CHAPTER 1

Theory as Practice: Thinking Theoretically About Health Promotion

Learning Objectives

When you finish reading this chapter, you will be able to:

1. Describe similarities between commonsense and scientific theories.
2. Choose a definition of scientific theory that makes the most sense to you.
3. Articulate a definition of theoretical thinking (or theorizing) and theory.
4. Further examine and test the notion of theories as stories.
5. Outline what theory/theorizing does.
6. Articulate the concept of theory as practice.
7. Question why the unity of theory-practice is often broken in public health.

. . . There is nothing so practical as a good theory.
—Kurt Lewin, 1951

DEFINING THEORY

I *love* theory because, really, there's nothing more practical! Yet it took me a long while to truly appreciate the practical side of theorizing because when I began studying health behavior theories I felt I had been trapped within a dream-like, bizarre world in which everything seemed disproportionately abstract. I had a hard time understanding precisely what a theory *was*, what exactly it could do to guide my research, and how on earth I would even *know* which theory to use. My difficulties began when attempting to define theory, as I could never uncover a simple explanation: scholars' conceptualizations and explanations were so abstract, convoluted, and complex that I often gave up trying to craft a definition of my own (and did I mention how *confusing* it all seemed?).

Eventually, I came to think of "what is theory?" as an unimaginative question: on one hand, presupposing simplistic, reduced accounts of a seemingly rich phenomenon and, on the other, offering abstract, complicated, and unintelligible answers. After all, one's impulse is to fill in the blank in "Theory is (blank)" with a quick, concise, one-sentence description, but the concise and short definitions I came across rendered theory meaningless, lifeless, confusing, and (to quote my students) "awfully dry."

A friend of mine enjoys reminding me that "theory is not rocket science; it's much more complicated than rocket science!" If this holds true, then it doesn't sit well to define theory as one single, simple entity. As I came to understand much later in my studies, theory is multifaceted and amazingly complex. To reduce it to a one-dimensional phenomenon would come close to mutilation, and as you see throughout this text, theory's beauty lies precisely in its dynamic and intricate complexity (Hoffman, 2003). Brief definitions never do it justice.

If asking "what is theory?" leads nowhere interesting, I believe it more productive to ask a different set of interconnected questions such as these:

- What does theory do?
- What does theory—in action—look like?
- How can we recognize theory when we see it?
- What does theory do that is uniquely "theory-*ish*"?

Although this book, as a whole, addresses all these topics, I have chosen to center this chapter on the first two questions, relating them specifically to the world of health promotion and public health:

1. What does theory do?
2. When theory is doing its "thing," what does it look like?

The most common approach to health promotion theories found in your professional materials (books, journal articles, reports, websites) goes as far as admitting that theories have at least two faces or may be found in two different varieties (but rarely more than two): *commonsense theories* and *scientific theories*. As you read along, you will find this book introduces you to other types of theory, but for now, let's begin by considering these familiar categories and then proceed with answering the two questions I proposed previously.

Commonsense Theories

Commonsense theories comprise explanations we invoke, on a daily basis, to make sense of our lives. For example, in the past couple of weeks, Laura's behavior seems a little "off." She arrives late for team meetings and appears distant and broody when the team interacts. Laura is one of my graduate assistants and doctoral students. I do have a "theory" (or a proposed explanation) for Laura's behavior: She has been under considerable stress lately, taking her comprehensive exams, finalizing a manuscript to submit for publication, and teaching two freshmen-level classes.

My theory is a "commonsense" theory because it represents a personal attempt to make meaning of a situation (a sense-making task), based on the information at hand. I may choose to test this theory of mine, for instance, by asking Laura herself if what I'm thinking is valid or by asking some of her colleagues about what is happening, but such testing won't go far: As soon as I understand what is going on or as soon as her behavior returns to "normal," I will forget my little theory and the need to test it and will gladly move on to the next problem.

Another good example of commonsense theories is conspiracy theory. You can certainly recognize a conspiracy theory when you see one: It tends to grab your imagination. Conspiracy theories combine challenging questions with sometimes outlandish answers, attempting to explain why something happened. Take President John F. Kennedy's assassination, for instance. Many explanations have been proposed to make sense of the bizarre events that ended the President's life.

Among these explanations, a handful of conspiracy theories have emerged. These theories started by zeroing in on the questions that were dismissed or brushed aside by the mainstream official reports because they (the questions) were unthinkable, outrageous, or too far fetched (the theory proposing that President Kennedy and Governor Connally were not struck by a single bullet is only one example of the many conspiracy theories that sprung up after the event) (Kurtz, 2006).

Frequently, unique perspectives or approaches are followed, and unusual solutions to difficult problems are sometimes found, thanks to these conspiracy-type accounts, but yes, you're quite right if you thought about this: Very often, conspiracy theories find themselves unsupported by available evidence and, with time, become tales and myths societies enjoy telling and retelling.

