

# AIDS: PROBLEMS ENCOUNTERED IN ANTHROPOLOGICAL RESEARCH

G Boulogne (Conference Paper)

*Paper presented at the symposium of the South African Society of Nurse Researchers Pretoria: 31 July 1992*

## THE NEED FOR INTERDISCIPLINARY RESEARCH

Medical science has up to now not discovered a means to fight HIV and it is obvious that the epidemic can only be controlled by prevention. Those disciplines from the humanities that could make the most meaningful contribution in this regard would be those that study, or ought to study sexuality, namely, psychology, sociology and anthropology. The communication sciences and nursing belong here as well and ought to play a crucial role. Regarding the specific relationship between anthropology and nursing, Dougherty and Tripp-Reimer comment: "Anthropology traditionally is slow to validate theory; it is difficult to do so in ethnographic settings. Explication of research methods in anthropology is increasing because more research is conducted in interdisciplinary settings where fieldwork methods are examined by other disciplines. Nursing provides an arena in which theory and research methods are refined" (1990:182).

This idea of interdisciplinary research was emphasized during two conferences in the U.S.A., namely that of the International Aids Society in June 1990 at San Francisco and the American Anthropological Association in the following month at Estes Park, Colorado (Herrell, 1991; s.n., 1990). "The clinical and social dimensions of AIDS are interactive. The need for a comprehensive understanding of all the relevant co-factors to AIDS prevention and spread suggests that research agendas be combined and that mechanisms be established as a priority for interdisciplinary collaboration between medical and social scientists. Conditions in the context of developing countries suggest the need, above all, for new methodological approaches rather than rigid adherence to old ways of acquiring knowledge" (Ankrah, 1989:174). It appears that in the U.S.A., some European countries, and Australia, an infrastructure for interdisciplinary cooperation exists, whereas this is not the case in the R.S.A.

## AN EVALUATION OF RESEARCH REGARDING AIDS AND SEXUALITY

In the natural sciences research concerning AIDS and the accompanying sexual

component is a continuous process, especially in First World countries. It cannot be criticised because it is of exceptional quality. It is, however, restricted to a small research community, namely medical scientists, and is only understood by those who have been trained in this field. As medicine is a positivistic science, man as a universal being (like the virus) is examined clinically and mechanistically.

In the humanities the scenario concerning quality is less impressive and Haerberle says: "...it is rather peculiar that the exact relationship between sexual behaviour and fatal illness has hardly ever been the subject of empirical research" (1988:333).

In South Africa there are only a few current and completed studies that can be regarded as scientific. If one refers to the methodologically sound study of Van Dyk (1991) in psychology, it has a positivistic character, and in spite of the fact that it makes the assumption that South Africa as a heterogeneous population, suggestions with regard to prevention are made from a Euro-American model that has a universal man in mind. This inevitably brings the speaker to the following striking words of the psychologist Miller: "Perhaps the time is due for psychology to take sabbatical leave from its laboratory and, in a frame of mind detached from the daily routines and rituals of data gathering, analysis, and print, to regenerate its energy and sharpen the institutions that invigorate the progress of science" (1987:183).

The most valuable studies in the humanities in the RSA come from sociology (Schurink, 1981; 1985; 1989; Schurink and Schurink, 1990). This research is conducted within the interpretative scientific tradition, while the researchers recognise the universal view of man, which according to the speaker could be problematic during the implementation of research findings within a country where the population composition is heterogeneous. Furthermore, in the case of Schurink (1989) only one informant was used, making the study too "micro".

In comparison to the previously mentioned disciplines, anthropology shows a remarkable backlog if recent studies are considered. The speaker is only aware of his own research and that of Preston-Whyte from the University of Natal. If one looks further afield than the RSA, sexual behaviour is presented

descriptively within outdated monographs such as those of Schapera (1939),<sup>3</sup> Lee (1984 - original fieldwork done in the 1960's) and Ford and Beach (1951), while studies done by Creed (1984) and Gregor (1985) are more interpretive.

On account of the multi-dimensional nature of AIDS, anthropology has an exceptional task regarding its prevention. Concerning the contribution that anthropology ought to make in this regard Gilbert Herdt, chairman of the task force of the American Anthropological Association says: "Our challenge (as anthropologists) is to assist in the recording and explanation of AIDS throughout the world. We should seize the opportunity for two reasons.

First, because we are well qualified to do the basic ethnography of this and related diseases, their clinical manifestations, supporting or inhibiting conditions and their impact upon stable cultural systems as well as studying the impending social changes from this menace.

Second, we could translate this ethnographic knowledge into real-life interventions, action-programmes, and global education networks" (Herdt, 1987:3).

