

Practise makes Perfect

Initial findings of a Survey of Professional Counsellors
and their use of Spiritual and Religious Interventions

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ABSTRACT

This author presents the initial findings of a survey of counsellors to better understand their practice with respect to the use of Spiritual and Religious (S/R) Interventions. Assuming Professional Counsellors tend to do “what works”, it was hoped that systematic research and analysis Christian counsellor activities would reveal those element that work for them and their clients. The data appears to suggest that while Christian Professional Counsellors consider many S/R interventions to often be ‘suitable’, their actual use of these in practice is only ‘a little’ – a low figure compared to American Christian Counsellors.

Even though over 50% of Australians self-identify as having a Christian religious affiliation, Australian ethical standards demand that a client’s religion be respected and worldview affirmed. This may be partially explained by the fact that nearly 25% of respondents indicated their employers or agencies did not give permission for the use of S/R Interventions in their workplace.

The author includes an analysis of the prevalence and suitability of a specific list of 15 S/R Interventions and proposed a helpful categorization of S/R interventions as personal, universal, typical and special. The author also discusses proposal for future research that includes a consideration of 26 DSM 5 disorder classifications and the possibly efficacious use of Spiritual and Religious interventions.

INTRODUCTION

There is a growing interest in the role of spirituality and religion in therapeutic healing. For example, in 2001, Koenig, McCullough and Larson edited the *Handbook of Religion and Mental Health* - a monumental publication of nearly 700 pages and over 2000 related articles. They concluded that “it is clear that much of the general public and a growing number of Health Professionals believe that religion and good health are somehow related” (Koenig, McCullough, & Larson, 2001, p. 59). Koenig is Professor of Psychiatry at Duke University Medical Centre and has produced over 500 publications largely focused on Spirituality and Health.

In 2003, he established an annual Summer Workshop on Spirituality and Health to provide a forum for the growing number of worldwide researchers in the field and has been running the past 15 years. In 2012, Koenig, King and Carson published the second edition of the *Handbook of Religion and Health*, noting the research that had emerged in the ten years “has nearly tripled” (Koenig, King, & Carson, 2012, p. 600).

This sentiment was echoed by Gerald Corey (2006, p.117), Professor Emeritus at California State University and author of over 40 books on Counselling and Psychotherapy who stated that:

Effective counseling addresses the body, mind, and spirit ... spiritual and religious matters are therapeutically relevant, ethically appropriate, and potentially significant topics for the practice of counseling in secular settings. Counselors must be prepared to deal with their clients’ issues of the human spirit.

These authors are among the many authors who recognise the

importance of the human spirit in relation to a holistic approach to Professional Counselling (Clinton & Ohlschlager, 2002; Collins, 2007; McMinn & Campbell, 2009; Tan, 2011).

Yet, there is still the need for further research in this area. In 2015, the Psychotherapy and Counselling Federation of Australia (PACFA) commissioned a Literature Review into The effectiveness of spiritual/religious interventions in psychotherapy and counselling. This review concluded that:

Overall, the literature provides ample evidence to support the integration of a client’s S/R beliefs and practices as part of good counselling and psychotherapy practice” (Ross, Kennedy, & Macnab, 2015, p. 2).

Yet the PACFA review also noted “a call for more rigorous research” (p.13) and particularly Australian based research. In answer to this call, I commenced a detailed research as part of a PhD project entitled “A Critical Investigation into the effect of using Spiritual and Religious Interventions in Professional Counselling” in 2017. Also, Koenig (2018, p.235) observed that “little systematic research has examined the prevalence of such (spiritual) activities between providers and clients or client’s responsiveness in mental health settings”.

My research directly addresses the need for research into S/R Interventions observed by both PACFA and Koenig. The research was conducted with formal but non-financial support of the Australian Counselling Association (ACA), the Christian Counsellors Association of Australia (CCAA) and the Australian Institute of Family Counselling (AIFC). These findings make a humble contribution particularly when compared to the \$US3.4 million recently granted to Brigham Young University by the Templeton Foundation to embark upon an International endeavour to Enhance the Evidence Base for Spiritually Integrated Psychotherapies.

Nevertheless, my research has the very important value of targeting the local Australian context. Finally, the author discusses further research and analysis opportunities in S/R Intervention.

METHODOLOGY

In July 2018, following approval from the Human Research Ethics Committee of the University of Divinity, an on-line survey was made available using a licensed copy of Survey Monkey where participants were invited to complete the survey.

Invitations were sent through a number of mechanisms including an email sent to all members of the Christian Counsellors Association of Australia. While the survey has remained active, an interim response data to-date was extracted on 26 July 2018 in which 174 people had undertaken the survey.

Rather disappointingly, 61 of these surveys were largely incomplete – possibly as a result of the unreliability of the Survey Monkey platform when accessed via a mobile device. Since then a warning message has been placed at the commencement of the survey, asking participants to utilise a personal computer, the proportion of completed surveys has increased dramatically.

There were 113 reliable results - of which one was filtered from the data as having self-identified as a non-Christian.

Further analysis was then conducted in two ways:

1. Self Identified Christian Counsellors:

Of these 113 respondents, exactly 100 answered "Yes" to the question "Would you consider yourself a Christian Counsellor?". A further 13 (including the self-identified non Christian) were to be filtered from further analysis in order to provide a sample size similar to a previous investigation of those who were likely to have attended the 1999 World Conference of American Association of Christian Counsellors. This allowed for a direct comparison between the survey of those at the conference (American Christian Counsellors) and Australian Survey Monkey respondents.

