

George Graham, *The Abraham Dilemma: A Divine Delusion*. Oxford University Press 2015. 192 pp. \$49.95 USD (Hardcover ISBN 9780198728658).

According to the Bible, God commanded Abraham to sacrifice his son. Abraham prepared to obey God's command, until an angel ordered him to substitute a ram instead. Compare Abraham to a person who, today, tells us that God has commanded him to sacrifice his son. Would we not conclude that our contemporary is deluded? Should we therefore conclude that the biblical Abraham was also deluded? If so, on what grounds? How about those millions of Christians, Jews and Muslims (to limit ourselves to only the Western monotheisms) who believe that God is playing some kind of role in our lives? Are they deluded? The *Abraham Dilemma*, -the title of George Graham's book is the dilemma facing clinicians: how to diagnose patients who claim that they are being directed by God to perform actions which may be immoral.

Clinicians working with the severely mental ill encounter delusions with a religious theme or content relatively often, so the Abraham dilemma is a live issue in psychiatry. We need an account of delusion which enables us to identify those in need of help without pathologizing the millions of people who (accurately or not) believe in a god or gods and many of whom take themselves to experience his presence. George Graham is a major figure in the philosophy of psychiatry: there is almost certainly no one better placed to develop such an account. This book doesn't disappoint: it is an important step forward in the debate over the nature of delusions.

Graham does not aim to lay down necessary and sufficient conditions for religious delusion. It is in fact central to his argument that there are no such conditions to be had. In part, he suggests, this is because delusions are different in degree, not in kind, from non-pathological states. In more important part, it is a consequence of his conception of religious delusion. Delusions (religious or not) are on Graham's conception more than and other than false beliefs (in fact, their representational content may occasionally, and by accident, be veridical). Instead, they are conditions involving 'beliefs, judgments, existential feelings, perceptions, imaginings and perhaps much else besides' (106). This motley of states, each of which is itself resistant to sharp boundaries, is too amorphous to admit of precise delineation. Further, and centrally to Graham's project, he conceives of delusions as *harmful*, morally or prudentially. What makes a state a delusion is, in part, its being normatively disordered, and normative disorder (or order) is notoriously resistant to precise delineation.

Graham defends what he calls (no doubt with a wink toward the well-known two factor of delusion, which goes unmentioned in this book) the *Five Factor Conception* of religious or spiritual delusion. These are intended, as I read him, as factors which must be taken into consideration in judging whether an individual is deluded (he explicitly takes no stand on whether all five are required for a correct diagnosis, though he suggests that three *may* be necessary conditions of delusions). Listing the three factors that Graham suggests may be necessary for delusion first (his own ordering is somewhat different), the five factors are:

- (1) Harmful consequences of unwarranted sorts;
- (2) Faulty belief formation and normative misjudgement;
- (3) Impairment in reflective self-control;
- (4) Personal over-engagement/over-investment/over-identification;
- (5) Resistance, often emotional, to challenge or criticism.

I will briefly explicate just three of these conditions; the other two are self-explanatory. These conditions are closely linked. By ‘impairment in reflective self-control’, Graham means a resistance to reasons and an inability to distance oneself from sources of evidence. By ‘over-engagement’ or ‘investment’, he means making the representational/existential state and its implications for one’s other beliefs and way of being absolutely central. By ‘resistance’, he means a blindness to arguments and a recasting of them as an attempt to undermine the person.

It should be noted that the harmful consequences Graham has in mind need not be *actual* harms to the deluded person or to others. Rather, a person is deluded (in part) if their representational/existential state is such as to make it less likely that they are able to live a good life. Theism sometimes does conduce to a flourishing life; not accidentally, but by connecting the person to a community, to a conception of the good, to ways of being in the world that are healthy and fulfilling. When it does, it is no delusion. But some theists may be in the grip of a state that tends to cut them off from valuable goods. Such a state may be delusional, even if on occasion and by accident, as it were, it fails to harm the person or others.

The emphasis on the contribution, positive or negative, that a representational/existential state makes to a person’s life, independent of its truth or falsity, is central not only to Graham’s conception of the distinction between delusion and healthy theism, but also to his conception of justification. He argues that we may accept truth claims on pragmatic grounds, as well as or instead of on epistemic grounds. The theist may justifiably believe in God on the basis that such a belief is conducive to a flourishing life (Graham suggests that there are epistemic constraints on pragmatic justification: we can justifiably believe on pragmatic grounds only when believing is not prohibited epistemically). Just as we can diagnose delusion on moral ground, so we can cite consequentialist considerations to block the diagnosis of delusion.

The Abraham Dilemma is written for a broad audience: it is intended to be (and succeeds in being) accessible to mental health professionals, the educated public and academics in other fields, as well as professional philosophers. One of the ways in which Graham ensures readability is by focusing discussion around a series of vignettes, inspired by real cases or typical of religious delusion and of healthy spirituality. One limitation of this approach is that we are invited to compare dramatic pathologies with examples of flourishing theists. But that leaves a huge middle ground little explored. In that middle ground, we find a large number of theists who might plausibly be held to satisfy all the conditions of the five factor conception, but do not seem to be deluded.

Jihadist terrorists, fundamentalist Jews in the West Bank attacking Palestinians, Buddhist monks in Myanmar attacking Muslims, and Christians firebombing mosques in the United States or picketing the funerals of homosexuals all have beliefs that have harmful consequences for others, and—plausibly—for themselves. They are blind to evidence, theological or secular, that their views are not only false but vicious. They are over-invested in their beliefs, sometimes centring their lives around them (consider the Jew who constructs an illegal settlement in the West Bank and moves his entire family there). They may react violently and emotionally to criticism. But they do not seem to be deluded. Perhaps Graham would say that his conditions are a matter of degree, and these people are below the threshold. Perhaps they remain sufficiently responsive to evidence, or the harms to them are sufficiently small, or they are sufficiently able to listen to criticism, to count as deluded. While I am sure that many of them remain sufficiently open to reason to make this move plausible (some of them come to regret their behaviour, after all), it is an open question whether there are very

many who are as unresponsive as at least some people with delusions. Some sufferers from classic delusions, like Capgras delusion, are surprisingly rational in discussing their bizarre belief and we only have to recognize how many theists in the United States are creationists to see that many non-delusional theists are closed to evidence.

Of course, there are responses available to Graham. He might dispute the (empirical) claim that there are large number of religious believers who meet his conditions for delusion. He might hold that the conditions are more demanding than I have suggested, such that some of the patients currently diagnosed with Capgras actually don't count as deluded. He might hold that we are wrong to think that those people who, say, picket abortion clinics are not deluded. There are other responses available besides these. It would be fascinating to see how he responds; I hope we see further elaboration of the account in the future.

This is a short book; even so, I have been able to touch only on some of its central themes. Graham offers much else besides, from suggestions for therapy to explorations in the cognitive science of religion. As a consequence of its brevity, it leaves the details unexplored. The account Graham puts forward is a rich and promising one, and deserves the fuller elaboration that it will receive from Graham and others in coming years.

Neil Levy, Macquarie University