Yet, underlying both commonsense and conspiracy theories you find a shared element: attempts to make sense of reality, to explain events and circumstances so humans can function in a world, in a reality, in a place furnished with meaning.

Scientific Theories

Scientific theories, as you have already noticed throughout your studies, look different from commonsense theories from the get-go. Definitions of scientific theories are much more elaborate, contain more clearly outlined characteristics, and have better defined purposes when compared with definitions of commonsense theories. Here are some examples of these definitions as they appear, specifically, in the social sciences. In the now-classic textbook on health behavior theories, *Health Behavior and Health Education*, for instance, theory is defined as "a set of interrelated concepts, definitions, and propositions that present a *systematic* view of events or situations by specifying relations among variables, in order to *explain and predict* the events or situations" (Glanz, Rimer, & Viswanath, 2008, p. 26).

Another elaborate, yet a bit clearer definition of social science theory is proposed by Norman Denzin (1970):

> A theory is a set of propositions that furnish an explanation by means of a deductive system. *Theory is explanation*. Durkheim's theory of suicide in Spain conforms to the above specifications. . . . It states that: (1) In any social grouping, the suicide rate varies directly with the degree of individualism (egoism); (2) the degree of individualism varies with the incidence of Protestantism; (3) therefore, the suicide rate varies with the incidence of Protestantism; (4) the incidence of Protestantism in Spain is low; (5) therefore, the suicide rate in Spain is low. (p. 34, emphasis mine)

Here are other definitions providing further details regarding scientific theory's main elements:

> A theory is a set of interrelated universal statements, some of which are definitions and some of which are relationships assumed to be true, together with a syntax, a set of rules for manipulating the statements to arrive at new statements. (Cohen, 1980, p. 171)
>
> Theory is a mental activity. . . . It is a process of developing ideas that can allow us to explain how and why events occur. Theory is constructed with several basic elements or building blocks: (1) concepts, (2) variables, (3) statements, and (4) formats. (Turner, 1986, pp. 4–5)

In our world of public health, health education, and health promotion, "behavioral theories are composed of interrelated propositions, based on stated assumptions that tie selected constructs together and create a parsimonious system for explaining and predicting human behavior" (DiClemente, Crosby, & Kegler, 2002, p. 3).

When examined further, these definitions also refer to scientific theories' three main goals, purposes, or functions:

1. *Description.* Theories should facilitate the description (and understanding) of the phenomena being studied. The scientist/social scientist must be able to "describe the phenomena he [sic] is studying so that others can repeat his descriptions with a high degree of agreement" (Denzin, 1970, p. 31).
2. *Explanation.* Scientific theories allow "the construction of a system of interrelated propositions that permits the scientist to 'make sense' out of the events observed" (Denzin, 1970, p. 31).
3. *Prediction.* The utility of scientific theories extends beyond mere description and explanation, however. "If a [scientist/social scientist] claims to have explained why a given set of variables occurs together, he must be able to predict the future relationships" (Denzin, 1970, p. 31).

This, in a nutshell, is how scientific theories are often defined and characterized.

As you examine these accounts, what would you say is the common theme cutting across all of these definitions? What is similar about them? Yes, the notion that scientific theories explain phenomena in a logical, ordered, interconnected manner. As we found for commonsense ones, scientific theories also represent attempts to make sense of reality, through descriptions, explanations, and predictions of events and circumstances.

From the previous set, my favorite definition is the one proposed by Turner (1986, p. 4), for it places theory in the world of words or ideas (a mental activity), highlighting the power of language to create and shape human reality (if ever you had any doubts about the power language has in creating and shaping reality, just read J. R. Tolkien's *Lord of the Rings*, J. K. Rowling's *Harry Potter* series, or Robert Frost's poems).

Not far from my top choice for a good definition of scientific theory is Cohen's (1980, p. 171) proposition, because his includes an important characteristic of scientific theories. To earn the status of "scientific," theoretical explanations need to go together, connect according to specific rules, and follow a unique grammar. Denzin (1970) calls this set of rules, or this grammar, a "deductive system." Explanations of cause and effect, by themselves, do not constitute a theory. They are merely explanations. What lends these explanations the status of theory is the manner in which the explanations are connected, derived from, or related to each other. Here, Denzin (1970, p. 34) puts the same idea differently: "A theory must contain a set of propositions or hypotheses that combine descriptive and relational concepts. . . . Unfortunately, a set of propositions taken alone does not constitute a theory either. The set must be placed in a deductive scheme."

This particular feature of scientific theories (relationships among explanations or constructs) reminds me of quilting. If you've ever tried your hand at this craft, you know quilting consists of sewing fabric together, usually combining large squares of material with different textures and colors to form an intricate pattern. Quilting offers a very useful image for the process of theory building because you can "see" how, depending on the way you choose to connect the blocks of fabric, you can get entirely different images. For instance, take a look at the squares I drew in Figure 1–1.

