Theory in Health Promotion Research and Practice

Thinking Outside the Box

Patricia Goodson, PhD
Professor
Department of Health & Kinesiology
Texas A&M University
College Station, Texas
This is dedicated to my father, Rev. Curtis C. Goodson, and his wife, Elisa G. Goodson, with much love.
Contents

Preface ................................................................. xi
Acknowledgments ..................................................... xvii
About the Author ....................................................... xix

Chapter 1  Theory as Practice: Thinking Theoretically About Health Promotion ..................................... 1
Learning Objectives ....................................................... 1
Defining Theory ............................................................. 2
  Commonsense Theories ........................................... 3
  Scientific Theories ...................................................... 4
Theorizing, Theoretical Thinking, and Theory ..................... 8
Theory as Practice ....................................................... 9
  What Does Theory Do? ............................................... 9
  What Does Theory Look Like? .................................... 10
Theory Versus Practice .............................................. 13
Final Thoughts ............................................................ 18
Suggestions for Practicing Theoretical Thinking .................. 20
References ................................................................. 20

Chapter 2  Why Think Theoretically About Health Promotion? .................................................... 23
Learning Objectives ....................................................... 23
Rationale for Thinking Theoretically About Health Promotion ................................................................. 24
  Reason 1: Because Theoretical Thinking Infuses Ethics and Social Justice into Public Health Practice ............. 24
  Reason 2: Because Theoretical Thinking Represents a Moral Duty and a Professional Responsibility .......... 27
  Reason 3: Because Theoretical Thinking Guides the Profession ................................................................. 30
Reason 4: Because Theoretical Thinking Prevents
   Ideological Takeover, or Hegemony ............................ 35
Reason 5: Because Theoretical Thinking Guides and
   Perfects Practice .......................................................... 37
Reason 6: Because Theoretical Thinking Builds
   Scientific Knowledge .................................................. 40
Reason 7: Because Theoretical Thinking Provides
   Roadmaps for Research .............................................. 44
Final Thoughts .............................................................. 48
Suggestions for Practicing Theoretical Thinking ................. 48
References ........................................................................ 49

Chapter 3  Who Is Thinking Theoretically? Current Use of Theory
   in Health Promotion Research and Practice ............... 55
Learning Objectives ........................................................ 55
Three Ways to Understand the Relationship Between
   Theory and Practice .................................................... 57
Barriers to the Integration of Theory and Practice ............... 63
Application of Scientific Theories to Health Promotion
   Practice ...................................................................... 65
Use of Implicit Theories or Theories of Action in Health
   Promotion Practice ...................................................... 66
Use of Scientific Theories in Health Promotion
   Research ..................................................................... 68
Thinking Theoretically About Practitioners’ and
   Researchers’ Use of Theory ......................................... 69
Suggestions for Practicing Theoretical Thinking ................. 71
References ....................................................................... 72

Chapter 4  Which Theories? An Overview of the Theoretical
   Landscape in Health Promotion ................................. 75
Learning Objectives ........................................................ 75
Which Theories? ............................................................. 76
Most Commonly Used Theories of Health Behavior and
   Health Promotion ......................................................... 77
Journey Through the Dominant Theories in
   Health Promotion ........................................................ 78
   Travel Gear .................................................................. 79
   Let the Journey Begin .................................................. 87
Suggestions for Practicing Theoretical Thinking ................. 91
References ....................................................................... 91
Chapter 5  Pattern 1: Exaggerated Focus on Individual-Level Factors: Too Much of a Good Thing? ........................................ 93
Learning Objectives ................................................................... 93
Focus on Individuals .................................................................. 94
Levels of Theory ....................................................................... 94
Exaggerated Focus on Intrapersonal Theories ......................... 97
The Blind Spots of Intrapersonal Theories .............................. 98
The Stories Intrapersonal Theories Tell .................................... 100
An Alternative—Ecological Models and Systems Science
Approaches to Health Promotion .............................................. 101
Suggestions for Practicing Theoretical Thinking ...................... 105
References .............................................................................. 105

Chapter 6  Pattern 2: Undue Emphasis on Rationality: What’s Love Got to Do With It? .................................................. 107
Learning Objectives ................................................................... 107
Value-Expectancy and Rational Choice Theories ..................... 108
Dual Process Theories—Beyond Rationality ......................... 112
An Alternative ....................................................................... 115
Suggestions for Practicing Theoretical Thinking ....................... 120
References .............................................................................. 120