2. Christian Professional Counsellors:

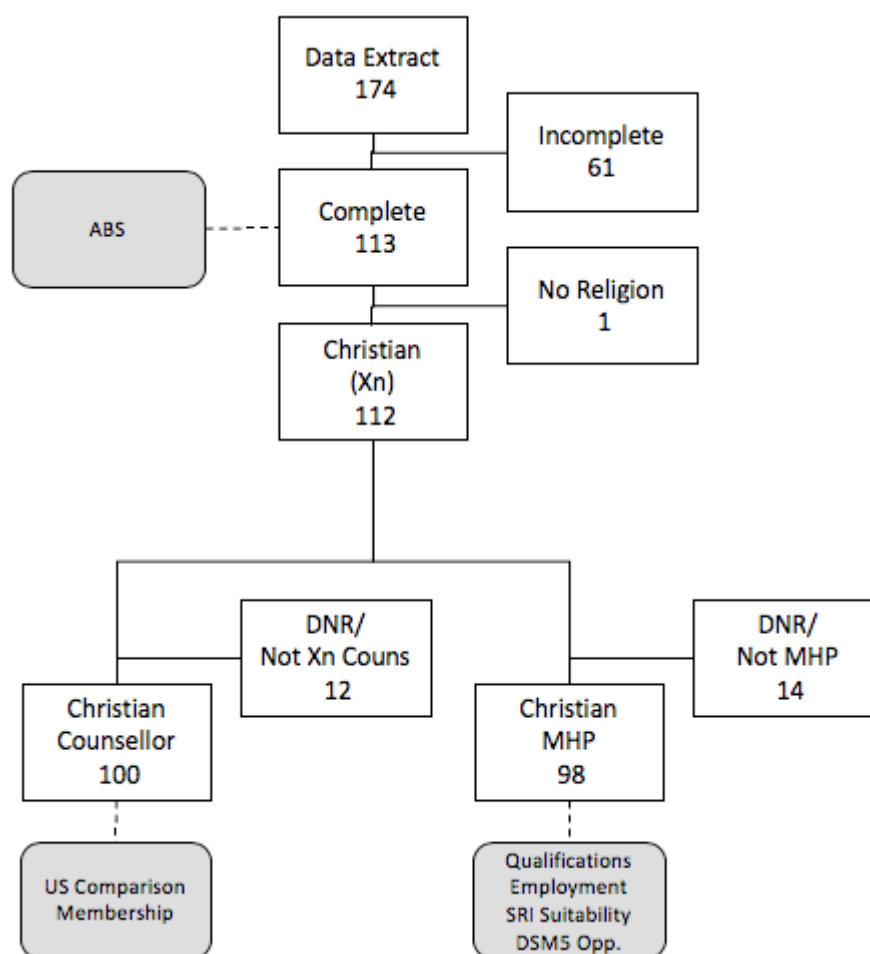
A further analysis was undertaken to investigate the current association membership of those who considered themselves Christian Counsellors. Of the original 113 respondents, any was applied to any who did not hold membership of a Mental Health

Professional Association. This excluded nine who indicated they had no professional membership and a further five who did not respond. This left 98 respondents who are considered to be Christian Professional Counsellors as they have self-identified to have a religious affiliation that is 'Christian' and they are Mental Health Professionals of some description.

3. This cohort became the focus of further detailed analysis by investigating:

- A. Their counselling and theological qualifications
- B. Their employment context including:
 - i. Whether they have permission to use SR Interventions if they work for an agency or as an employee
 - ii. What their normal charge rate is if they work in private practice
- C. The Spiritual and Religious Interventions they use and are believed to be suitable for use
- D. What Mental disorders they believe offer the greatest opportunity for further research with respect to Spiritual and Religious Interventions

FIGURE 1
VISUAL REPRESENTATION OF METHODOLOGY

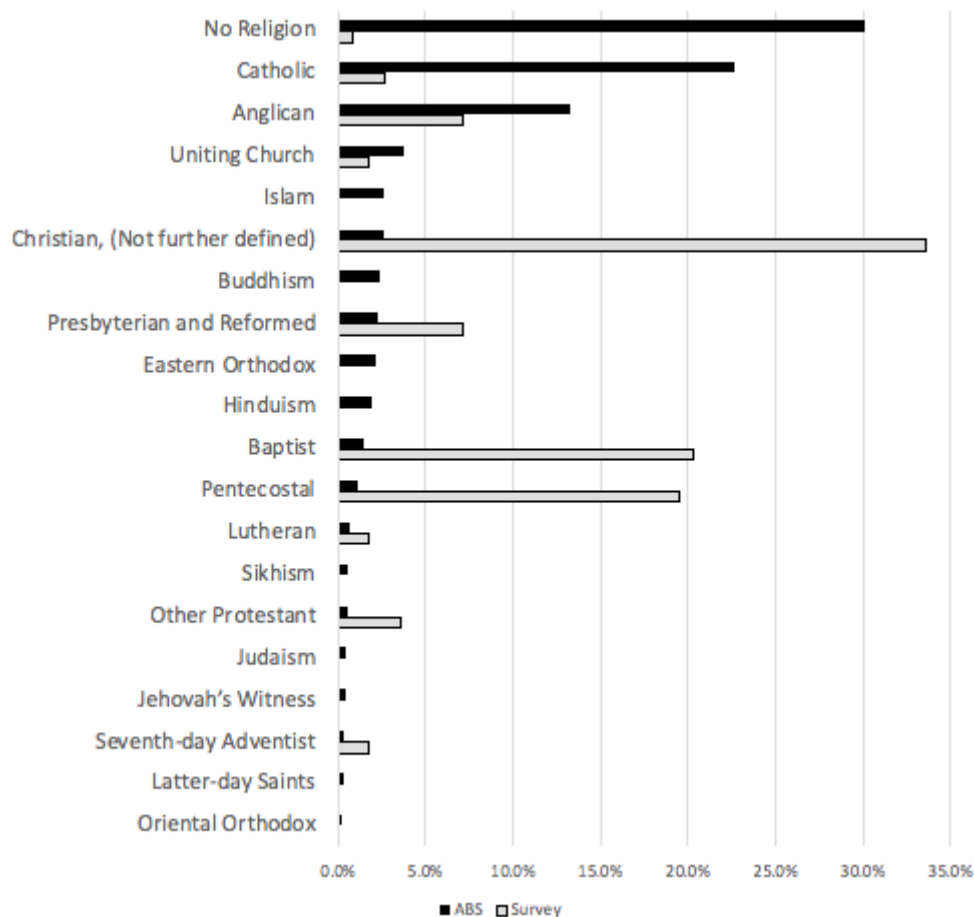


INITIAL FINDINGS

1. Non-Christian participants were underrepresented in the survey. This response profile of Christians is inconsistent with the general Australian Christian population.

