

Merton's anomietheory revisited

by G. Kuiper

R.K. Merton's anomietheory has been used by many sociologists and criminologists, but if one reads it closely and studies it carefully, it becomes evident that it fits badly together. It is apparent that nobody actually rejects the success goal (wich he gives as an example, but which in fact is not an example at all), except for the rebellion of which he cannot give an example. With that the whole theory goes up in smoke. Some additional (?) typologies (Dubin, Harary, Besnard) only seem to be classification systems; they scarcely contribute anything. The first end of the scale 'conformity – deviant behavior' does not receive Merton's attention. In this derailment of Merton's anomietheory his science philosophy is involved: rejection of high range theories. Because of this the theory in question has become too simple to be a real model.

Taxfraud and anomie

by J.J. Godschalk

Is there a relation to be found between taxfraud and anomie, in Durkheim's sense? In this article the results of research by the vakgroep Labour and Organisation of the faculty of political and social-cultural sciences, University of Amsterdam, is the basis of reflections on this theme. It will be demonstrated that tax evasion is part of a special domain of norms and values in the society. In the contemporary situation norms regulating the payment of taxes are 'stretched' and this activity is legitimated by group culture. There is no anomie on the level of the group. But group norms and societal norms are getting more and more in conflict and by this development an anomious situation can develop in the society.

Money and tradition in Africa: is paying for health care culturally acceptable?

by Sjaak van der Geest

In 1987 UNICEF launched the so-called Bamako Initiative, which has as its main objective to improve the sustainability of primary health care in Africa by making people pay for it. The question is raised whether paying for health care is culturally acceptable in African communities. The author argues that 'money' is not a new phenomenon in Africa and that paying for goods and services does not need to conflict with existing traditions of reciprocity in the field of health care. Money is an artifact which is culturally incorporated in a creative manner to satisfy specific needs. *Cultural* objections to paying for health care, therefore, are unlikely to exist, but *how* payment should be realised in an effective and just way is another question.