Chapter 7  Pattern 3: Deliberate Privileging of Linearity: The Whole or the Sum of the Parts? ................................. 123
Learning Objectives ................................................................... 123
Linear Theories ....................................................................... 124
Complexity Theories ............................................................... 125
Complex Adaptive Systems ..................................................... 126
Linear Versus Dynamic Approaches to Human Reality .......... 128
Linear Versus Nonlinear Data Analyses ................................. 130
An Alternative ....................................................................... 132
A Reminder and a Reality Check ........................................... 134
Suggestions for Practicing Theoretical Thinking ...................... 137
References .............................................................................. 137

Chapter 8  Applying Theory to Health Promotion Research ............ 139
Learning Objectives ................................................................... 139
A Word About Guidelines ....................................................... 140
Applying Theory to Research—An Overview ....................... 141
The Alternative: A-Theoretical Research ............................... 144
CONTENTS

QT—Applying Theory to Quantitative (or Positivistic) Research ........................................... 145
QT1—The Role of Theory in Quantitative (Positivistic) Research ............................................... 146
QT2—Choosing a Theory (or Theories) for Your Quantitative Research Project .......................... 147
QT3—Grounding Your Research Questions and Hypotheses .................................................... 153
QT4—Applying Theory to Data Analysis in Quantitative (Positivistic) Research ...................... 157
QT5—Applying Theory to Secondary Data Analysis in Quantitative (Positivistic) Research ........ 161

QL—Applying Theory to Qualitative (or Naturalistic) Research ............................................. 163
QL1—The Role of Theory in Qualitative (Naturalistic) Research ............................................. 165
QL2—Choosing a Theory (or Theories) for Your Qualitative Research Project .......................... 166
QL3—Applying Theory to Qualitative Data Analysis and Interpretation .................................. 167
QL4—Applying Theory to Secondary Data Analysis or Reanalysis of Qualitative Data .............. 170
QL5—Generating Theory in Qualitative Research ................................................................. 171

MM—Applying Theory to Mixed Methods (or Pragmatist) Research ...................................... 172
MM1—The Role of Theory in Mixed Methods Research ......................................................... 173
MM2—Choosing a Theory for Your Mixed Methods Research ............................................... 175
MM3—Applying Theory to Mixed Methods Research .......................................................... 175

Suggestions for Practicing Theoretical Thinking ................................................................. 177

References ......................................................................................................................... 180

Chapter 9 Applying Theory to Program Planning and Evaluation ............................................. 183

Learning Objectives ............................................................................................................ 183
Theory and Practice ............................................................................................................ 184
The Role of Theory in Program Planning ............................................................................. 185
Applying Theory to Program Planning .............................................................................. 187
Applying Theory to Program Planning: The “Ideal” Strategy ............................................ 188
Preface

It never fails. Every time I begin teaching a health behavior theories course—before students have had a chance to learn what theoretical thinking entails—I hear the familiar mantra: “But, Dr. Goodson, theory is sooooo boring, sooooo dry, and sooooo abstract!” (with lots of emphasis on the “so” to make sure I don’t miss the point). Despite their preconceptions that learning health behavior theories is as enticing and exciting as hiking through the Saharan desert in the middle of a sandstorm, they concede, rather reluctantly at first, that theory may be a needed (often required) tool for health promotion. If so, then learning how to use it might, indeed, be valuable. Yet mastering this tool seems as unattractive a task as undergoing brain surgery (or any surgery, for that matter).

It is for readers who identify with such prejudices against theory, who believe theory is dry, boring, and unappealing, that I wrote this book. Because I do understand why people might think this way about theory (yes, I concede: theory can be a horribly abstract and unattractive topic), I wrote Theory in Health Promotion Research and Practice: Thinking Outside the Box as a different kind of theory book. Because I wanted readers to actually enjoy reading about theory, this book had to be different.

What, then, makes this text unique? First, it does not describe any particular theory or sets of theories used in health promotion research or practice. I wished to avoid the book becoming a mini-encyclopedia of theories, for plenty of such resources are readily available. I even present and assess some of these resources within the text (see Chapter 4).

If it does not describe individual theories then, what is the book about? The answer to this question is rather simple: The book centers on a challenge—a challenge I propose to you, the reader and health promotion professional (or professional-in-training), to develop your theoretical thinking skills in order to impact the field, improve people’s health, and foster professional growth. Across all chapters you will
find a constant, repeated call to think theoretically, to develop your own theoretical frameworks, to fill in the current theoretical gaps, and to enjoy yourself in the process! This is, most certainly, the main purpose of this book—its "soul."