The various designs displayed in the last row of Figure 1–1 were all formed by combining the top square into blocks of four squares each (shown in the second row). The variation in shape has everything to do with how the original block is combined with other identical blocks. The same goes for scientific theories: string the data (or "facts") using a certain logic or set of beliefs as the starting point, and you come up with one set of explanations; combine them within another (logic) structure (some like to label these structures *paradigms*), and the resulting explanations might look very different. The important point to remember from this illustration, however, is this: Individual blocks of fabric do not a quilt make. Similarly, you don't have a scientific theory until you weave various explanations within a logic pattern.

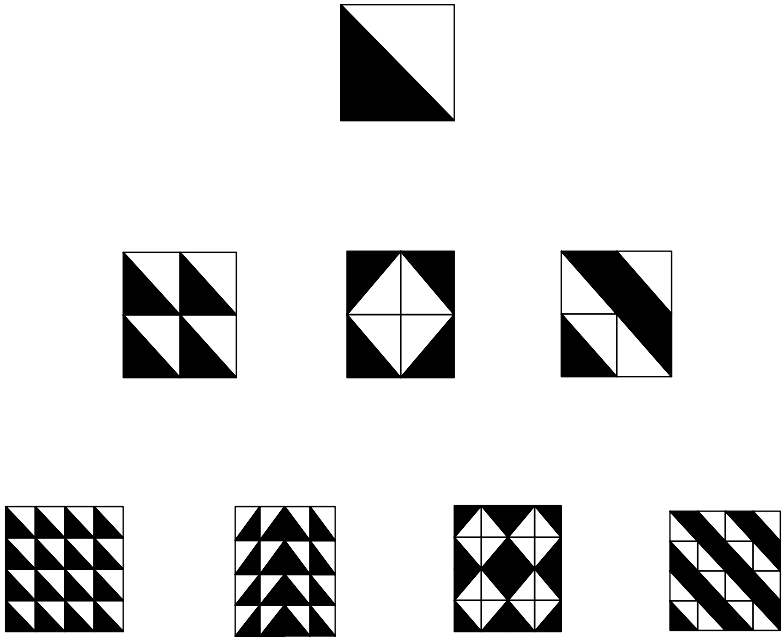

FIGURE 1–1 Quilt Blocks

So, there you have it: my two favorite definitions of scientific theories. Yet, if you do not agree with my choice and have your own preferred version(s), don't worry! You're in good company. Surprisingly enough, neither in the "hard" sciences nor in the social sciences do scholars share a single agreed-upon view of what a theory is, nor do they care to reach consensus over a single definition (Cohen, 1980; Turner, 1986). Although for some the term "theory" may refer to a "set of tested empirical generalizations" or to a "unified, systematic causal explanation of a diverse range of social phenomena" (Schwandt, 2001, p. 252), others may view theory as broad "theoretical orientations or perspectives (e.g., functionalism, symbolic interactionism, behaviorism)" or, more specifically, as a single theory (e.g., critical theory) (Schwandt, 2001, p. 252). At the same time, various types of ideas, speculations, hypotheses, models, criticisms, conceptual frameworks, or any propositions interconnected with words (and even scholars' personal beliefs) are sometimes called theory in certain disciplinary fields (Cohen, 1980; Denzin, 1970). Go figure!

Therefore, despite the apparent rigor, order, logic, and systematic thinking going on in scientific theorizing, social scientists themselves use the term theory

to mean many different things. Far from indicating these scientists don't have their act together, to me, this only reinforces the notion that theory is a complex, multidimensional phenomenon that resists attempts to be simplified, unidimensionalized, and "boxed" into one specific container. The beauty of theory lies precisely in its intricate complexity, much like the beauty of a kaleidoscope, a fractal image, or the inner workings of the human body.

THEORIZING, THEORETICAL THINKING, AND THEORY

The way many health promotion (and social sciences) textbooks define and emphasize scientific theories is, to me, part of a plot (do you sense a "conspiracy theory" in the making, here?): A plot to simplify theoretical thinking, to reduce it to its bare bones, to "skeletonize" the phenomenon, and thus to distance us from the forces involved in its creation, implementation, and refinement. Perhaps it is merely an attempt to be didactic, not a plot. In trying to help us understand, textbook authors have instead taken us into an anatomy lab, made us look at a cadaver, and declared, "Here is what life looks like!" It just doesn't work for me.

The problem, as I see it, is this: Definitions of scientific theories ignore a crucial element within the theory domain—the theorizing *process*. To think about theory is to think about explanations, descriptions, and predictions, yes, but it is more than that. It means also considering the questions and the reasoning that lead to these explanations, descriptions, and predictions.

For my purpose in this book then, I define theorizing (or theoretical thinking) as the dynamic process of *asking and answering* specific types of questions. I define theory as the end result, the outcome, the outgrowth from this operation. Put another way, theorizing implies movement, dynamics, dialogue: a volleying between questions and replies. Theory is the answer part of the equation. You can see this conception of theory and theoretical thinking diagrammed in Figure 1–2.

