PART II

The Structure and Function of Theory

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CHAPTER 4

Theory as Practice

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DEFINING THEORY

People have a hard time understanding precisely what a theory *is*, what exactly it can *do* to guide research, and how to *know* which theory to use. Difficulties often begin when one attempts to define theory, because uncovering a simple explanation is difficult. Scholars' conceptualizations and explanations are often abstract, convoluted, and complex. Actually, the question "What is theory?" can be an unimaginative question: on the one hand, presupposing simplistic, reduced accounts of a seemingly rich phenomenon, and on the other hand, 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 such concise and short definitions may render theory meaningless, lifeless, confusing, and 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 does not seem logical to define theory as one single, simple entity. As I came to understand late in my studies, theory is multifaceted and amazingly complex. To reduce it to a one-dimensional phenomenon would come close to mutilation. Theory's beauty lies precisely in its dynamic and intricate complexity (Hoffmann, 2003). Brief definitions never do it justice. If asking "What is theory?" leads nowhere interesting, however, it is more productive to ask a different set of interconnected questions:

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

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This chapter, which is primarily approached from a health promotion perspective, focuses on the first two questions: "What does theory do?" and "When theory is doing its 'thing,' what does it look like?" Put in simple terms, theories have at least two faces or may be found in two different varieties: *commonsense theories* and *scientific theories*. These familiar categories are covered in this chapter.

Commonsense Theories

Commonsense theories comprise explanations that people invoke on a daily basis to make sense of their lives. Suppose, 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 a graduate assistant and doctoral student. As her teacher, I do have a theory (or a proposed explanation) for Laura's behavior: Laura has been under considerable stress lately, taking her comprehensive exams, finalizing a manuscript to submit for publication, and teaching two freshman-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 if what I'm thinking is valid or by asking some of her colleagues about what is happening, but such testing will not go far. As soon as I understand what is going on or as soon as Laura's 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 a commonsense theory is conspiracy theory. People can certainly recognize a conspiracy theory when they see or hear about one. Such a theory tends to grab one's imagination. Conspiracy theories combine challenging questions with sometimes outlandish answers, attempting to explain why something happened. An example is President John F. Kennedy's assassination: 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 John 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 because of these conspiracy-type accounts. More often, conspiracy theories find themselves unsupported by available evidence and, with time, become tales and myths that societies enjoy telling and retelling. Yet, underlying both commonsense and conspiracy theories

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is a shared element: attempts to make sense of reality, to explain events and circumstances so that humans can function in a world, in a reality, in a place furnished with meaning.

Scientific Theories

From the outset, scientific theories look different from commonsense theories. 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. The following are 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 was proposed by 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 added)

Other definitions provide additional 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)

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> 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:

- *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).
- *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).
- *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 simple terms, is how scientific theories are often defined and characterized. Scientific theories explain phenomena in a logical, ordered, interconnected manner. Like commonsense theories, scientific theories represent attempts to make sense of reality through descriptions, explanations, and predictions of events and circumstances.

The definition proposed by Turner (1986, p. 4) places theory in the world of words or ideas (a mental activity), highlighting the power of language to create and shape human reality. Cohen's (1980, p. 171) proposition also includes an important characteristic of scientific theories. To earn the status of being scientific, theoretical explanations need to go together, connect according to specific rules, and follow a unique grammar. Denzin (1970) called 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. Denzin (1970) put this same idea a bit 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" (p. 34).

This particular feature of scientific theories (relationships among explanations or constructs) is similar to the craft of quilting. Quilting consists of sewing fabric together, usually combining large squares of material with

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different textures and colors to form an intricate pattern. This craft offers a very useful image for the process of theory building because it helps one see how, depending on the way the blocks of fabric are connected, entirely different images can emerge (see **Figure 4–1**).

The designs displayed in the last row of Figure 4–1 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 idea applies to scientific theories: String the data or facts together using a certain logic or set of beliefs as the starting point, and one set of explanations emerges; combine them within another logic, structure, or paradigm, and the resulting explanations might look very different. The important point to remember from this illustration is that individual blocks of fabric do not make a quilt. Similarly, a scientific theory is not developed until various explanations are weaved within a logic pattern.