In Figure 2, the survey respondents do not represent the Australian population with respect to self-identified Religious Affiliation (Australian Bureau of Statistics, 2017b). This is unsurprising as the survey topic and the sampling method was unlikely to capture the interest of the broader population. However, two items are worthy of note. The first is that only one respondent identified as a religious affiliation other than Christian. The second is that even the Christian profile is not representative of the Christian population. Specifically, Roman Catholics are significantly underrepresented (comprising 43% of the Australian Christian Population (Australian Bureau of Statistics, 2017b), but only 2.7% of the survey respondents).¹

FIGURE 2
RELIGIOUS AFFILIATION OF SURVEY RESPONDENTS
COMPARED TO AUSTRALIAN POPULATION



¹ The author acknowledges diversity of opinion when it comes to recognition of groups such as Later-Day Saints, Seventh Day Adventists and Jehovah's Witnesses as 'Christian'. This analysis has chosen to include these groups as it is consistent with the definition of 'Other Christian' as used by the Australian Bureau of Statistics.

2. Australian Counsellors could be seen as risk averse with respect to using Spiritual and Religious Interventions compared to American Christian Counsellors

TABLE 1

Comparison of Survey Results between Australian and American Christian Counsellors

Practice	Never		Rarely		Sometimes		Often		Always	
	US	Aus	US	Aus	US	Aus	US	Aus	US	Aus
Prayer with clients in Session	2%	17%	12%	27%	26%	41%	34%	11%	24%	4%
Refer to Scripture in session	-	4%	4%	20%	26%	57%	54%	17%	16%	2%
Encourage Spiritual Disciplines	-	4%	2%	10%	16%	47%	36%	33%	42%	8%
Encourage Denom. Beliefs	54%	74%	26%	20%	14%	6%	4%	-	2%	-

The results in Table 1 compare responses from Australian respondents who self-identified as 'Christian Counsellors' and a survey of attendees at the 1999 World Conference of American Christian Counsellors which asked identical questions. This is clearly not a precise comparison as 1) there may have been some in attendance at the World conference that were not American and 2) the World Conference survey is now nearly 20 years old and the data could not be seen to be current for today.

Nevertheless, the data is quite compelling. For example, while 15% of Australian respondents indicated they 'Often' or 'Always' pray with clients in session, over 50% of American Counsellors indicated they did the same. While 70% of US Counsellors indicated they 'Often' or 'Always' referred to scripture, less than 20% of Australian counsellors indicated this. US Counsellors were more than 5 times more likely to 'Always' Encourage Spiritual Disciplines than their Australian Colleagues.

As has been demonstrated earlier in this paper, the interest in Spiritual and Religious Interventions has grown since 1999. If one assumes American Counsellors have become more inclined to utilise S/R Interventions in practice in the past 20 years then the gap between US and Australian practise is likely to be wider than the data above suggests.

FIGURE 3

DO YOU USE SPIRITUAL OR RELIGIOUS INTERVENTIONS (SUCH AS PRAYER, MEDITATION OF READING OF SACRED TEXTS) AS PART OF YOUR PRACTISE?

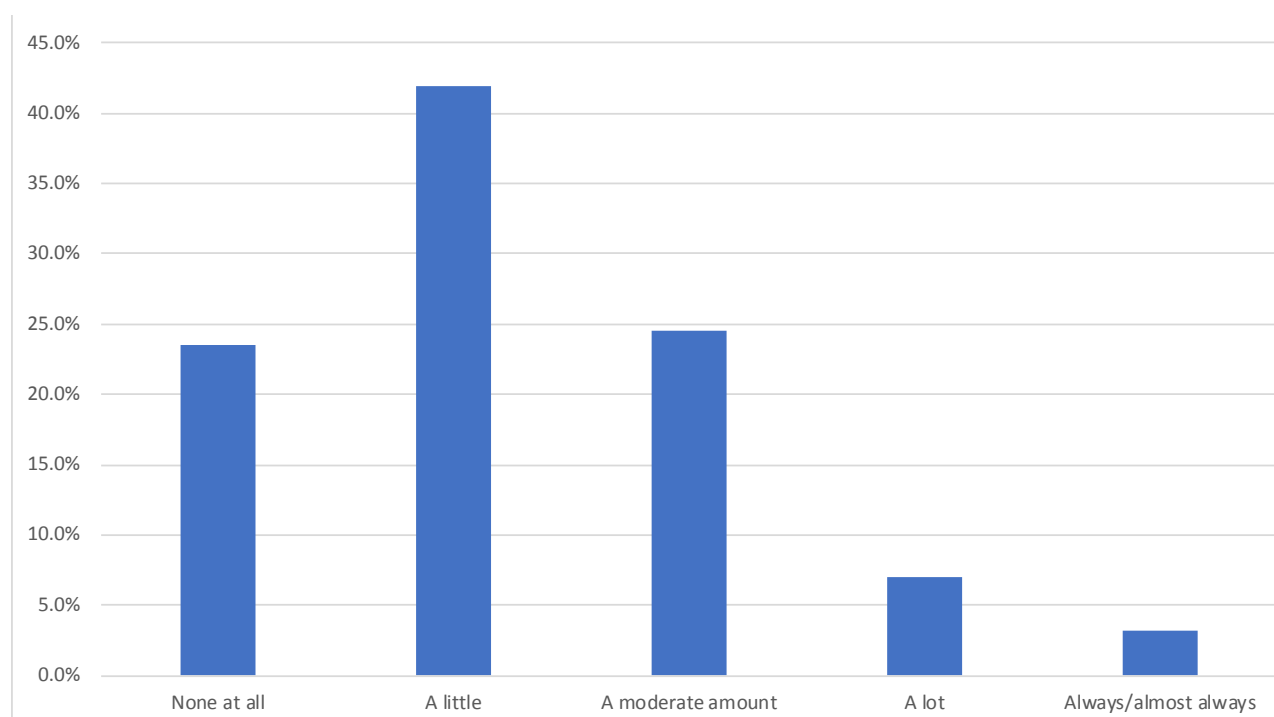
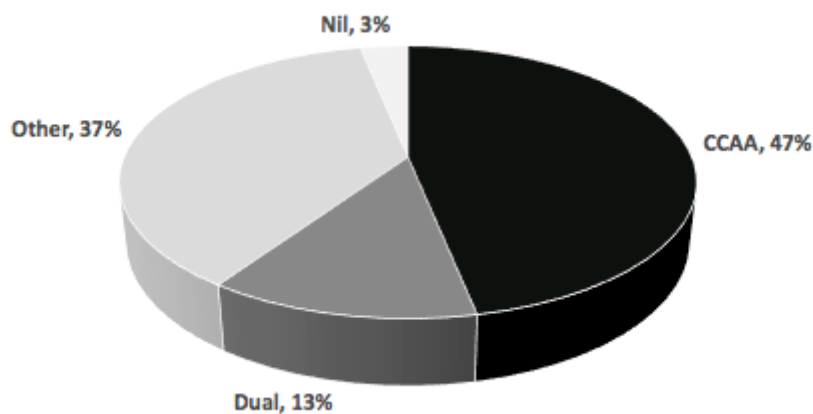


