In the end, even the heroic resistance of the town against the blood-thirsty Christians reads annoyingly like a boys’ own version of Islam’s Last Stand. And, anyway, does anyone in the world, except perhaps the head of Opus Dei, believe that the Spanish Inquisition and the State that ran it were anything but cruel, ignorant and corrupt? What little dramatic tension there is in Shadows of the Pomegranate appears not when Ali is dealing with the central members of this noble family (who remain predictable throughout), but whenever Miguel or any other peripheral characters who have ventured are on stage. A martyred end is the stuff of epic and propaganda—day-to-day ambivalence, humiliation, and contradiction are much better subjects for a novel.

To give him his due, Ali has resuscitated a small piece of history and given it some human dimension as well as connecting it to the present day. As an idea for a novel about the politics of race, Shadows of the Pomegranate Tree is excellent. As a novel, however, it’s mediocre.

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fies competing discourses around the self-starver’s body using an eclectic theoretical approach, drawing on theory from phenomenology to postmodernism.

Robertson traces the process by which self-starvation moves from the religious realm in Mediaeval Europe to the medical clinic in the 19th century and finally to the psychiatrist’s couch in the 20th century (after a brief foray into the endocrinologist’s laboratory in the early part of the 20th century). However, she moves beyond the familiar chronology to speculate about future trends in explanatory, diagnostic and therapeutic paradigms. Robertson displays a refreshing intellectual self-awareness in much of the book, and is especially cautious about proposing feminist therapy as the final stage utopia of this historical process. She suggests that, in striving for a piece of the action, feminist therapy may become no more benign than its precursors. It may represent just another discourse striving for ascendency at the expense of consumers of therapeutic services.

Where Rodin invites women to test their obsession against the ‘normal’ using quantitative scales (reinforced with writing and movement), Robertson envisages a far more fluid process of therapy. She encourages women to develop a new vocabulary (verbal and nonverbal) within which to ‘write, speak and be heard’. Laughter, pleasure, playfulness, games and music are seen as important therapeutic activities, alongside art, journal-keeping, visualisation and memory work. She emphasises the lost choices and options that women relinquish in assuming such labels as ‘anorexic’, and in the same vein as ‘narrative’ writers such as Michael White (Literate Means to Therapeutic Ends) encourages women to ‘articulate other parts of the self outside of so-called typical anorexic patterns’. In other words, the self is not ‘given’: it can be constructed and multiply-constituted.

Robertson points to the central role of language in the constitution of the self: “It is through the acquisition of language that the individual develops a sense of self and enters the patriarchal symbolic order.” She emphasises the need to step back from the ‘anorexic body’ and self as a psychiatric category and create a voice outside the patriarchal symbolic order. This contrasts with Rodin’s tendency to cast her audience as ‘potential patients’ to be scrutinised from the viewpoint of the ‘normal’ and in need of cues (or as she states it— ”information”) on how to enter the ‘normal’ order.

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