If one evaluates literature in general, it appears that articles on AIDS are published daily throughout the world and it is probable that since approximately 1980 easily a thousand have been written. Although most of these articles are published in journals it appears to the author that anyone who is able to write conducts "research" on the topic. They represent mainly short literary studies or consist of small and hoc field projects. The validity and reliability of these is questionable. The findings, in any event, could not be implemented in terms of prevention. In many cases it can also not be determined within which discipline the studies are presented and the author feels that AIDS has become a convenient "vehicle" for the extension of researchers' C.V.s. Progress is not made beyond a certain point and the well-being of the suffering party (the patient) is not promoted.

## PROBLEMS ENCOUNTERED IN ANTHROPOLOGICAL RESEARCH

The above mentioned problems indicate, by implication, the unique nature of AIDS research and this brings the author to the actual theme of this paper.

## The lack of existing directive research results

There exist abroad relatively few research findings regarding the deeper meaning of sexuality. This problem was addressed in 1988 during a special meeting of the American Anthropological Association during which methodological problems concerning research on AIDS and sexuality were addressed (Lindenbaum, 1991:866). In the RSA even less research of any stature regarding sexuality as well as AIDS from an anthropological viewpoint is to be found. Because of this, there is no pattern that a new researcher can follow regarding the structure of his study and the specific nature of the methods and techniques to be followed to gather and interpret data.

Between 1935 and 1989, 328 masters' theses and doctoral dissertations in anthropology covering other cultures (mainly that of black societies) appeared in the RSA. The percentages regarding their themes can be subdivided as follows: social structure = 23; religion = 14; economy = 8; monographs = 8; legal = 6; music/art = 6; acculturation = 6; archaeological character = 5; medical = 5; ethnicity = 5; migration = 4; symbolism = 3; urban = 3; other = 4 (HSRC data bank). Therefore, a researcher who wishes to work within any of these categories has ample examples to follow.

AIDS research is not only related to the cultures of other societies, but also to whites. There is virtually no anthropological information regarding the latter in South Africa. For example, between 1935 and 1989 there was only one research project on white South Africans, namely H.H. Oxley's *Wyksdorp, a study of a small Afrikaans village* (1961) in completion of the M.A. degree at the University of Cape Town (HSRC data bank). There are, however, a few non-anthropological works, mostly historic in nature, such as De Klerk's *Afrikanerdenke : kontoere van 'n standpunt* (1971). Although anthropological research in the U.S.A. has been done on white communities, there is also a lack of information regarding sexuality, seeing that the non-anthropological findings of Kinsey et al (1953) are not only methodologically questionable, but are also outdated and statistical in nature (Lindenbaum, 1991:865).

Those who in South Africa wish to do research on AIDS and sexuality must have exceptional initiative and imagination in order to write the research design, initiate the research, execute it and be available during the implementation of the findings. The research is "experimental", not in positivistic terminology, but in the sense that a project can develop in directions that have not been visualized beforehand (Caldwell and Caldwell, 1992; Preston-Whyte, 1992). "Designing and executing a study of such a category of persons proved a logistic nightmare" (Herrell, 1991:202).

## The prerequisite for a thorough philosophical and methodological foundation

The speaker has evaluated many of the above mentioned masters' and doctoral studies and found that few are scientifically based. In a doctoral dissertation of approximately three hundred pages, a researcher will, for example, devote only eight pages to the research methods and techniques used, without logically placing it in one of the epistemological traditions in the human sciences of the twentieth century, namely the positivistic, interpretative (also referred to as anti-positivistic or non-positivistic) and the critical (Mouton, 1989:48). The Dutch philosopher Tempels says in this regard: "Ethnologie zonder filosofie is louter folklore" (1945:14). Sechrest (1987:37 states that "If a study is methodologically suspect, doubt is usually cast upon the way that hypotheses are tested and thus also upon the validity of the conclusions reached". The reader cannot be expected to place a study within a certain scientific paradigm.

Apart from the requirement that any anthropological study must be thoroughly scientifically and methodologically founded, it is even more so in AIDS research because of the fact that information programmes are planned and managed by medical scientists. When Preston-Whyte shows the necessity of qualitative AIDS research she says: "...we are now asked to explain exactly what these techniques entail. Since many of the 'converts' to our method come from a positivist intellectual tradition - they raise questions about 'validation' and often 'replication', and demand that we demonstrate how our method produces 'scientifically valid' information" (Preston-Whyte, 1992:2). Vance supports this with: "Behavioral data lend themselves to easy quantification, fitting into the methodological biases of positivist social science. Amid an epidemic, researchers press for rapid results and reject the time, patience, and tolerance for uncertainty that ethnographic and de-constructive techniques seem to require" (Vance, 1991:881).