Surprisingly, in neither the hard sciences nor the social sciences do scholars share a single agreed upon view of what a theory is, nor do they care to

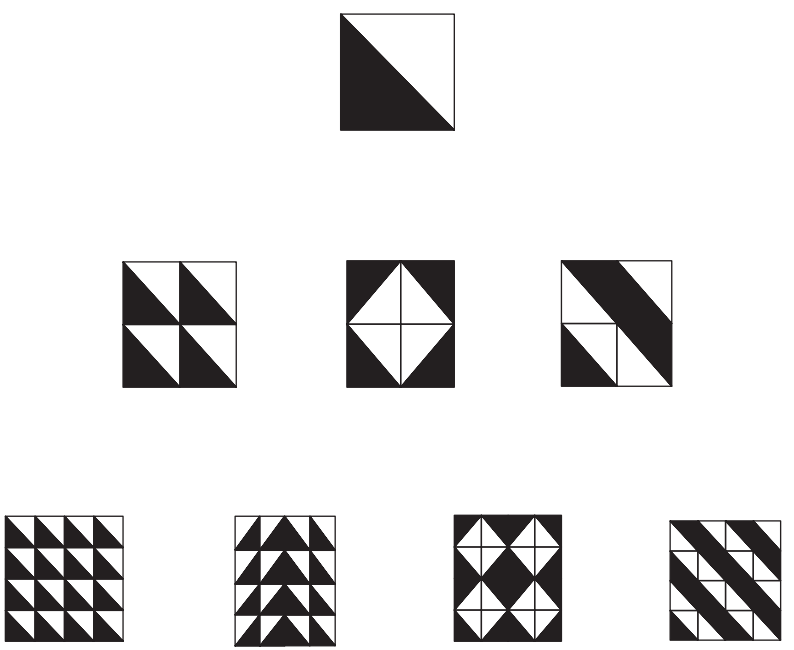

Figure 4–1 Quilt Blocks.
Source: Goodson, 2010.

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reach consensus over a single definition (Cohen, 1980; Turner, 1986). Although for some people 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, and propositions, when interconnected with words (and even scholars' personal beliefs), are sometimes called *theories* in certain disciplinary fields (Cohen, 1980; Denzin, 1970). Therefore, despite the apparent rigor, order, logic, and systematic thinking needed in scientific theorizing, social scientists themselves use the term *theory* to mean many different things. Far from indicating that these scientists are incorrect in their use of the term, this lack of consensus 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 AND THEORETICAL THINKING

The way that some authors attempt to simplify theoretical thinking, to reduce it to its bare bones, to skeletonize the phenomenon, and thus to distance the person from the forces involved in its creation, implementation, and refinement is perhaps merely an attempt to be didactic. In trying to help readers understand, authors have instead figuratively taken readers into an anatomy lab, made them look at a cadaver, and declared, "Here is what life looks like."

The problem is that 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, but it is more than that. It means also considering the questions and the reasoning that lead to these explanations, descriptions, and predictions.

I define theorizing or theoretical thinking as the dynamic process of *asking and answering* specific types of questions. Theory may be defined also as the end result, the outcome, or the outgrowth from this operation. Theorizing implies movement, dynamics, and dialogue—a volleying between questions and replies. Theory is the answer part of the equation. This conception of theory and theoretical thinking is diagrammed in **Figure 4–2**.

Within this framework, scientific theories are characterized by questions focused on causes and with explanations or answers that attempt to tell the story of why phenomena occur as they do. Theoretical questions in

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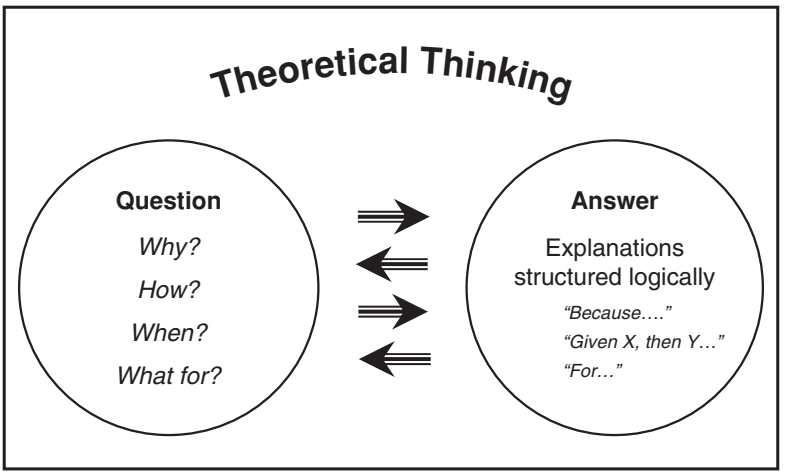

Figure 4–2 The Theorizing Process.
Source: Goodson, 2010.

scientific-type thinking about health promotion, for example, 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 thought out, tentatively proposed (at first), and repeatedly tested to see whether the explanations will hold over time and across various contexts. Only after much tweaking, adjusting, and testing do these explanations gain the status of a scientific theory, and, in science, all of the tweaking, adjusting, and testing follow carefully outlined 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, nursing, and commonsense theories) ask different types of questions. They are not cause-and-effect theories, but focus on questions such as the following: What is the ultimate end of health promotion? Why should healthier lifestyles be promoted? Are the means being used to promote health, healthy themselves? Which nursing interventions result in patient well-being? 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 globalization, in terms of its effects on health promotion, on a worldwide basis?