More specifically, Thinking Outside the Box is about the need for and the importance of thinking theoretically about health promotion and public health. Chapters 1 and 2 define theory and develop a rationale for why thinking theoretically is vitally important for the health of our field (very frequently, I will use the labels “health promotion,” “public health,” and even “health education” interchangeably, despite their inherent differences). Chapter 3 reviews how health promoters (scholars and practitioners) have handled theoretical thinking and the application of theory to research and practice in recent years (or not). Chapter 4 introduces you to the available textbooks describing the various health education and health behavior theories currently employed in the field (the mini-encyclopedias I mentioned previously). The chapter exposes you to the theoretical landscape that our health promotion efforts now inhabit, and offers to take you through a theoretical-thinking journey, critically assessing the most popular theories we employ in public health research and practice. The journey takes you through Chapters 5, 6, and 7, pointing to three important problematic patterns in the current landscape: current theories’ exaggerated focus on individual-level factors, their undue emphasis on rationality, and their deliberate privileging of linearity.

Before you begin to fear Thinking Outside the Box might just be a heavy-handed critique of the theories currently deployed in health promotion, I remind you of the book’s main title: Theory in Health Promotion Research and Practice. That is precisely the topic I address in Chapters 8 and 9, providing guidelines for applying theory (yes, those same theories I critique in Chapters 4 through 7) to health promotion research (Chapter 8) and to program planning and evaluation (Chapter 9).

Keep in mind: In Chapter 8, you will find step-by-step guidelines for applying theory to the three most-often employed research paradigms in public health—quantitative, qualitative, and mixed-methods research. If, for some reason, you picked up this book merely to learn how to use theory, you may want to read Chapter 1 (for the overall “tone” of the book) and skip to Chapters 8 and 9 (and Appendices A and B) to get to the procedural steps.

In Chapter 10, you will find “outside-the-box” recommendations for bridging the gap between theory and practice in public health. Appendix A provides a brief overview of the distinction between theory and model, and in Appendix B, I offer brief guidelines for how to develop your own theoretical thinking, and how to evaluate the quality of a new (or even an “old”) scientific theory.
Thinking Outside the Box is a different kind of theory book not only due to its content. It is different because it proposes a unique way of thinking about theory. In this text, I argue that thinking theoretically is essential for reflection about one’s practice and is, therefore, a type of practice itself. I also make the case for theoretical thinking as narrative, for theories as stories, and for theorizing as a form of story telling. These notions—that theory is practice, that theory is a form of narrative—are not new. Yet they represent an uncommon approach to theoretical thinking, one that sits at the margins of the current scientific discourse in public health, one you will not encounter very frequently in public health’s arsenal. While these perspectives may currently lack widespread popularity, I believe them to be the most interesting (not boring), attractive (not dry), and effective (not irrelevant) approaches for helping to understand the professional dilemmas we face and the many frustrations we encounter when dealing with human beings, their well-being, and dis-ease. I encourage you not to be deterred by the nonmainstream status of some of the perspectives I introduce; after all, that’s what thinking outside the box entails—becoming part of a minority group of thinkers.

To support the unconventional approach I bring to this book (yet I must remind you that the approach is unconventional mainly in public health, not so much in other fields), I relied heavily on the authors who have shaped my own theoretical thinking. I attempted to reflect their views through my own lenses of personal and professional experiences. Among those who influenced my approach to theory and theoretical thinking, the Brazilian educator and philosopher of education, Paulo Freire holds a prominent place (partly because I had the privilege of hearing him speak several times at conferences in Brazil and was fortunate to have been mentored by a couple of his closest pupils—one of whom became Freire’s biographer). For those unfamiliar with Freire’s work, it may suffice to know that he is viewed as the “father” of empowerment theories in health promotion.