The methodological component in research cannot be seen apart from the other components, namely the sociological, ontological, epistemological and teleological. There must be a logical relationship between these different components (Mouton and Marais, 1985:3-26). This brings AIDS researcher face-to-face with the universal-particular debate as it manifests in anthropology (Voget, 1960) and all its fields of specialization, psychology (Mauer and Retief, 1987), sociology (De Klerk, 1989) and nursing (Dougherty and Tripp-Reimer, 1990). All these disciplines study man from the perspective of the humanities, while there are different points of view concerning the nature of man (universal or particular) and values (Coertze, 1979; Preston-Whyte, 1984). This has unavoidable influence on methodology and the implementation of research findings.

Schurink (1989:ix-xiv) shows that sociologists who undertake deviant sexual behavioral research, often work in positivistic and anti-positivistic mode in the same project. According to the opinion of the author this could well be possible in intra-community studies in sociology. The micro orientation in sociology sees man as a metaphysical being and the *verstehen* perspective of anti-positivism is possible. This metaphysical character points to cognitive processes and its resultant structures, and not to culture as understood by the anthropologist. The macro orientation moves man and his metaphysical component into the background and structures can consequently be studied from a positivistic view (De Klerk, 1989). In both cases man is typified as a universal being and culture, in the cultural anthropologist's view, is irrelevant.

Generally psychologists do not attempt to define culture. Biesheuvel (1987:2) categorically states that culture is the central concept of social anthropology and remarks that "It appears that cross-cultural psychologists manage quite well without definition". When there is some reference to culture, it is vague and in many cases definitions of non-anthropologists are used in illustrations. The assumption by psychologists (Biesheuvel, 1987) that culture is so divergently described both anthropologists and non-anthropologists that it best remains undefined, is not correct.

These different views of man (including the relational cultural views) and consequential implications for interdisciplinary research and the implementation of findings (as well as the fact that psychology and sociology have made a meaningful contribution in the field of deviant sexual behaviour), all point to the fact that the anthropologist doing research on AIDS must keep himself well informed regarding certain assumptions in the related disciplines. In addition, he must have a basic knowledge of virology and study philosophical and methodological works and as a result, AIDS research is an intensive and time-consuming process.

The above mentioned methodological and philosophical problems concerning research in the humanities also bear upon nursing research in general and would be the case in nursing research on the topic of AIDS. A report on Brink's analysis of research in her discipline states: "Only a few studies could be classified as substantive, innovative and methodologically sound. She lists the following points which have emerged in her study of nursing research:

- There is a dearth of in-depth studies and studies focusing on theory, development and theory testing;
- The majority of studies tend to be superficial and at times shoddy;
- Samples used for descriptive surveys are too small;

- In many cases designs are not the most appropriate for the stated purpose;
- There is almost a complete absence of conceptual or theoretical frameworks; if present, they are frequently incorrectly used;
- Many unjustified generalizations occur;
- Statements and decisions are rarely substantiated and many results are inconclusive;
- Results are seldom related to earlier findings;

Though the research can be categorized in areas, within each area a shotgun approach is manifested and there is as yet no discernible body of focused nursing research" (s.n., 1992).

### The exceptional demands of qualitative AIDS research

Most of the hundreds of research reports previously referred to represent extended surveys, are quantitative in nature, and have the usual "knowledge, attitude and perceptions (beliefs) (KAP)" character. An example is the study of Irwin et al (1991) during which in a two month period in 1987 data from 1044 informants was collected, and the study of Mondragon et al (1991) in which questions were telephonically posed to 1204 respondents covering a period of four months in 1987/88. From these methods certain tendencies could possibly be determined, but because the deeper symbolic meaning of sexuality and the implications for AIDS and prevention programmes cannot be ascertained in this manner, they have limited value. "Surprisingly little is known about specific individual sexual behaviours or about culturally approved practices of groups and sub-groups. Straightforward questionnaire techniques are difficult to apply and produce data of arguable validity" (Frankenberg, 1988:14). In some cases this criticism is valid for qualitative research as well. CONNAISSIDA conducted 1000 interviews in Lubumbashi and Kinshasa and supplemented this with participant observation (Schoepf, 1988).

More recently in anthropological circles there is the realization that the best results are obtained by means of qualitative research where individuals are used as informants and thereafter data obtained is cross-validated within micro communities (Herrell, 1991; Preston-Whyte, 1992). This is also the view with regard to studies in deviant behaviour in sociology (Schurink, 1988a, 1988b) and cross-cultural studies in nursing in general (Dougherty and Tripp-Reimer, 1990).