Figure 3 reveals further evidence to the aversion to using S/R Interventions by Australian practitioners. Although all respondents self-identified as having a Christian Religious Affiliation, nearly a quarter (23%) indicated they never use any form of SR Intervention in their practise. Of the remaining three quarters, the vast majority only use 'A little' or 'A moderate amount' of S.R Interventions.

3. Whilst the vast majority of those who consider themselves Christian Counsellors are qualified Mental Health Professionals, less than two thirds are members with the Christian Counsellors Association of Australia.

FIGURE 4
ASSOCIATION MEMBERSHIP OF THOSE WHO SELF-IDENTIFY
AS CHRISTIAN COUNSELLORS



As shown in Figure 3, only 3% of survey respondents who self-identify as Christian Counsellors are not members of a Professional Mental Health Association (e.g. Christian Counsellors Association of Australia (CCAA), Australian Counselling Association, Australian Psychological Society or Australian Association of Social Workers). This is 3% more than the desired level - but at least it is pleasingly low. Nearly half (47%) of all respondents are members of CCAA exclusively, over one third (37%) are members of another professional body and 13% are members of CCAA and another body². CCAA membership is likely to be overstated due to the invitation being sent to CCAA members to participate in the survey. As the response based broadens, it is expected that the CCAA cohort proportion is likely to be reduced.

4. Over 70% of Christian Professional Counsellors have post-graduate qualifications in counselling and nearly half have a formal qualification in theology or a related field.

The survey identified 98 respondents as being Christian Professional Counsellors. These are defined as those who self-identified as holding to a Christian religious affiliation and were members of a Professional Association. The membership to this organization is important as it obliges its practitioners to be subject to a professional code of conduct and/or code of ethics.

² As CCAA membership entitles PACFA membership, those who indicated membership of both are not included as 'dual' members. Some respondents indicated they were PACFA members (only) and these were included as 'others'

