

**Authentic religious experience or insanity?
Diagnosis of problematic religious experience in the clinical context.**

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Abstract: the introduction of a non-reductive approach to religious and spiritual problems has come with the DSM from its third version. The purpose of this article is to present the DSM's attitude towards religion and spirituality in the clinical context, to address a different view, not only psychopathology, to religious or spiritual problems. To do this we will base our analysis on the code V62.89 ("*religious or spiritual problem*") from a historical, theoretical and clinical point of view. On the one hand, by placing religion and spirituality mainly in the category of culture, the authors of the DSM-5 have established their solution to the secular debate on the meaning of religion/spirituality in clinical practice. On the other hand, the medicalization and psychiatrization of various existential problems, which can be seen in subsequent editions of the DSM, encourage the pathologizing approach to religious or spiritual problems. The clinical look at religion and spirituality should therefore go beyond the limits of the DSM.

Keywords: religious/spiritual experience, clinical, DSM-5, differential diagnosis.

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