The author finds that the use of life-histories as a form of qualitative data-collecting an ideal way to strengthen rapport with informants, "deviant" as well as "normal". A reason for this can be that these people experience

psychological pressure and relating their "lives" to another whom they can trust and who is sincerely interested in them has a psychotherapeutic function. An occupational therapist attached to the Oranje Hospital in Bloemfontein found that the recording of life-histories, especially genealogies as sub-division of this, was the only way to establish contact with some of the more psychotic patients. An explanation may be that this gives the confused patient once more a fixed structure within which he can operate psychologically. During normal interviews informants are inclined to be reticent and even lie in order to rid themselves of the researcher.

The use of life-histories is not characteristic of anthropological research in South Africa, although researchers like Brandel-Syrier (1971) and Mönnog (1959) used it to a larger or lesser extent. Regarding its advantages Brandel-Syrier says: "And in this respect, the very limitations of this study may be its strength. The concentration on only a few individuals and the use of the life-history technique have made possible a penetration in-depth as yet seldom touched by sociological investigation. These open up new fields of study and indicate a number of new questions which can meaningfully be asked" (1971:xxxvii). Peltó and Peltó (1978:75-77) further indicate that life-histories have been used with success and refer to the following research: James's study (not an anthropologist) of the *objiwa* in the 1820's; Radin's work in 1920 of the Winnebago; DuBois's *The People of Alor* (1960) where she used eight life-histories; Stands-in-Timber and Liberty's *Cheyenne Memories* (1967). When they refer to Langness's opinion in this regard they say: "To the objection that life-history data frequently cannot be checked against objective observations of real behaviour (that to a large extent is the case in AIDS research), he replies that very frequently a chief anthropological concern is the patterning of people's beliefs and conceptualizations of past events, rather than the truth or falseness of these accounts. From that point of view, life-history materials may be more useful for examining the patterning of general values, foci of cultural interests, and perceptions of social and natural relationships than as true histories" (Peltó and Peltó, 1978:76).

In recent literature on AIDS research the use of life-histories are propagated (Viney and Bousfield, 1991). The use of life-histories in human science research with regard to deviant behaviour is a well established, recognised and scientific acceptable form of data gathering and analysis (Frazier, 1978; Schurink, 1988c). The documentation of life-histories is a long and cumbersome process which makes AIDS research more difficult.

It is generally recognized in anthropology that important information is lost and rapport impeded during qualitative research if the researcher cannot speak the language of the black community he is studying. This also

applies to the AIDS researcher when studying given categories of whites. In this case "language" includes body language. This is particularly so when the researcher is interested in behavioural patterns of members of the "underworld" where the risk of the spread of the disease is, according to the speaker, higher than in other circles. It can take the researcher more than a year to be accepted by those he wishes to study. "Issues of personal involvement in classic participant observation become acute in the study of sex, desire, and the forbidden" (Herrell, 1991:203). Meaningful contact demands the knowledge of some of the mentioned "language". On account of the nature of the research phenomenon participant observation can be conducted only if it casts light on the nature of the phenomenon in a subculture and culture in general. It is impossible to observe the sexual behaviour of people per se, while it is still further impossible to participate in it. The AIDS researcher cannot say what Erasmus (1970:101) states regarding his study of Tswana religion: "Hierdie kan ek ook getuig en daarom het ek sover moontlik saam met die Tswana van Dithakong gelewe, voordat ek enigiets van hulle lewe werklik begryp het".

Another exceptional demand of qualitative AIDS research is the fact that the researcher must be involved at the implementation of the research findings and that he must strive to promote (empower) the interests of minority groups. During any epidemic there is discrimination to a larger or lesser degree against the so-called high risk groups (Paul, 1964; Swenson, 1989). This is also the case with AIDS (Mondragon et al, 1991). The normative aspect of the Transvaal Department of Education and Culture's AIDS information programme contains, for example, a Biblical bias which confirms a naive view regarding sexuality (Department of Education and Culture: Transvaal: Information Guide, 1991). "Tradotopmal" qualitative research must be extended to intervention-research that has given rise to the term "Participatory Action Research" (Preston-Whyte, 1992).

### The lack of interdisciplinary co-operation

The necessity for interdisciplinary co-operation in the fight against AIDS has been mentioned previously, and there are already some overseas countries where this is taking place. The author considers that this is not the case in South Africa which possibly can be ascribed to the non-co-operative culture found in all spheres in South African society. Another reason could be the particular status of medical science as a discipline in Western culture. "Healer and client share a system of medical beliefs which both believe is universally relevant and excludes any alternative explanations of sickness, and both recognise that only the healer fully understands this system" (Young, 1976:19).