I agree with Freire’s basic premise that education is a powerful transformational tool. If I didn’t believe this, I wouldn’t have chosen health education as a career. Yet it is his specific formulation that education is a dialogical process of action and reflection that became the foundation of my thinking about health promotion research and practice. For Freire, all education occurs within a process of dialogue between free human beings. In this dialogue, humans exchange and create meaning (or teach-and-learn) by “naming” the world around them. The words used in this naming process come from the work (or praxis) that humans engage in, work they do to transform and manage their world. This work consists
necessarily of two dimensions: reflection and action. These dimensions interact so radically, claims Freire (1974), that “if one is sacrificed—even in part—the other immediately suffers” (p. 75). When, in human praxis, action is sacrificed, what results is *idle chatter, verbalism* or, as Freire would say, an “*alienating ‘blah’.*” Conversely, if reflection is compromised, human action turns into *nervous activism* and shuts down dialogue. In other words, too much action—without reflection—is nonceasing activity without room for meaningful dialogue; too much reflection—without corresponding action—becomes empty babbling and has no transformative power (Freire, 1974). According to Freire, in our educational and knowledge-building efforts, we are constantly tempted to break up this reflection–action unit and to dichotomize (and polarize) the two dimensions. Such dichotomy—established in most disciplinary fields, including public health—between theory and practice, action and reflection, is concrete evidence that we have fallen into temptation. But more about that later in the book.

A third reason why this is a different kind of theory book is its writing style. Precisely because I believe education consists of an ongoing dialogue between teachers and learners, I opted to write this book using a “dialogue tone”: I write the text, as much as possible, in the first person, something you will not find in most theory texts. Because I wished to maintain a conversational style and avoid some of the “dryness” of other theory texts, I tell several stories of my interactions with colleagues and students, their puzzled questions, their reactions, and their experiences applying theory (or not). I confess I received mixed reviews when a few students read the initial drafts of this book. Some asked that I avoid the “I” in the text; for them, using first person became too distracting and did not make the text sound “academic enough.” “Stick to the facts and write academically” was their somber advice to me at that point, perhaps feeling an obligation to protect my career from abject disaster were I to continue insisting on writing informally. On the other extreme were the students who “absolutely *loooooved*” the personal, informal style and thanked me profusely for avoiding writing another text that might significantly increase the risk for a reading-induced coma. Go figure. Mixed reviews! As an academic, shouldn’t I be used to them by now?

Backed by Robert Nash—and his text *Liberating Scholarly Writing: The Power of Personal Narrative*—I chose to err on the side of mixing “much informal writing with formal writing” (Nash, 2004, p. 6). Actually, I *had* to, you see, because this book defines, discusses, and assesses theory from the perspective of narrative, or theory-as-story telling. This approach compels me to write in a style that allows interspersing my own stories, inserting my own voice. Granted, I don’t have *that many* interesting stories to tell related to theory; so I did break down and “stuck
to the facts” at least 90% of the time. Yet you will catch me breaking the rules of academic discourse quite frequently in each of the chapters. I hope you won't charge me with academic mutiny and will instead become motivated to explore what Robert Nash calls “scholarly personal narrative” (SPN). Nash defines SPN as a form of intellectual inquiry that advocates, for the inquirer, the author, or the researcher, the right to be placed inside the exploration, to have his or her voice heard alongside the “mere facts” (Nash, 2004, p. 4). I strongly believe in the intrinsic value of this type of inquiry.

This text was written for graduate students and junior professionals who work directly with or have a tangential interest in human health and well-being, public health, and health promotion; students in schools of Public Health; in departments of Health Education, Human Behavior and Performance, or Health Promotion; within colleges of Education or Health Sciences; and those enrolled in human health behavior-related studies in Anthropology, Sociology, Psychology, Political Science, and Social Work (among other fields). I believe the text will also be useful for public health professionals who might feel twinges of frustration every now and then regarding the prosaic theoretical direction in which the field seems to be headed, who wish to contribute new perspectives and approaches, who wish to think “outside the box” yet not feel completely alone or unvalidated in the process. Ultimately, this book can represent a source of solace and direction for anyone wishing to navigate the theoretical waters in the social sciences.

If you find the text helpful (or even if you don’t) and wish to share your comments, provide feedback, ask questions, or recommend changes, you’re welcome to email me at TheoryDoc@gmail.com. I look forward to hearing from you.