FIGURE 5
HIGHEST COUNSELLING AND THEOLOGICAL QUALIFICATION HELD BY CHRISTIAN PROFESSIONAL COUNSELLORS

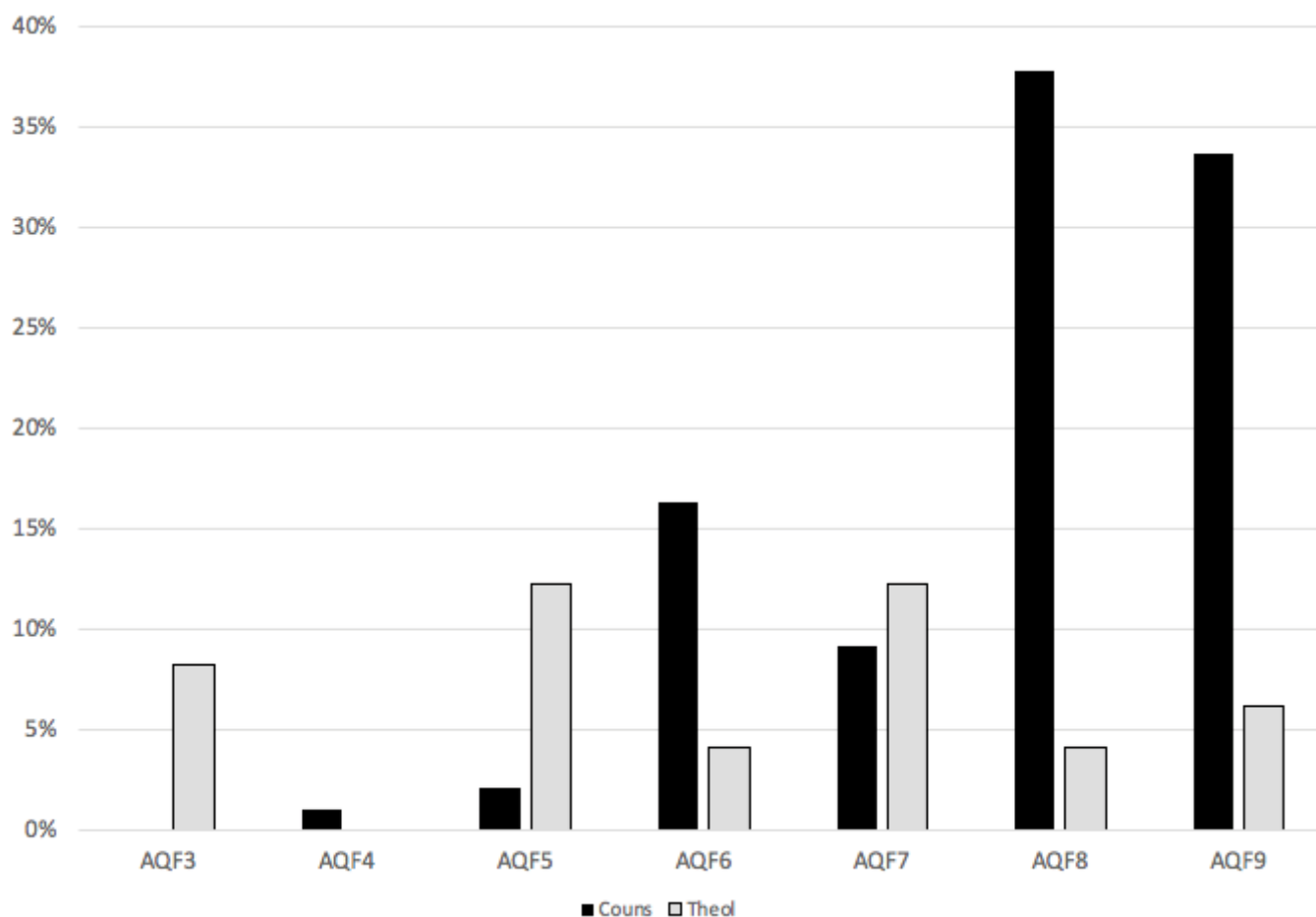


Figure 5 shows the highest level of qualification held by survey respondents. The dark bar shows qualifications in counselling or related disciplines (e.g. Psychotherapy, Psychology, Social Work) and the shaded bar shows highest qualification in theology or related discipline (e.g., Divinity, Ministry, Christian Studies). As shown in Figure 5, approximately one third of Christian Professional Counsellors hold an Masters Degree in Counselling and a further third holds a Graduate Certificate, Graduate Diploma or Honours Degree (AQF8) as their highest counselling award.

Thus, over 70% of Christian Professional Counsellors hold a post-graduate qualification in Counselling. It was pleasing to note that nearly half (47%) of all Christian Professional Counsellors also held a formal qualification in Theology and nearly half of these are at Bachelor's Degree or higher. In addition to the data above, two respondents also held AQF level 10 (Doctorate in Philosophy – PhD) qualifications.

5. Over two thirds of Christian Professional Counsellors work in private practice compared to about half who are in traditional employment and about one fifth who work for agencies. This data suggests many individual Professional Christian Counsellors work across multiple contexts.

TABLE 2

Christian Professional Counsellor work analysis

	Respondents	Typical number of clients seen per week		
		Lowest	Average	Highest
Employee (paid or volunteer)	51%	1	7.6	20
Contractor for an agency	21%	1	6.7	15
Private Practice	70%	1	7.8	30
TOTAL	142%			

Table 2 shows the percentage of respondents who work in a particular context and the number of clients they see in a typical week. The data suggests that most counsellors are (on average) seeing far less than a full client load each week (ie between 6 and 8 clients per week).

The fact that the sum of respondents equals 142% demonstrates that many individual counsellors are working a combination of employment, agency work and/or private practice. What the table does not show, but the survey data further indicated was that only 6 of the 50 respondents who indicated they worked as employees, were employed full time with the median employment rate being 0.5 FTE.

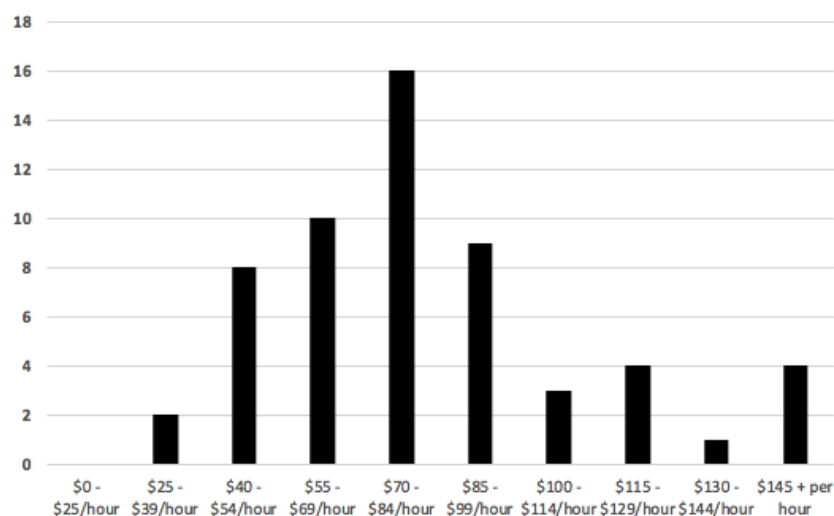
This is indicative of highly part time, flexible workforce. It is also interesting to note is that 14 of the 50 respondents (28%) who indicate they work as an employee indicated they do so as volunteers.

6. About one quarter of Christian Professional Counsellors who work as employees or for an agency do not feel they have permission to use Spiritual or Religious Interventions in their work.

Many of the survey respondents who indicated they work as employees (paid or volunteer) and those who work for an agency indicated that they felt they did not have permission to use Spiritual or Religious Interventions in their work (23% and 22% respectively).

7. Nearly one third of Professional Christian Counsellors in Private practice charge between \$70 and \$84 per hour and nearly two-thirds charge between \$55 and \$99 per hour.