The universal-particular debate is not found in medical science as it is in anthropology, psychology, sociology and nursing. What is

important is the fact that there is a general development in the medical field from a holistic man-in-environment approach to a fragmented man-in-isolation approach. This development can be reduced to two phases, namely a before 1900 phase and a post 1900 phase. Characteristics of the former are: holism; poor developed technology; art of healing; emphasis on preventative medicine; anthropological approach. Characteristics of the latter include: compartmentalization; well-developed technology and accompanying specialization; technique of healing; emphasis on curative health; mechanistic approach (Carlson, 1975).

We are speaking here, therefore, of a universal (albeit fragmented) view of man a positivistic paradigm that leaves little room for what medical science conveniently calls "alternative medicine". Regarding the disadvantages of this situation for AIDS patients Chaitow and Martin (1988:250) say: "This assortment of negative factors is of more than academic interest. Major scientific truths, many of which relate to diagnostic and therapeutic methods which could revolutionize the health of the population of the world, are apparently being wilfully ignored, ostensibly because they are based on methods not part of mainstream, orthodox, consensus "science" and medicine."

Regarding AIDS research Packard and Epstein (1991) point out that medical scientists, especially epidemiologists, make the same mistakes in AIDS research as they had made with tuberculosis and syphilis, and they appeal to better co-operation between medicine and human sciences.

It is because of this fact that it has been mentioned in that AIDS research in the humanities must be thoroughly philosophically and methodologically founded, otherwise a profession with a unique status, which already has a negative opinion of the scientific approach in the humanities, will not take much notice of research done by anthropologists, psychologists, sociologists and members of the nursing profession.

### Stigmatization of the researcher

The reason why anthropology has up to now not made any note-worthy contribution to a better understanding of the AIDS epidemic, is that traditionally anthropologists did not conduct research on sexuality (especially the abnormal) for fear of stigmatization. Even holistic ethnographies devote little attention to it. It is actually ironic that anthropologists are of the opinion that all dimensions of behaviour must be analysed in a wider context, but as soon as it comes to sexual behaviour this assumption is conveniently disregarded (Herdt, 1987:1). Creed (1984) indicates that early British anthropologists such as Malinowski, Fortes and Evans-Pritchard were of the opinion that sexuality, if it should enjoy any attention, is a phenomenon ("private realm") that must be viewed separately from

the rest of the culture ("public sphere"). The principle of functionalism is thus not accounted. The speaker differs from Creed regarding his assumption on Malinowski's work. The latter's work *Sex and Repression in a Savage Society* (1927) is an exception. He attempts, in a functional way, to apply the psychoanalytical theory to the matrilineal structure of the Melanesians. While Edmund Leach studied anthropology from 1929 to 1932 at Cambridge, this work of Malinowski and his later publication. *The Sexual Life of Savages* (1929) were specially classified in the library and could only be read by some students, and then only with the special permission of senior lecturers (Lindenbaum, 1991:865).

The principle of cultural relativism is also ignored when sexual behaviour, which according to Western standards is regarded as deviant, is judged ethnocentrically in non-Western cultures. Regarding the functional and relative nature of sexual behaviour Creed says: "...if we assume that every sex act contains an element of domination and subordination, then by controlling the occurrence of sex - by structuring who can have sex with whom and how - the inherent individual qualities of dominance and subordination can be generalized and assigned to particular groups of a population. Thus, we might view the insistence on heterosexuality as a way of ensuring male social control and economic hegemony. Similarly, where homosexuality is a socially prescribed institution, we might look for a pattern of domination and subordination between those involved" (1984:185).

During the 1950's and 1960's the fear of over-population in the Third World evoked a new interest among anthropologists to study sexuality. Studies showed an interpretive character in imitation of Mary Douglas's view of the symbolism attached to the body as metaphor of the community. Notwithstanding this revival there was no noteworthy volume of research findings regarding sexuality from an anthropological viewpoint when AIDS became more prominent in the 1980's (Lindenbaum, 1991:865).

If research on AIDS and sexuality is done in predominantly conservative communities the researcher will encounter additional problems of stigmatization. Researchers are often academics with an educational task, which further complicates the issue. Continuously high demands are posed on the researcher's integrity.

### The absence of a professional body for registration as an anthropologist

Because the AIDS researcher conducts research on the most sensitive facet of human existence, the informant often asks what guarantee can be given that information will be treated as confidential. This makes the anthropologist's task all the more difficult

because there is no body for registration that implies confidentiality. The researcher once more has to convince the informant that he need not fear in this regard.

The psychologist who conducts AIDS research has no problem here, as all psychologists are obliged to register with the South African Medical and Dental Council, while a master's student in clinical psychology is obliged to take an oath of confidentiality and to sign a binding document before commencing his internship. A nurse must also register with the South African Nursing Council. This too implies confidentiality.