Within this framework, scientific theories are characterized by questions focused on causes, with explanations or answers that attempt to tell the story of why phenomena occur as they do. Theoretical questions in scientific-type thinking about health promotion ask: What influences or determines healthy behaviors among older adults? Do attitudes lead to behavior change among adolescents? Why is education level associated with certain health outcomes? Scientific theories—when they have already been proposed and tested—provide clean, decluttered explanations to answer these questions. They have been carefully

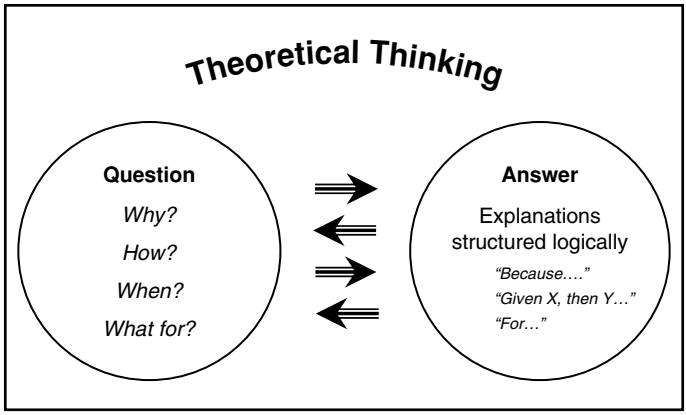

FIGURE 1–2 The Theorizing Process

thought out, tentatively proposed (at first), and repeatedly tested to see whether the explanations might hold over time and across various contexts. Only after much tweaking, adjusting, and testing, testing, testing do these explanations gain the status of a scientific theory, and, in science, all of the tweaking, adjusting, and testing follow carefully spelled-out protocols. In other words, they are done in a systematic way, following principles and procedures of scientific practice (Pedhazur & Schmelkin, 1991).

Other types of theories (policy, ethics, common sense theories) ask different types of questions. They are not cause-and-effect ones, but questions such as: What is the ultimate end of health promotion? Why should healthier lifestyles be promoted? Are the means being used to promote health, healthy themselves? Is health a human right to which all human beings are naturally entitled? How can a country's public health system protect its populations against potentially dangerous illnesses? What can be expected from the impact of globalization, in terms of health promotion, worldwide?

THEORY *AS* PRACTICE

What Does Theory Do?

Setting aside the differences between commonsense and scientific theories, I hope it has become clear to you that both categories have a pivotal, common element: meaning attribution. This is precisely the "job" of theoretical thinking. This is exactly what theory, or more precisely theorizing, does (Nealon & Giroux, 2003).

Theory-type questions and their answers lend meaning, provide explanation, impose order, and organize logically the events that engulf us. Theorizing, in other words, leads us to:

- *Ask* certain types of questions
- *Question* the status quo
- *Seek* the most plausible and meaningful answers
- *Build* a narrative or logical structure for the questions and the answers

We should view theory as a type of practice precisely because theorizing involves all of these actions. Just keep this point in mind: *theory is practice*. If practice is "action" or "doing," we find that theory does quite a lot more than we might suspect. So, the next time someone attempts to criticize you because you enjoy thinking theoretically, you can point out how thinking theoretically is, indeed, engaging in very practical tasks!

What Does Theory Look Like?

Remember the textbooks that—at most—propose two different "faces" for theory: commonsense and scientific? In order that you may grasp the unique characteristics of scientific theories, these books' authors will often draw a sharp distinction between the two types, almost to the point of suggesting they are incompatible or contradictory. The truth is if you view theoretical thinking as a process of asking specific types of questions and obtaining certain kinds of answers, scientific theories and commonsense theories become merely different manifestations, different "looks" of the theorizing process. Both appear different, but the difference is on the surface, in the types of questions raised. The bottom-line processes of sense making, meaning attribution, explanation, and description, remain the same for both types (for all types) of theories.

Many scholars defend the notion that humankind's most universal strategy for making sense of reality is that of creating and telling stories. "We are storied selves," says Robert J. Nash (2004, p. 8). Because theories are one way to explain and attribute meaning to reality, theories undeniably constitute a specific type of story (Hoffmann, 2003). Mark Edberg (2007) describes the notion well:

> It could be said that a key characteristic of modern humans from prehistoric times has been the creation of tales, myths, and stories that, for example, describe an entire cosmological system, explain the creation of society, explain how men and women came to be what they are, and so on. These are all theories in the broad sense, for they present a coherent account from which more specific judgments and conclusions can be drawn. (p. 26)

I would like to make this point clear. When Edberg or I say that theories are stories, we are not saying that theories are the product of fantasizing about make-believe worlds. We mean this: Theories themselves are built following certain narrative structures, certain "story-building rules" and purposes. What these stories or theories "look like" depends on whether they are scientific theories, public policy theories, ethics theories, commonsense theories, or conspiracy theories. Packaged in different formats, they all represent ways to provide accounts of phenomena in orderly, logical, and meaningful ways (Lemert, 1993). In this sense, theories are stories. Notice how Arthur W. Frank, author of *The Wounded Storyteller*, describes the book in which he analyzes the human experience of disease by focusing on his and others' personal stories of illness:

