

beer, Italian ice cream and Indian restaurants, whereas they investigate the gradual acceptance and recent enthusiasm for curries and CTAs.

It appears that, in general, a fixed pattern of diffusion of 'alien' food may be discerned. First, trade for the own (ethnic) community is established, which is followed by the setting up of production in eating houses, food shops, and breweries for one's own (ethnic) minority. Later, other foreign or native producers may start businesses too. Finally, the production becomes directed at the whole community. In some cases, 'alien' foods are exported. The essays show manifold examples of the complexity with regard to the acceptance phase in the wider community, when several actors (producers, consumers, the authorities, observers, journalists, etc.) and several factors of very diverse nature (purchasing power, open-mindedness, food scares, tourism, local culinary customs, and the like) interact.

A combination of cultural and economic aspects is also to be found in the chapter by Bruce Hindmarsh (on the food of convicts in Australia), whereas the economic aspect largely lacks in Todd Endelman's chapter (on the Shehitah controversy in the 1950s, dealing with the discussion among Jewish people on the ritual slaughtering of animals).

Anne Kershen asks to what extent 'eating and cooking the other' would change our sense of self-identity. This is an important question that may lead to a too simple answer. Eating couscous does not necessarily involve sympathy with the Muslim community... but refusing a cup of tea offered in a Moroccan cafe would probably be seen as an insult and lead to exclusion. The authors do not take up this question, but do contribute to the ongoing debate about the use of food as an identifier. They definitely show that not only immigrants but also natives have identified 'the self' and 'the other' through food. This appears to be the case particularly where religion is involved, as demonstrated by Endelman and Panayi. Therefore, most authors consider immigrant as well as native food habits when they discuss identity matters. For example, Panayi pays considerable attention to the (rather tasteless) English diet prior to 1945 and

to the liberating foreign influences since then. Researching such confrontation between 'own' and 'other' is of course indispensable for interpreting our culinary culture.

This collection shows new, promising ways for the study of the interaction between food, migrants, and locals. It is only a start, though, and the need of a systematic, comparative investigation is a felt necessity.

Reference

Diner, Hasia R. 2001. *Hungering for America: Italian, Irish, and Jewish foodways in the age of migration*. Cambridge, MA: Harvard University Press.

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The ambiguity of suffering

Michael Lambek and Paul Antze (eds.), Illness and irony: on the ambiguity of suffering in culture. New York and Oxford: Berghahn Books, 2004, pp. 153, ISBN 1-57181-674-7 (paperback).

What is irony? Ask a philosopher, or a literary scholar, or a psychiatrist, but do not ask an anthropologist. You will get a flow of words about accidentally read literature and fieldwork anecdotes that are declared 'ironic,' whatever that means.

Michael Lambek's plan was fascinating: to bring together irony and the experience of illness. In his introduction he attempts to capture the meaning of irony in relation to illness as follows:

"Illness provides a condition ... in which irony rises readily to the surface. It does so in the experience of sufferers, in the theories of those attempting to understand illness, and in the practices of those attempting to alleviate it, whether by prevention or cure" (p. 5).

Out of these three categories of possible ironists, the first and the last seem to me the most relevant and interesting. How does the mode of irony affect

people's experience of illness; how does it affect patients, health professionals, and others in the environment of patients? Unfortunately, all contributions deal almost exclusively with the ironic reflections of the writers themselves.

Irony is a mode of thinking which recognizes the incompleteness of one's knowledge and ability. Awareness of our limitations may lead to despair, anger, depression, or aggression. Irony is a very different way of dealing with impotence, because it is humor—a special type of it. It creates a certain distance between the sufferer (or observer) and the experience of pain or defeat. There is a tinge of bitterness in that humor and a twist of self-mockery, when it is the sufferer who applies the ironic mode. In the bystander's irony there is a slight amount of *Schadenfreude*, victim blaming. The cognitive and emotional distancing helps the patient to accept his misfortune and to prevent it from harming him seriously. For the onlookers and health workers, irony enables them to accept their inability to help. Irony is a fortunate mix of humor, malice, and cowardice, resulting in an acceptable way of coping with the harshness of life, more acceptable, in any case, than sarcasm or cynicism. Life is not ironic by itself, as Lambek and some of his co-authors seem to assume: it is declared ironic by human beings. Life is ironic by metonymy.

Lambek cites a number of telling examples of the ironic stance in literature and anthropology. Referring to the classical Greeks (following Nehama's seminal study) he distinguishes two different types of irony. Firstly, there is the tragic (or Sophoclean) irony, which fills the spectators of a tragedy as they have to stand powerlessly by and watch fatal events happening to the heroes. The other type, Socratic irony, is a rhetorical stance used by Socrates and his students to question their assumptions about the world. Lambek also discerns irony—but I rather see it as anxiety—in studies by Evans-Pritchard, Fortes, and Geertz that discuss the problem of suffering—theodicy—in their ethnographic context. Superbly ironic is of course Thomas Mann's description of illness and suffering in his *Magic mountain*.

In the conclusion to his introduction, Lambek writes that he wants to consider “whether

a distinction between the literal and the ironic offers a purchase for distinguishing certain non-Western discursive forms from biomedicine” (pp. 15–16). I am afraid that no one in this book succeeded in the undertaking.

Anne Meneley writes about fright-illness among Muslim women in Yemen. Lambek recalls the case of a young man on the island of Mayotte who was struck by a spirit with rheumatism. Janice Boddy relates the story of a British midwife in colonial Sudan, who fought against the practice of pharaonic circumcision, but ‘unwittingly’ contributed to its persistence. Andrew Lakoff's contribution is about a psychiatric ward in Buenos Aires and the irony of medicines with political rather than medical effects. Paul Antze writes about the ironic sources of psychoanalysis, which “sees religion as obsessional neurosis, children as sexual pervers, civilization as disease, and the claims of conscience as inverted wishes for incest and parricide” (p. 102). Lawrence Cohen, finally, pleads for the use of ‘Socratic irony’ in anthropological research on dementia.

If there is irony in the contributions of the six authors, it is their own ironic interpretation of ethnographic and historical data. None of them considered the ironic mode of being ill or of caring for the sick. The irony—or should we say, sarcasm—is that irony, that ‘mix of humor, malice, and cowardice’, as I called it, is not the most fortunate stance in anthropological fieldwork. Vincent Crapanzano, in his afterword, subtly points at the self-contradiction of the ironic ethnographer. If there is ‘trickery’, ‘escapism’, ‘refusal to take part’, ‘lack of commitment’, ‘passivism’, ‘resignation’, and ‘skepticism’ in irony, as both Crapanzano and Antze propose, anthropologists place themselves in an awkward position by writing ironically about their own research.

We still do not know if and how the characters in their stories grasped irony to cope with their misfortunes. This book has raised the question, but forgot to look for answers.

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