### Other problems

Other problems encountered by the anthropologist associated with AIDS research are:

**Emotional involvement:** Since the socialization process covers an extended period, the researcher can easily become emotionally involved with the target group. Because some of them are from "deviant" categories with specific life-problems, they regard the researcher as adviser and he often has to act as "psychologist", "legal adviser", et cetera. In extreme cases he even has to provide material help. A sensitive researcher can, as a result of this, be psychologically disadvantaged, especially when one considers the criminal element sometimes present. He is in many cases exposed to dangers that bring him in conflict with the law (Herrell, 1991). The researcher later experiences, on account of his emotional involvement, difficulty in distinguishing between real problems on the one hand and illusionary ones on the other hand.

**Practical problems:** Apart from the fact that the researcher encounters difficulty in finding informants, he does not always know where to conduct interviews. Writing life-histories demand a particular conversational context. Where should the researcher interview a black prostitute within the South African political milieu? All the following venues in this case are unacceptable: the foyer, bar or hotel room where she sells her services; her home in the black township; the researcher's home or office.

**The cost factor:** "And because sex research includes the study of sexual pleasure, presenting research proposals and findings to an erotophobic government and society entails additional difficulties" (Herrell, 1991:203). The speaker could for example get no support, financial or otherwise, in South Africa for his research project.

### CONCLUSION

It appears that the anthropologist who is interested in AIDS research is confronted with a number of unique problems. Central is the methodological one, not in the sense that a totally new methodology must be designed,

but rather that certain adjustments must be made regarding existing methods and techniques. As it represents a new research field and many sceptically oppose it, it gives rise to a two-dimensional problem concerning the time factor. On the one hand the researcher must acquire additional philosophical and methodological knowledge as well as knowledge from other related disciplines, which in itself is a time-consuming process.

On the other hand the demands emanating from the increase of the epidemic requires immediate intervention in the form of information programmes. The anthropologist ought to be involved with other natural and human scientists in implementing research findings. Whether the humanities will make a meaningful contribution in future will depend, in the first place, on the expediency with which methodological and logistic problems can be solved. Secondly, there must be a mentality change among scientists to initiate interdisciplinary co-operation as quickly and effectively as possible. Thirdly, there must be a total change of attitude among scientists and the wider public regarding sexuality and everything that it entails.

AIDS brings the anthropologist as researcher to an issue that must urgently be addressed by anthropology in general, namely the demarcation of our discipline in comparison to psychology and sociology. Because researchers generally speaking do not philosophically reflect on their discipline, a situation has arisen where many anthropologists concern themselves with quasi-sociological or psychological research, while some sociologists concern themselves with quasi-anthropological or psychological research. Cross-cultural psychological studies can be regarded as a failure because psychologists are not interested in ascertaining the correct content and meaning of the cultural phenomenon.

In a country like South Africa where little contact and co-operation between anthropologists and nursing scientists exists, AIDS as phenomenon offers the opportunity for meaningful exchange via qualitative research. Regarding the historic relationship between these two disciplines, Dougherty and Tripp-Reimer (1990:185 and 176) report: "The striking similarities between nursing and anthropology in research topics, methods, conceptual approaches, and perspective point to a natural alliance. Nursing benefits from the social sciences and anthropology and has emerged with models for illness and health care distinct from medicine...Nursing and anthropology share a commitment to holism. Anthropology, the holistic study of human behaviour, offers nursing and other fields information not available from any other discipline. More than other professions, nursing is committed to the total care of the patient, which parallels the anthropological study of humankind".