> This book [*The Wounded Storyteller*] is a *work of theory*, but it is equally a collection of stories and a kind of memoir. For almost a decade I have been a wounded storyteller, and I have cultivated the stories of others who are wounded, each in different ways. The "theory" in this book elaborates my story and theirs (Frank, 1995).
>
> Charles Lemert introduces his social theory textbook calling theory "a basic survival skill" (Lemert, 1993). *The Wounded Storyteller* is a survival kit, put together out of my need to make sense of my own survival, as I watch others seeking to make sense of theirs. The wounded storyteller, like Lemert's theorist, is trying to survive and help others survive in a world that does not immediately make sense. (p. xiii)

If stories are crafted and told for sense-making purposes (for survival, Frank and Lemert would say), however, they only have meaning within a given context. The Biblical story of the creation of the cosmos makes no sense within the context of physics and astronomy. Theories of health promotion that emphasize individual responsibility for wellness have little relevance in refugee camps, among victims of natural disasters, or among populations afflicted by wars. To understand what theory looks like or what kind of meaning it is creating, a theory must be understood within its particular context, against the backdrop of the particular stage in which it is enacted. Edberg (2007) puts it clearly:

> [Theories] are propositions that have meaning, validity, and truth (or falsity) within a specific context, such as a historical context, a social context, or a cultural context. Within their contexts, they are commonly held to be meaningful. Thus, to understand why a particular theory is meaningful or to evaluate its validity, you need to understand the contextual ground rules, so to speak. (p. 26)

Keep this point in mind: theories will "look" different, depending on the context within which you search for them. They will have unique appearances,

depending on the needs they were designed to meet at the time they were created. Furthermore, they will only be considered "true," "valid," or even "useful" depending on the historical, social, and cultural circumstances within which they were invented.

If that context is the natural sciences in the 20th and 21st centuries, for example, theories will look very rigid, very authoritative, and some will have gained the status of "universal laws" (e.g., the law of gravity). In this context, the need being met is that of discovering realities existing outside human experience, of developing factual, predictable knowledge: hard-fast, lasting, and stable rules, efficient at prediction and control. On the other hand, if the context is the behavioral sciences within modern Western societies, theories will be numerous, varied, much more malleable, and almost none will have achieved the status of "universal" explanations despite much testing. Some of these theories will even question the theorizing or sense-making processes themselves, asking whether the search for meaning is, indeed, a universal trait among humans.

Within the context of behavioral sciences—lying at the intersection of biological and social sciences—the need being met by scientific theories is both to explain or "gain clarity" (Buchanan, 2004) regarding humans as individuals and social beings and to predict and control human behavior. If the context is public policy, theories will be less concerned with the ability to understand human behavior and more with facilitating healthy community living and protecting individuals within specific population groups. If the context is Western ethics, you will find theories focusing more on normative aspects of human lives (what should be done, what is ethically right or wrong) and providing guidelines for seeking out the common good.

The outcome of the theorizing process, therefore, as well as the theorizing process itself, will assume many "personas," for theories wear the clothing provided by their historical and practical contexts. Much in the same way that Tofu takes on the taste of the sauce in which you cook it, theories take on the form, shape, language, norms, and values of the many contexts in which they are built and applied.

Health educators tend to think of health promotion theories, quite often, as universally applicable scientific explanations about health behaviors. Public health in general and health education in particular could benefit substantially from investigating, in more depth, the contexts from which these health promotion theories have emerged and in which they are embedded. At the very least, understanding of these theories' historical and cultural contexts would allow health promoters to have realistic expectations about their (the theories') potential and limitations for 21st century public health practice.

THEORY *VERSUS* PRACTICE

In the fall of 2006, at the start of my "Behavioral Foundations of Health Education" class (an introductory, graduate-level health behavior theories course), I asked the students to jot down brief answers to this question: "What comes to mind when you hear the word 'theory'?" I told them I was looking for emotions, beliefs, descriptions, or definitions that immediately surfaced when they thought about the term.

Not surprisingly, of the 14 responses I collected, none listed a single positive emotion. Half contained what I considered neutral or descriptive elements (such as "relationship, explanation, ideas, hypotheses, logical process, concepts, road map"). The remaining half of the class, all of them, brought up negative or critical elements. Here are a few examples:

> Not factual
> Old—dating back many years and may or may not be improved or changed
> Hard to prove and understand
> Something abstract, difficult to understand
> Not useful
> Lack of concrete parameters and confusing guidelines/boundaries

Here is my favorite: "Theory is complex, something I don't like thinking about. . . . It's a lot of thoughts with no specific answers."