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THEORY *AS* PRACTICE

What Does Theory Do?

Setting aside the differences between commonsense and scientific theories, it is evident that both categories have a pivotal, common element: meaning attribution. This is precisely the job of theoretical thinking. It 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 healthcare professionals. Theorizing, in other words, leads practitioners to take the following steps:

- *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

Theory should be viewed as a type of practice precisely because theorizing involves all of these actions. It is important to keep this point in mind: *Theory is practice.* If practice is action or doing, then theory does quite a lot more than might first be suspected. Thinking theoretically is, indeed, engaging in very practical tasks.

What Does Theory Look Like?

If one views theoretical thinking as a process of asking specific types of questions and obtaining certain kinds of answers, then scientific theories and commonsense theories become merely different manifestations—different "looks"—of the theorizing process. Both appear different, but the difference lies 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," according to 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). Edberg (2007) described 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)

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When theories are compared with stories, it does not mean that theories are the product of fantasizing about make-believe worlds. Rather, 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, nursing 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 Frank (1995), author of *The Wounded Storyteller*, described the book in which he analyzed 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.
>
> 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 might say), however, they have meaning only 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) stated:

> [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)

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It is important to note that theories will look different, depending on the context within which one searches 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 be considered true, valid, or even useful only after considering the historical, social, professional, and cultural circumstances within which they were developed.

If that context is the natural sciences in the twentieth and twenty-first centuries, for example, theories will look very rigid or 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 of human experience—of developing factual, predictable knowledge: hard-fast, lasting, and stable rules, efficient at prediction and control.

In contrast, 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 aim to understand human behavior and more directed toward facilitating healthy community living and protecting individuals within specific population groups. If the context is Western ethics, theories will focus on normative aspects of human lives (what should be done, what is ethically right or wrong) and the development of guidelines for seeking out the common good. In a nursing context, theories are focused on knowing how to achieve positive patient outcomes.

Thus the outcome of the theorizing process, 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.

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

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to mind when you hear the word 'theory'?" I told them that 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 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

My favorite response was this one: "Theory is complex, something I don't like thinking about . . . It's a lot of thoughts with no specific answers."

A recounting of my students' beliefs is not needed, however, to illustrate the negativity that some people exhibit regarding theory. These same attitudes are sometimes apparent in textbooks. 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)

Could it be that the separation between theory and practice is so pronounced because scholars and practitioners have applied the *wrong types of theories* to their practice? 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 types of questions? 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 actually be asking questions about the purpose and the meaning of human behavior (Buchanan, 2000)?

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In considering whether this might be possible, I invoke the words of Aristotle. Theorizing or philosophizing about human knowledge, Aristotle classified human experience into three types—*theoria*, *poiesis*, and *praxis.* Each of these types generates a specific kind of knowledge—*episteme*, *techne*, and *phronesis* (practical wisdom), respectively (Buchanan, 2000, p. 54). To this day, Western thinking about what knowledge is has been influenced by Aristotle's typology; 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 gained from observing "events that are constant, universal, and eternal" (Buchanan, 2000, p. 54), the type of knowledge being generated in the natural sciences—is "inadequate and inappropriate for analyzing social situations." As Buchanan (2000) explained:

> 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. . . . 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 negative feelings that theory often generates among students and healthcare practitioners may, indeed, be the product of approaching human behavior as resulting from fixed, universal forces (*theoria–episteme).* Negative views of theory may arise because people insist on asking the wrong questions, because they fail to admit that health behaviors lie in the domain of *praxis*-type experience (transient, fluctuating, contingent, context-bound) and, therefore, lead to practical reasoning; that is, health behaviors involve *phronesis*-type knowledge, not *episteme*-type knowledge. Some current theories of health behavior, for example, 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 available tend to be universal and fixed, blatantly ignoring that health behaviors are context-bound and contingent on their sociocultural and socioeconomic contexts.

If this is the case, then why would practitioners be expected to *want* to use these theories if they really do not answer the right-here-right-now questions that

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practitioners have? For example, if a nurse 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. In fact, if the nurse is not careful, focusing on these scientific answers can do more harm than good or become iatrogenic. 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 actually exacerbate 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", thereby worsening what has been dubbed an "epidemic of apprehension" (Becker, 1993, p. 2).