FIGURE 6
CLIENT CHARGE RATES FOR COUNSELLORS IN PRIVATE PRACTICE



As can be seen in Figure 5, a typical charge rate for a Professional Counsellor is in the range of \$70-\$84 per hour. The higher charge rates corresponded closely to those who indicated membership with the Australian Psychological Society.

8. The use of Spiritual and Religious Interventions can be divided in to those that are 'personal', those that are 'universal', those that are 'typical' and those that are 'special'.

Respondents were given two opportunities to share their opinion on the relative merits between specific Spiritual and Religious (S/R) Interventions. Prior to the survey, a list of 15 specific Spiritual and Religious Interventions were identified through a review of relevant literature. In the first instance, these were presented to the survey participants and they were asked to indicate their use of each Intervention using

a scale of Not at all, Rarely, Occasionally, Often and Always. These attracted a score of 0, 1, 2, 3 and 4 respectively. Where participants left an option blank it also scored a zero. The sum of these gave a score of 'Prevalence' for each S/R Intervention.

In the survey, participants were presented with a Mental Disorder descriptions included in the DSM5 Classification and were asked if they had experience or interest in the disorder. If they answered 'No' the survey instrument moved to the next disorder. If they answered 'Yes' then the survey presented the list of 15 Spiritual Interventions and asked the participant to rate these as 'Suitable', 'Unsuitable' or 'Unsure' for that particular disorder classification. The total number of times 'Suitable' was selected was then divided by the total number of times 'Unsuitable' was selected to give the Suitability Ratio.

These results are presented on Figure 7 and in Table 3

FIGURE 7
PREVALENCE OF USE AND SUITABILITY OF SPIRITUAL AND RELIGIOUS INTERVENTIONS

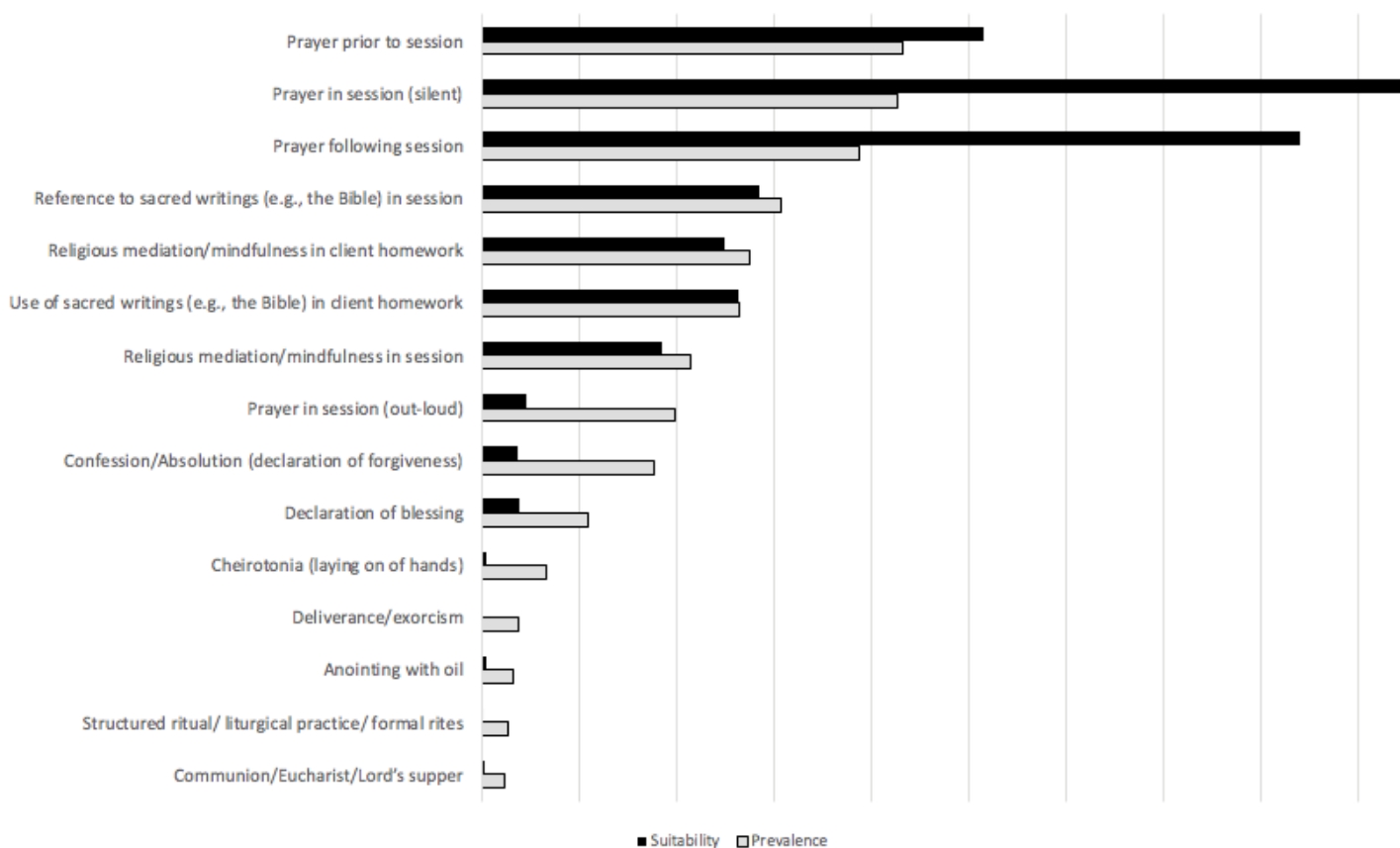


Figure 7 displays the 15 Identified Spiritual and Religious Interventions ranked from most to least Prevalent. Added to this chart is the suitability score for each S/R Intervention. Unsurprisingly, there is a strong correlation between the lists as one would expect counsellors would make use of the most suitable interventions more often than less suitable interventions.