You don't need recounts of my students' beliefs (before they took my class, mind you!), however, to illustrate the negativity some people exhibit regarding theory. You find these same attitudes sometimes displayed in textbooks themselves. Here is an example of a preface to a well-known book on theory-driven evaluations (Chen, 1990):

> I would be more sympathetic to [the author's] use of "theory" if that term did not carry with it such a load of unwanted meanings. For example, in sociology, "theory" is often equated with the abstract essays written by sociologists who are long dead. In other fields, theory is equated with sets of integrated mathematical statements concerning highly abstract properties. (p. 9)

Several reasons lie behind the negative reputation theory currently enjoys, particularly in public health, and some are quite complex. I won't develop them in detail here, but in Chapter 3, you will come across a few explanations for why there is such a theory-practice misalignment in public health (and, as it turns out, in most other applied professions). An important possibility to consider, however, is this: Could it be that, specifically in public health and health promotion, the

separation between theory and practice is so pronounced because scholars and practitioners have applied the *wrong types of theories* to the task of facilitating healthy decision making and behaving? In other words, is it possible that researchers or academics (the theorists) have been asking theoretical questions that are "not productive" for understanding why human beings do what they do? Could they perhaps be theorizing about human health behaviors by asking the "wrong" type of question? Theorists and researchers have insisted on asking what causes human behavior (in the same way they would ask what causes a certain cell to replicate or what causes a planet to maintain its orbit). Should they be asking questions about the purpose and the meaning of human behavior, instead (Buchanan, 2000)?

To help us ponder whether this might, indeed, be possible, I invoke Aristotle (and thank David Buchanan [2000] for making Aristotle's thinking so easy to understand). Theorizing (or philosophizing) about human knowledge, Aristotle classified human experience into three types, each type generating a specific kind of knowledge. Here is a small chart (Table 1–1) listing these experiences and resulting knowledge, which I drew based on the outline provided by Buchanan (2000, p. 54).

To this day, Western thinking about what knowledge is has been influenced by Aristotle's typology, and in a way, it is helpful to understand the multiple ways in which humans experience reality and learn from such experience. For Aristotle, episteme-type knowledge—or the type of knowledge we gain from observing "events that are constant, universal, and eternal" (Buchanan, 2000, p. 54), the type of knowledge being generated in the natural sciences—is

Table 1–1 Aristotle's Classification of Types of Knowledge Resulting from the Three Types of Human Experience

Types of Human Experience	Varieties of Knowledge Generated by Each Experience
Theoria: ". . . the experience of events that are constant, universal, and eternal."	Episteme
Poesis: ". . . the experience of making things—know-how or craftsmanship."	Techne
Praxis: ". . . experience [that] comes from the encounter with flux: the transient, irregular, context-bound, and contingent relationships characteristic of the sociohistorical domain."	Phronesis (or Practical Reason)

Data are from Buchanan, D. R. (2000). *An Ethic for Health Promotion: Rethinking the Sources of Human Well-Being.* New York: Oxford University Press. By permission of Oxford University Press, Inc.

"inadequate and inappropriate for analyzing social situations." As Buchanan (2000) explains,

> Aristotle observed that human relationships are historical, contextual, and contingent. Action in the social domain must be responsive to the novel features of each situation, to contexts in which a limitless variety of features fluctuate in salience, and to the ethical relevance of the particular persons in the specific situation at hand. (p. 54)
>
> While the force of gravity is uniform throughout the known universe (except, possibly, in black holes), Aristotle noted that relationships in the sociohistorical domain do not display the same invariability. On the contrary, how people respond to events depends on when and where they occur, who is present, and what the individuals hope to accomplish. (p. 54)

Thus, the "bad rep" that theory often gets in public health and health promotion may indeed be the product of public health's insistence in approaching human behavior as resulting from fixed, universal forces. Negative views of theory may be in place because we insist in asking the wrong questions because we fail to admit that health behaviors lie in the domain of praxis-type experience and, therefore, lead to practical reasoning, or phronesis-type knowledge, not episteme-type knowledge. Current theories of health behavior provide one size fits all answers to questions such as "what causes people to choose a healthy lifestyle?" or "what may lead people to better manage their diets and eating habits?" Most of the answers we now have tend to be "universal," fixed, blatantly ignoring that health behaviors are context-bound and contingent on their socio-cultural-economic contexts.

If this might indeed be the case, then why would we expect practitioners to *want* to use these theories when they really don't answer the right-here-right-now questions practitioners have? For example, if a health educator wonders, "How can I help Ms. Smith manage her diabetes, given the small retirement income she manages and the large family she always says 'comes first'?" then the answers provided by health behavior theories such as "increase Ms. Smith's self-efficacy" (Bandura, 1997) and "increase her perception of the severity of diabetes" (Champion & Skinner, 2008) are totally irrelevant. Actually, if the health educator is not careful, focusing on these "scientific" answers can do more harm than good (or become iatrogenic—more about this in Chapter 8): Because Ms. Smith's context (low income, large family, and her place within this family network) seems to shape her health problems, intervention attempts to increase self-efficacy or perceived severity of the disease may only contribute to enhancing Ms. Smith's anxiety and guilt (Becker, 1993). The practitioner's intervention—if he or she is

concerned about applying one size fits all health behavior theories to develop her educational program—may transform Ms. Smith from a "person at risk" into an "anxious person at risk" contributing to exacerbate what has been dubbed an "epidemic of apprehension" (Becker, 1993, p. 2).

