our sensations with our thoughts.

Sensations as the Roots of Experience

We know that there are many experiences for which the corresponding thought forms do not exist, but it is inconceivable to think of an experience that does not involve inner body sensations. These sensations result from the contact of our five senses with the outside world, but they can also be triggered by the residual or resultant consciousness of past experiences, which remain dormant in the unconscious. Reflecting our consciousness on to thought alone will take us to a certain point, but reflecting it on to the sensation level will enable us to experience things in totality. Such inner sensations are not experienced in the normal waking state (although they may be elicited when listening to music or in extreme conditions such as fever, illness or fatigue). But these sensations are available at all times, being linked with the functioning of our unconscious mind, in each and every cell of the body. It is we who ordinarily fail to perceive them. The practice of Vipassana enables one to experience these sensations, laid down as representations of our past actions or conditionings. Each action, whether by word or thought or deed, leaves behind an active force called *sankhara* (also known as *karma*),

which accumulates to the credit or debit 'account' of the individual, depending upon the nature of the deed. The understanding of the three characteristics of impermanence, suffering and non-identification enables us to rid ourselves of the sankhara, which has accumulated in this account.

A comparison with scientific models

Psychoanalysis

Vipassana shares the psychic deterministic view and acknowledges the existence of unconscious. Like psychoanalysis, Vipassana leads to an uncovering of the unconscious mind. Past experiences are relived. Whilst reliving, the meditator is able to achieve a different understanding, through the realisation of the three characteristics of impermanence, non-identification and suffering.

The client-centred approach

Vipassana is humanistic in nature, being a non-judgemental approach that leads to inner unfolding, and it assumes that the basic nature of human beings is good. The important difference is that whereas the client-centred approach focuses on emotions through verbal means, Mindfulness is concerned with the totality of our experiences and consciousness and the work is done more effectively in silence.

Behavioural approaches

The model of biofeedback can be used to explain the change process. Staying with the distress without reacting completes a feedback loop which leads to the dissolution of distress and enables in-built healing mechanisms to function.

Conclusion

The treatment of sexual addiction through spiritual means is not about denying the reality and joy of human sexuality. It is about learning to humanise sex and use it in a responsible context. 'That, after all, is the deepest longing of the human heart.' (Thaddeus Birchard, 2003)

Mindfulness meditation is different from religious practices in that it is based on scientific principles and individuals take full responsibility for their problems, learning to confront their own unconscious minds in ways similar to those of psychotherapies.

With mindfulness, the change does not come by accident or miracles. Clients learn over a period of time to behave in a way that is consistent with their values and long-term goals. They realise, after a while, that peace coming from within, as a result of letting go of their addictions, is much more enjoyable than the transient excitements and happiness that they get from their addictions.

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Appendix A

Treatment choices of 190 persons asked to note the helpfulness of various treatment options

| Type of treatment | helpful (%) | Not helpful (%) |
|------------------------|-------------|-----------------|
| In-patient | 35 | 2 |
| Outpatient | 27 | 7 |
| Aftercare | 9 | 5 |
| Individual therapy | 65 | 12 |
| Family therapy | 11 | 3 |
| Couple therapy | 21 | 11 |
| Twelve step | 85 | 12 |
| Sponsor | 61 | 6 |
| Partner support | 36 | 6 |
| Higher power | 87 | 3 |
| Friends support | 69 | 4 |
| Celibacy period | 64 | 10 |
| Exercise and nutrition | 58 | 4 |