## REFERENCES

- ANKRAH, E.M., (1989). AIDS : methodological problems in studying its prevention and spread in *Social Science and Medicine*, 29,3, 265-276.
- BIESHEUVEL, S., (1987). Cross-cultural psychology : its relevance to South Africa. In *Psychology in context : Cross-cultural research trends in South Africa*. Edited by K.F. Mauer and A.I. Retief. Pretoria : Human Sciences Research Council, 1-36.
- BRANDEL-SYRIER, M., (1971). Reeftown elite: a study of social mobility in a modern African community on the Reef. London : Routledge and Kegan Paul.
- CALDWELL, P. and CALDWELL, J.C., (1992). Methodological questions in the study of the HIV/AIDS epidemic in Africa. Unpublished paper presented at "Science and Vision Conference", Human Sciences Research Council.
- CARLSON, R.J., (1975). The End of Medicine. New York : John Wiley and Sons.
- CHAITOW, L. and MARTIN, S., (1988). A world without AIDS : The controversial holistic health plan. Northamptonshire : Thorsons Publishers Limited.
- COERTZE, P.J., (1979). Waardes as 'n aspek van die kultuur van volke in *Suid-Afrikaanse Tydskrif vir Etnologie*, 2, 1, 1-10.
- CREED, G.W., (1984). Sexual subordination: Institutionalized Homosexuality and Social Control in Melanesia in *Ethnology*, 23, 3, 157-175.
- DE KLERK, G.W., (1989). Die Sosiologie en Sosiale Struktuur. Intreerede, Universiteit van die Oranje-Vrystaat, Bloemfontein.
- DE KLERK, W.J. (1971). Afrikanerdenke : Kontoere van 'n standpunt. Potchefstroom: Pro Rege-pers Beperk.
- DEPARTMENT OF EDUCATION AND CULTURE: TRANSVAAL: INFORMATION GUIDE, 1991.
- DOUGHERTY, M. and TRIPP-REIMER, T., (1990). Nursing and Anthropology. In *Medical Anthropology : Contemporary Theory and Method*. Edited by T.M. Johnson and C.F. Sargent. New York : Praeger, 174-186.
- DU PREEZ, P., (1987). Cross-cultural psychology of identity : method and theory. In *Psychology in context : Cross-cultural research trends in South Africa*. Edited by K.F. Mauer and A.I. Retief. Pretoria : Human Sciences Research Council, 119-158.
- ERASMUS, O.C.O., (1970). Die godsdienstige begrip en uitlewing in 'n Tswanagemenskap. D.Phil.-proefskrif. Potchefstroomse Universiteit vir Christelike Hoër Onderwys, Potchefstroom.
- FARTHING, C.F. et al., (1986). A Colour Atlas of AIDS. Ipswich : Wolfe Medical.
- FORD, C.S. and BEACH, F.A., (1951). Patterns of Sexual Behaviour. New York : Harper.
- FORSTER, G., (1988). Venereology. In *The Management of AIDS Patients*. Edited by D. Miller et al. London: Macmillan. 65-80.
- FRANKENBERG, R., (1988). AIDS and Anthropologists in *Anthropology Today*, 4, 2, 13-15.
- FRAZIER, C.G., (1978). The use of life histories in testing theories of criminal behaviour: toward reviving a method in *Qualitative Sociology*, 1, 122-142.
- GREGOR, T., (1985). Anxious Pleasures: The Sexual Lives of an Amazonian People. Chicago : The University of Chicago Press
- HAEBERLE, E.J., (1988). Sexual Behaviour and AIDS. In *Sexology*. Edited by W. Eicher and G. Kockott. Berlin : Springer-Verlag, 333-341.
- HERDT, G. 1987. AIDS and anthropology in *Anthropology Today*, 3,2, 1-2.
- HERRELL, R.K., (1991). HIV/AIDS Research and the Social Sciences in *Current Anthropology*, 32, 2, 199-203.
- IRWIN, K. et. al., (1991). Knowledge, attitudes and beliefs about HIV infection and AIDS among healthy factory workers and their wives, Kinshasa, Zaire in *Social Science and Medicine*, 32, 8, 917-930.
- KINSEY, A.C., POMEROY, W.B. and MARTIN, C.E., (1953). Sexual behaviour in the human male. Philadelphia: W.B. Saunders.
- LEE, R.B., (1984). The Dobu Kung. New York : Holt, Rinehart and Winston.
- LINDENBAUM, S., (1991). Anthropology Rediscovered Sex in *Social Science and Medicine*, 33, 8, 865-866.
- MALINOWSKI, B., (1927). Sex and Repression in Savage Society. London : Kegan Paul, Trench, Trubner and Co.
- MALINOWSKI, B., (1929). The Sexual Life of Savages. London : Routledge and Kegan Paul.
- MAUER, K.F., and RETIEF, A.I., (1987). Psychology in context : Cross-cultural