From this perspective, you might even conclude it may, in fact, be positive for theory and practice to maintain a healthy distance in public health. Yet, I would argue that the current status of theory and practice in public health (this ambivalent, love–hate relationship you see described in more detail in Chapter 3) is a significant symptom of an underlying illness we have institutionalized in our profession.

To separate theory and praxis (or theoretical thinking from action) is an artifact. There is nothing more valuable, more enlightening, and more empowering than the marriage of the right type of question with the appropriate answer, to build understanding, to shape professional practice, and to sharpen our professional awareness. This is another important point in this chapter, so take note: Theoretical thinking that is relevant is intricately tied to practice. Divorcing the two becomes nonsense (no sense). It is breaking something that is a unit, a "one," a whole, into pieces and expecting the pieces to survive and perform on their own—like splitting a peanut butter and jelly sandwich by pulling apart the slices of bread. Try doing this, and you have nothing: not a peanut butter and jelly sandwich, not peanut butter and bread, not bread and jelly. If split, the final product is something else, but it isn't a peanut butter and jelly sandwich anymore!

Paulo Freire—the Brazilian critical theorist and philosopher of education whom health promoters have come to know well due to his contributions related to empowerment theories (Wallerstein, Sanchez-Merki, & Dow, 1997)—has articulated this unity between theory and practice appropriately. For him, the relationship is the same as the one between action and reflection. He calls the relationship between theory and practice a dialogical one. For Freire, our individual behavior and the way we live in society represent a constant "conversation" or "dialogue" between our doing and our thinking about what was done—the thinking about what was done, in turn, shaping what will be done next, and so forth in a continual iterative process.

John Willinsky (1998), writing about theory in the context of teaching literature, argues this point quite eloquently:

> Try thinking of how we practice theory, that is, of how theory is a form of practice. After all, theory is practiced, whether by a young child facing a plate full of different foods or a teacher in front of a class on the first day. Theory takes practice. Theory shapes practice.

> Take this a step further and consider how this habit of naming one thing as "practice" and another as "theory" is in itself the work or practice of theory. It is a theoretical distinction. Such is the practice of theory. In this way, it seems fair to say that a theory of the world is what enables us to work with it. Or to put this another way, the world makes little sense without a theory about it. Our practices exist by virtue of our theories. (p. 244)

When relevant questions and appropriate answers are developed and applied, what you have is theory and practice as action and reflection, or reflexive praxis: two sides of the same coin. If you have an inclination for metaphysical images, think of this unity as being similar to you: You consist of a physical dimension (your body) and a nonphysical dimension (your soul, your mind, or whatever is you that is not solely physical). If we were to try to separate these two dimensions of yourself, what would happen? Pretty disastrous, wouldn't you say? And so it is when trying to artificially separate theory from practice and action from reflection. No wonder health-promotion professionals (and students) complain that theory is dry, irrelevant, and boring. People would complain that you were dry and boring too if only your dead body walked around, interacting with others, with no personality, emotions, hopes, dreams and quirks. Your beauty lies in the dynamic life force within you, the interaction among all the dimensions that constitute you!

If we think about theorizing as the interplay, the "dance" or the constant dialogue between a specific type of question and its respective answers, when the questions asked and the answers given match and when both emerge from action, theory/theoretical thinking and practice are one. This constant, dynamic dance/dialogue of action and reflection, theory and practice, to me makes the two inseparable. It also reinforces the notion that theory (or theorizing) is itself a type of practice. If you remember what we said before, regarding what it is that theory *does*, you will conclude that because theory questions actions, questions the status quo (the manner in which we do things), seeks the most plausible and meaningful answers, and builds a narrative in which to frame the questions and the answers, it is indeed engaged in quite a bit of practical tasks! It does a lot!

In this way, theory has a necessary practical dimension; without practice (understood as everyday living), theory wouldn't happen—it wouldn't exist. Conversely, without theory, living would be undefined and meaningless, merely biological subsistence. Therefore, to divorce theory from practice (which is, in fact, what you will observe when you look at much of the current public health practice) becomes detrimental to our sense making: neither can we explain our practice and those things that are extremely relevant to us nor can we improve our way of doing things because we don't question them.

FINAL THOUGHTS

I would like to add one final observation regarding scientific theories' claims to their ability to *predict* behaviors. Despite widespread dissatisfaction in our field with health behavior theories' power to describe, foretell, and therefore, prevent risky behaviors, the mere notion that theories aspire to predict behavior with precision and efficiency is, to me, very scary.