REFERENCES


During the journey I undertook writing this text, I learned it takes a village to place a new book in readers’ hands. I am fortunate to inhabit a village teeming with talented, tenacious, and tactful supporters, readers, reviewers, editors, and publisher. My gratitude extends to all fellow villagers, but I would like to single out a few people who deserve special recognition. First and foremost, the editorial, production, and marketing teams at Jones & Bartlett Publishers, where 90% of the people assigned to work with me were named “Katie” (what are the odds?). Thank you, Katey Birtcher, who held my hand at the beginning of the contract-signing and writing processes; Catie Heverling, Editorial Assistant, who walked me through the production–launching steps with much grace and patience; Kate Stein, the production editor; and Sophie Fleck, the marketing manager, for kindly answering all of my basic (often very naïve) questions. I actually had fun through this process that most authors find “grueling” and “boring.” I learned a lot from each of you. My most sincere thank you to Michael Brown, Publisher, for believing in the value of this project and providing a review of the final product that was absolutely on target! Thanks, Mike!

I am also grateful to Texas A&M University for granting me a Faculty Development Leave in the spring semester of 2008; it represented concerted writing time away from the numerous interruptions inherent in teaching, mentoring, directing research projects, and exercising administrative tasks. Texas A&M University also represents a big portion of my village, and I wish to extend a sincere thank you to the colleagues there who encouraged and supported this project. Among them are Dr. Buzz Pruitt, who knew this book just “had” to be written, no matter what; Dr. Carolyn Clark, who held my hand during the Faculty Development Leave and often reminded me, “You will finish the book!”; Dr. Yvonna Lincoln, who fostered the necessary confidence to approach a publisher with the idea for this book in the first place; and the students in various health behavior theories classes in my department who read the first chapters of
the book and provided valuable feedback. A special note of thanks goes to my faithful P.O.W.E.R. group at Texas A&M.¹ I never expected the group would provide such valuable support for my own scholarly writing! That group is the best.

Several colleagues and friends at other universities (my extended villages) also deserve special recognition. A world of thanks to Dr. Debby McCormick, at Northern Arizona University, for cheering this project along, for just loving Chapter 5 in its draft format, and for keeping me humble during the process (she has a knack for doing that!). A big thank you is also in order to my former students, now assistant professors in their own right, who read selected portions, commented, or eagerly volunteered to adopt this text: Dr. Eric R. Buhi, Dr. Lei-Shih Chen, Dr. Heather Honore, Dr. Sandra Suther, Dr. Adam Barry, and Dr. Catherine Rasberry.

I also received invaluable support in the form of emotional strength and encouragement from two nonacademics (but true educators, at heart). One of them is my chiropractor and acupuncturist, Dr. Karen Campion. I do not manipulate the truth (no pun intended!) by saying this book would never have been written were it not for her patience and dedication in taking care of my “out-of-whack Qi.” (“Qi” is a Chinese term meaning body–soul energy.) Her gentle, healing hands are a testament to alternative therapies and to the effectiveness of an energy–medicine approach to health promotion. The second nonacademic is my electrical engineer turned-missionary father (now retired), to whom I dedicate this text. His unwavering belief that this book was worth writing and his steadfast commitment to listening to my reports of progress, set-backs, and accomplishments were invaluable; they represented a tangible sign of true grace and made me so very thankful.

These are the villagers who helped make this book a reality. They are worthy of thanks and recognition, but are not responsible for any mistakes or idiosyncrasies I may have brought to the text. Together, we would like to invite you to be a part of this village and to come stay awhile and commune with us as you read. . . . We are thankful you chose to visit. We hope you enjoy your stay.

Patricia Goodson
College Station, Texas
TheoryDoc@gmail.com

¹I created P.O.W.E.R. services, in 2007, as a peer-led service to support doctoral students’ writing efforts in the College of Education and Human Development at Texas A&M University. P.O.W.E.R. stands for Promoting Outstanding Writing for Excellence in Research.
About the Author

Patricia (Pat) Goodson, PhD, is a Professor in the Department of Health & Kinesiology at Texas A&M University, where she has taught many of the graduate-level health behavior theories courses during the last 10 years. She obtained her PhD in Health Education from The University of Texas at Austin (thankfully, Texas Aggies do not hold that against her!). She holds one master's degree in General Theological Studies, awarded by Covenant Theological Seminary (in St. Louis, Missouri), and another one in Philosophy of Education, from the Universidade Catolica de Campinas (in Campinas, São Paulo, Brazil). Dr. Goodson's bachelor's degree in Linguistics, her bilingual (Portuguese-English) and bicultural upbringing, and her interest in all things language-related have converged in the narrative approach to theory and to health promotion that she brings to this book. In addition to this text, Dr. Goodson has authored several publications related to her research interests in reproductive health, human sexuality, sexuality education, and public health genomics. You may contact Dr. Goodson at: TheoryDoc@gmail.com.