Further analysis suggests that these 15 Interventions can be grouped into four broad categories which closely correspond to their usage patterns. These are tabulated below:

TABLE 3

Prevalence and Suitability of Various S/R Interventions

	Prevalence	Suitability
Personal (Suitability > 30)		
Prayer prior to session	216	25.76
Prayer in session (silent)	213	47.50
Prayer following session	194	41.95
Universal (Suitability < 30 & >5)		
Reference to sacred writings (e.g., the Bible) in session	154	14.29
Religious mediation/mindfulness in client homework	138	12.45
Use of sacred writings (e.g., the Bible) in client homework	132	13.18
Religious mediation/mindfulness in session	107	9.30
Typical (Suitability <5 & >1)		
Prayer in session (out-loud)	99	2.29
Confession/Absolution (declaration of forgiveness)	89	1.88
Declaration of blessing	55	1.97
Special (Suitability < 1)		
Cheirotonia (laying on of hands)	33	0.27
Deliverance/exorcism	19	0.09
Anointing with oil	16	0.24
Structured ritual/ liturgical practice/ formal rites	14	0.11
Communion/Eucharist/Lord's supper	12	0.18

The categories are shown in Table 3 and will be discussed in more detail later. It is also worthy to note that respondents were invited to suggest any other S/R Interventions they use that were not listed amongst the 15 provided. Many responses could be considered subcategories of those above, however, an outcome of the broader research project is intended to be the development of a comprehensive working list of S/R Interventions. When the final analysis is complete, it is imagined the current list of 15 may be supplemented by some of these suggestions from practitioners.

9. Of the 26 DSM5 Based Mental Disorders, there are possibly 10 that represent the greatest opportunity for further research with respect to the use of Spiritual and Religious Interventions.

As has already been indicated, the survey process sequentially presented each of the 26 DSM5 classifications of Mental Disorder and asked whether the respondent had experience

or interest in the disorder. A "Yes" answer to this question is seen to be a measure of relevance and the sum of the "Yes" answers is the Relevance score given to each DSM5 Disorder classification.

As indicated earlier, for those who selected a particular DSM5 classification, each of the 15 S/R Intervention types were scored as Suitable or Unsuitable and the suitability ratio calculated as per the Intervention types but this time the sum of all 'Suitable' for each intervention type for the disorder was divided by the sum of all 'Unsuitable' for each intervention type of the disorder. In this way, each DSM5 Disorder classification was able to be allocated a suitability score.

By plotting the Relevance Score as an X-Axis and Suitability as a Y-Axis, a chart can be generated to indicate which DSM5 disorders represent greatest opportunity for further research with respect to the use of Spiritual and Religious Interventions shown in Figure 8.

FIGURE 8
OPPORTUNITY FOR FUTURE RESEARCH - PLOT OF
RELEVANCE VS. SUITABILITY FOR DSM5 CATEGORIES

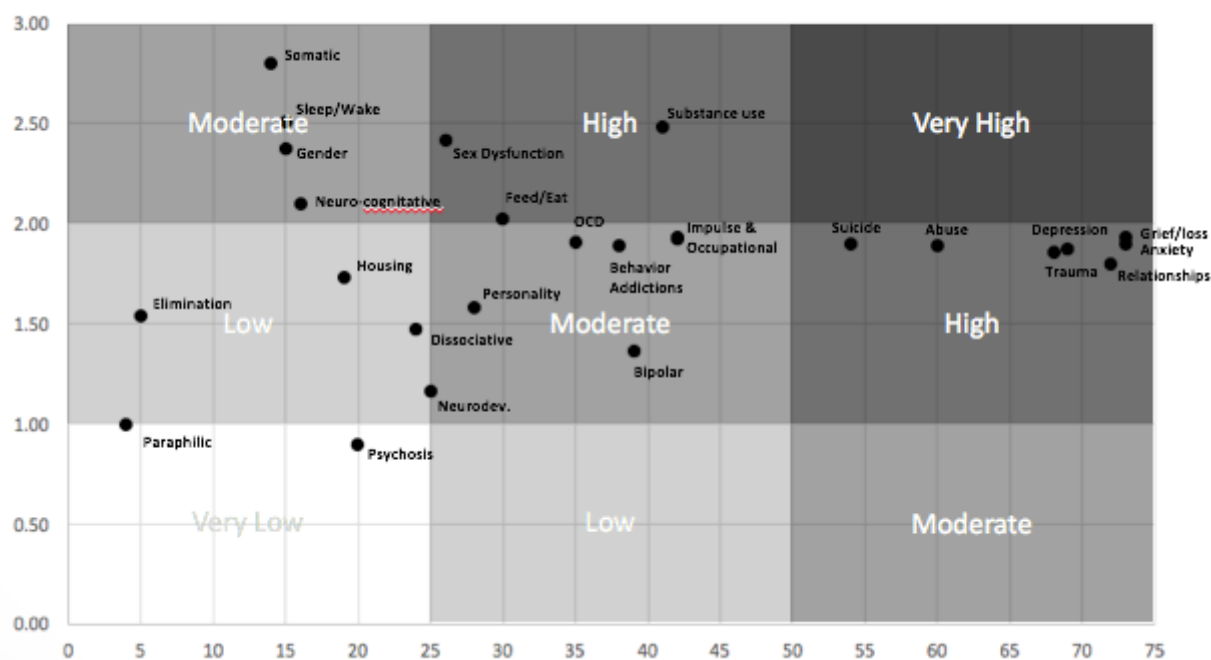


Figure 8 is intended to guide the next phase of the research and serve to narrow the focus - this will be done by evaluating the collective practise and opinions of individual counsellors. The rationale is greater opportunity for research would exist for a DSM5 category that is both relevant to practitioners and perceived by them to be suitable for S/R Interventions. The data is also displayed in Table 4