Imagine this scenario: a certain theory proposes that an individual's theoretical self-esteem (TSE—defined as the regard one has for one's self in terms of the ability to think theoretically) is associated with his or her theorizing behavior. If I—the theorizing expert—knew the TSE scores of a certain group of students, for instance, I could easily predict to what extent those students practice theorizing behaviors, or better yet, I could devise educational or marketing strategies to enhance that group's TSE and thus to get more frequent theorizing behavior out of them! Thank goodness there's no such thing as TSE (interestingly enough, though, there is such a thing as "web-esteem"—so it may not be long till we see TSE as a bona-fide theoretical construct; see Brock, 2006).

While the construct of TSE is merely a product of my imagination and predictions of ability to think theoretically are not life threatening, the ability to predict behavior is not science fiction. It is, in fact, one of the main goals of scientific theorizing, and as we have learned from the natural sciences, it can be done. *Should* it be done, however?[1] Buchanan, for instance, argues that if our health behavior theories and our health promotion methods were to become ultraefficient at predicting and changing health behaviors, our autonomy as human beings would be lost:

Buchanan (2004) writes:

> To me, the quest to find such power is deeply disturbing. Whoever controlled these new behavioral technologies would have the power to control your and my behavior. If effective scientific models [or theories] were ever developed, then the government, for example, would have the power to decide whether I would eat that dessert, exercise today, smoke pot, have sex outside marriage, or change any other behavior that it wanted to control. If effective scientific models were ever developed, then the very foundations of human autonomy, responsibility, dignity, and respect would be destroyed. We would have no autonomy, no moral responsibility, and no dignity because (1) scientists would have identified the causes of the behavior in question, and ipso facto, (2) they would have the power

[1]Notice the theorizing attempt here to question the status quo regarding how we use behavioral theories in health promotion. In this case, it took a simple question: Should scientists be able to predict human behavior efficiently?

> to change or eliminate that behavior. It would, in short, be a brave new world, beyond freedom and dignity. (p. 150)

Granted: Theorists and researchers are quick to say prediction is not very precise at the level of the individual, therefore, I really can't do a good job of anticipating your theorizing behavior (what a relief!). Prediction works best at the level of aggregate data—when dealing with averages—and with populations or groups, not with individual persons. Even so, if you think that public policy usually predicates upon such "averages" and upon target groups and/or populations, it can still be a scary thought that we would try to predict (and, therefore, control and tweak) people's behaviors.

Well, this is enough for now on the problematic implications of using scientific health behavior theories efficiently to promote behavior change. There is more on this in other sections of the book.

In concluding, I believe you have rarely been challenged to think about theory this broadly. When was the last time you read something proposing that theory might be beautiful? Well, it is, and my goal is to walk you through the various manifestations of theory, to introduce you to its most attractive (and nonattractive) features, and to guide you to refine your theoretical thinking skills. I trust you will, after reading this book, invest in your own theoretical thinking and evaluate the current status of theorizing within public health. Oh, yes, I do want to offer you guidelines for using scientific theories in research and in practice because to use health behavior theories this way is still the bread-and-butter of public health. I hope, however, that "using" theory becomes, in your professional worldview, only one way to approach theoretical thinking about health. My goal is for you to feel challenged to take a stab at theorizing, to know you can become more than just a "theory consumer" or a "theory applicator" (I know, it sounds like a makeup tool; horrible term!), and to seriously consider becoming a "theorizer" or a theorist. In a sense, this book is about theories (some would say a "meta-theory" text), but it is about more than theory, too: It's about you, your approach to theory, research, and practice, as well as your discovering the exciting places where theoretical thinking can take *you*.

> Theory is a basic survival skill. This may surprise those who believe it to be a special activity of experts of a certain kind. True, there are professional . . . theorists, usually academics. But this fact does not exclude my belief that . . . theory is something done necessarily, and often well, by people with no particular professional credential. When it is done well, by whomever, it can be a source of uncommon pleasure. (Lemert, 1993, p. 1)

SUGGESTIONS FOR PRACTICING THEORETICAL THINKING

1. Conduct an informal survey of your colleagues. Ask them this: "When I say the word 'theory' (or the phrase 'health behavior theories'), what comes to mind?" Assess whether their answers carry positive, negative, or neutral connotations.
2. Ask yourself how is the term "theory" being used in health education and public health? You could write a systematic literature review of the topic and submit your findings for publication.
3. Promote a panel discussion regarding (1) what types of ideas have earned the label of "theory" in health education and public health and (2) whether public health is, indeed, asking the appropriate theoretical questions regarding health promotion (i.e., whether we should focus so much in finding invariable, universal causes for human behavior). Invite a group of faculty and students in your school to debate the issue and/or begin a brown-bag lunch series to revisit the questions periodically.
4. Familiarize yourself with David Buchanan's work and his critical analysis of health education/health promotion. Figure out where you stand vis-à-vis his critique of our practice.
5. Learn more about Paulo Freire's vision of education as dialogical or something that happens in dialogue between teachers and learners. You may find some interesting (and inspiring ideas) for your own work in public health!

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