- research trends in South Africa. Pretoria: Human Sciences Research Council, iii - xii.
- MILLER, R., (1987). Methodology : a focus for change. In *Psychology in context : Cross-cultural research trends in South Africa*. Edited by K.F. Mauer and A.I. Retief. Pretoria: Human Sciences Research Council, 183-204.
- MONDRAGON, D. et al., (1991). Hostility to people with AIDS: risk perception and demographic factors in *Social Science and Medicine*, 32, 10, 1137-1142.
- MöNNIG, H.O., (1959). 'n Analise van die sosiaal-kulturele lewe in Hovesground : 'n stedelike Bantoe woonbuurt. D.Phil.-proefskrif, Universiteit van Pretoria, Pretoria.
- MOUTON, J., (1989). 'n Tipologie van navorsingsontwerpe in die geesteswetenskappe. Ongepubliseerde referaat.
- MOUTON, J. en MARAIS, H.C., (1985). Metodologie van die Geesteswetenskappe : Basiese begrippe. Pretoria : Raad vir Geesteswetenskaplike Navorsing.
- PACKARD, R.M. and EPSTEIN, P., (1991). Epidemiologists, Social Scientists, and the Structure of Medical Research on AIDS in Africa in *Social Science and Medicine*, 33, 7, 771-794.
- PAUL, H., (1964). The Control of Diseases. Edinburgh : E. and S. Livingstone.
- PELTO, P.J. and PELTO, G.H., (1978). Anthropological research : The structure of inquiry. 2nd edition. Cambridge : Cambridge University Press.
- PRESTON-WHYTE, E.M., (1992). Half-way there: perspectives on the use of qualitative methods in intervention oriented AIDS research in South Africa. Unpublished paper presented at "Science and Vision Conference", Human Sciences Research Council.
- SCHAPER, i., (1939). Married life in an African tribe. London : Faber and Faber.
- SCHOEPP, B.G., (1988). Women, AIDS, and Economic Crisis in Central Africa in *Canadian Journal of African Studies*, 22, 3, 625-644.
- SCHURINK, W.J., (1981). Gay-vroue : 'n sosiologiese verkenning aan die hand van outobiografiese sketse. Pretoria : Raad vir Geesteswetenskaplike Navorsing.
- SCHURINK, W.J., (1985). 'n Verkennde studie van prostitusie in Eersterust. In *Metodologie van die Geesteswetenskappe : Basiese begrippe*. Geredigeer deur J. Mouton en H.C. Marais. Pretoria : Raad vir Geesteswetenskaplike Navorsing, 247-279.
- SCHURINK, W.J., (1988a). Deelnemende waarneming. Pretoria : Raad vir Geesteswetenskaplike Navorsing.
- SCHURINK, W.J., (1988b). Die metodologie van ongestruktureerde onderhoudvoering. Pretoria : Raad vir Geesteswetenskaplike Navorsing.
- SCHURINK, W.J., (1988c). Lewensgeskiedenis : Die gebruik van persoonlike dokumente. Pretoria : Raad vir Geesteswetenskaplike Navorsing.
- SCHURINK, W.J., (1989). Die realiteit van homoseksualisme : 'n sosiologies-kwalitatiewe ontleding. D.Phil.-proefskrif, Potchefstroomse Universiteit vir Christelike Hoër Onderwys, Potchefstroom.
- SCHURINK, E. and SCHURINK, W.J., (1990). AIDS : Lay perceptions of a group of gay men. Pretoria : Human Sciences Research Council.
- SECHREST, L., (1987). Critical Issues in the Development of Cross-Cultural Research Methodology. In *Psychology in context : Cross-cultural research trends in South Africa*. Edited by K.F. Mauer and A.I. Retief. Pretoria : Human Sciences Research Council. 37-63.
- s.n., (1990). Reprieve for AIDS conference in *The Lancet*, 335, 8697, 1090.
- s.n., (1992). Research CRAWLS along: Nursing research in South Africa in toddler stage in *Center for Science Development Bulletin*, 4, 6, p.20.
- SWENSON, R.M., (1989). Plagues, History and AIDS in *Dialogue*, 1, 83, 16-22.
- TEMPELS, P.P., (1945). Bantoe-Filosofie. Antwerpen : De Sikkel.
- VANCE, C.S., (1991). Anthropology Rediscovered Sexuality: A Theoretical Comment in *Social Science and Medicine*, 33, 8, 875-884.
- VAN DYK, A., (1991). Voorkoming van VIGS : psigososiale voorspellers van houdings, gedrag en gedragsverandering. D. Phil.-proefskrif, Universiteit van Suid-Afrika, Pretoria.
- VINEY, L.L. and BOUSFIELD, L., (1991). Narrative Analysis: A Method of Psychosocial Research for AIDS-affected people in *Social Science and Medicine*, 32, 7, 757-765.
- VOGET, F.W., (1960). Man and Culture : An Essay in Changing Anthropological Interpretation in *American Anthropologist*, 62, 943-965.
- WEBER, J. and PINCHING, A., (1988). The Clinical Management of AIDS and HTLV-III infection. In *The Management of AIDS Patients*. Edited by D. Miller et al. London : The Macmillan Press Ltd., pp. 1-34.
- YOUNG, A., (1976). Some Implications of Medical Beliefs and Practices for Social Anthropology in *American Anthropologist*, 78, 1, 5-24.

Mr. Gerhard Boulogne  
Department of Anthropology  
University of the Orange Free State