TABLE 4

Analysis of DSM5 Categories		
Disorder	Relevance	Suitability
High Opportunity		
Grief/loss/bereavement	73	1.93
Anxiety	73	1.90
Relationship	72	1.80
Depression	69	1.88
Trauma & Stressor	68	1.86
Abuse/Neglect	60	1.89
Suicide/self harm	54	1.90
Substance use/addiction	41	2.48
Feeding & Eating	30	2.03
Sexual Dysfunction	26	2.42
Moderate opportunity		
Impulse Control	42	1.92
Educational/occupational/workplace	42	1.93
Bipolar Disorder	39	1.37
Behavioural addictions	38	1.89
OCD	35	1.91
Personality	28	1.58
Neurodevelopmental disorders	25	1.17
Neurocognitive	16	2.10
Sleep-Wake	15	2.51
Gender Dysphoria	15	2.37
Somatic Symptom	14	2.80
Low Opportunity		
Dissociative Disorder	24	1.47
Housing/Economics	19	1.73
Elimination	5	1.54
Very Low Opportunity		
Schizophrenia / Psychosis	20	0.90
Paraphillic	4	1.00

DISCUSSION & CONCLUSION

There is a potential disconnect between what one might expect regarding the use of S/R Interventions and the actual practise of counsellors. Examples of Mental Health Practitioners, bound by Codes of Ethics are required to respect client's religious convictions (Christian Counsellors Association of Australia, 2017, p. 6) and work to affirm their worldview (Australian Counselling Association, 2012, p. 7)

According to 2016 ABS results, 51.2 % of Australian's self-identify as having a Christian Religious Affiliation (Australian

Bureau of Statistics, 2017b). If, according to the survey, counsellors see approximately 7 clients per this equates to approximately 350 clients per year of which approximately 180 must have their Christian religion respected and their Christian world view affirmed.

It is hard to imagine how this is occurring if 23% of Christian Mental Health Practitioners never include even the simplest prayer or the most basic of Christian meditative practice or reference to the Bible in their practice. Whilst this may be in part accounted for by a lack of permission by the counsellor's employer or agency, it does not explain the full picture and certainly seems to be far short of the practice by American

colleagues.

The current survey respondents are not representative of the broader Christian community. At a basic level, there is a significant over-representation of those affiliated with a Pentecostal expression of Christianity and an under-representation of those from more traditional (Catholic, Anglican and Orthodox) expressions. Very few counsellors work for a single employer on a full time paid basis. For those with a traditional workplace paradigm this will look uncertain and insecure. However, this data is suggesting that Counselling as a profession is ideally suited to the emerging 'gig-economy' that is being increasingly sought after by many in the workplace (Australian HR Institute, 2018). At a 'normal' charge rate of \$80/hr a counsellor can achieve an average Australian total wage of \$1,628.10 per week (Australian Bureau of Statistics, 2017a) by working only 20 hours per week.

CLASSIFICATIONS OF SPIRITUAL AND RELIGIOUS INTERVENTIONS

With respect to S/R Interventions, four broad categories are revealed by the data because of their relative prevalence and general suitability. These may offer some very helpful guidance for practice and training of Spiritually sensitive counsellors as shown below:

- Personal interventions might be reflective of the spirituality of the Counsellor and in some ways are independent of the client. The choice to prepare oneself by praying prior to the session, to seek guidance through silent prayer in session and support closure and self-care by prayer for client after session might be indicative of broader practice of personal spirituality as a therapist.
- Universal Interventions might be the standard one seeks in order to be sensitive to a broad base of client spirituality. Perhaps the basic use of sacred texts and simple meditation techniques adapted to suit a client's religion and worldview should be the minimum level every therapist aspires to.
- Typical interventions might be those that are normative of a Christian Counsellor working with a Christian client. It could perhaps be reasonable that a Christian client could expect to pray with their Christian Counsellor, hear words of forgiveness based on the salvific work of Jesus and receive blessing from their Christian Counsellor. These would of course be expected in addition to the use of scripture and meditation that would be universally true of any Spiritually sensitive counsellor. If this is the case then perhaps this could guide the minimum standard of training that is unique to those who aspire to call themselves Christian Counsellors.
- Special interventions are clearly those that are generally unsuitable as indicated by a suitability score of less than 1. This means they must be applied with great care and discretion, potentially under specialised supervision and with additional special attention to factors such as informed consent. They may even involve specialised training and would not necessarily be included in the expected practice of all Christian Counsellors.

FUTURE RESEARCH DIRECTIONS

- Going on from this Counsellor survey, there are numerous opportunities for further data research including:
- Comparison of responses between Christian counsellors and those who hold a non-Christian affiliation - assuming the 'non-Christian cohort' can be increased.
- Further questions regarding supervision can be researched, analysed and published.
- The survey included an extensive quantitative measure of respondent level of religiosity using external standardized measures. In this research, the hypothesis was that propensity to use S/R Interventions would be proportional to the level of religiosity of the individual practitioner. Early analysis suggests this is not the case and a deeper and broader dataset is needed before any reliable conclusions can be drawn.
- In this survey, respondents were asked to respond to a set of qualitative questions regarding their perceptions of why counselling is 'successful' and why it might 'fail'. This data will be analyzed to draw out common themes for future publication
- Non-Counsellor Mental Health Professionals such as Psychologists and Social Workers are currently underrepresented in the survey data-set. An intentional campaign to include their responses will hopefully not only increase the size of the overall research sample but also enable comparison between Mental Health Professionals.
- Respondents were asked to indicate when they first graduated – this will allow analysis as to whether the practice of counsellors 'matures' after graduation in particular with respect to the use of S/R Interventions.
- Counsellors were asked about their propensity to use particular modalities and models which may provide insights once analysed.

Concerning the use of Spiritual and Religious Interventions in particular, the survey results as reported suggest there are a set of ten DSM5 Disorder classifications that might offer the greatest opportunity for further research.

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