From this perspective, one might even conclude that it may, in fact, be positive for theory and practice to maintain a healthy distance from each other. Yet, I would argue that the current status of theory and practice in health care is a significant symptom of an underlying illness that has been institutionalized among the healthcare professions. 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 professional awareness. 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 nothing remains: 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 is not a peanut butter and jelly sandwich.

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)—deftly articulated this unity between theory and practice. For him, the relationship is the same as the one between action and reflection. He called the relationship between theory and practice a dialogical one. For Freire, individual behavior and the way people live in society constitute a constant conversation or dialogue between one's doing and 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.

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Willinsky (1998), writing about theory in the context of teaching literature, argued 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 is generated is theory and practice as action and reflection, or reflexive *praxis*: two sides of the same coin. If one wants to use metaphysical images, this unity can be thought of as being similar to a person. People consist of a physical dimension (body) and a nonphysical dimension (spirit, mind, or whatever is not solely physical). If these two dimensions of a person were separated, the result would be disastrous. Similarly, if one tried to artificially separate theory from practice and action from reflection, the result would be deficient. It is not surprising that healthcare professionals and students complain that theory is dry, irrelevant, and boring. A comparison is a person walking around, interacting with others, with no personality, emotions, hopes, dreams, or quirks. The beauty in humankind lies in the dynamic life force within people, the interaction among all of the dimensions that constitute who they are.

When theorizing is viewed as an interplay, a dance, or a 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, makes the two inseparable. It also reinforces the notion that theory or theorizing is itself a type of practice. Because theory questions actions, questions the status quo (the manner in which things are done), seeks the most plausible and meaningful answers, and builds a narrative in which to frame the questions and the answers, it does indeed require practitioners to engage in quite a bit of practical work.

Viewed in this way, theory has a necessary practical dimension. Without practice (understood as everyday living), theory would not happen—it would not exist. Conversely, without theory, living would be undefined and meaningless, merely biological subsistence. Therefore, to divorce theory from practice

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becomes detrimental to sense making: Practice and those things that are extremely relevant to practice cannot be explained, nor can the way of doing things be improved, because they are not questioned.

FINAL THOUGHTS

I would like to add one final observation to the claims that scientific theories provide practitioners with the ability to *predict* behaviors, and I will use an example from my own specialty of health promotion. Similar comparisons can be made with nursing and other healthcare professions. Despite widespread dissatisfaction in the field with health behavior theories' power to describe, foretell, and 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 oneself 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, I could easily predict to what extent those students would practice theorizing behaviors, or better yet, I could devise educational or marketing strategies to enhance that group's TSE and, therefore, to wheedle more frequent theorizing behavior out of them. Fortunately, there is no such thing as TSE (interestingly enough, though, there is such a thing as "web-esteem"—so it may not be long until 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. As has been learned from the natural sciences, prediction of behavior can be done. But *should* it be done? Buchanan, for instance, argues that if health behavior theories and health promotion methods were to become ultraefficient at predicting and changing health behaviors, human beings' autonomy would be lost:

> 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

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> 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 to change or eliminate that behavior. It would, in short, be a brave new world, beyond freedom and dignity. (Buchanan, 2004, p. 150)

Theorists and researchers are quick to point out that prediction is not very precise at the level of the individual; thus I really cannot do a good job of anticipating a person's behavior. 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 one considers that public policy is usually predicated on such averages and on target groups or populations, it can still be a scary thought that people would try to predict (and, therefore, control and tweak) other people's behaviors.

To end this chapter on a positive note, consider the words of Lemert (1993):

> 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. (p. 1)

DISCUSSION QUESTIONS

1. Conduct an informal survey of your colleagues. Ask them this question: "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. Engage in a discussion with your colleagues regarding (1) which types of ideas have earned the label of theory in nursing and (2) whether nursing is asking the appropriate theoretical questions.
3. Discuss the ethical implications of using theory to predict and control behavior.

REFERENCES

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York, NY: W. H. Freeman.

Becker, M. H. (1993). A medical sociologist looks at health promotion. *Journal of Health and Social Behavior*, *34*(1), 1–6.

Brock, R. (2006, July 21). Women diminish their web-surfing skills, but the sexes are even study finds. *Chronicle of Higher Education.*

© Jones & Bartlett Learning, LLC. NOT FOR SALE OR DISTRIBUTION.

Buchanan, D. R. (2000). *An ethic for health promotion: Rethinking the sources of human well-being.* New York, NY: Oxford University Press.

Buchanan, D. R. (2004). Two models for defining the relationship between theory and practice in nutrition education: Is the scientific method meeting our needs? *Journal of Nutrition Education and Behavior, 36*, 146–154.

Champion, V. L., & Skinner, C. S. (2008). The health belief model. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed., pp. 45–65). San Francisco, CA: Jossey-Bass.

Chen, H. T. (1990). *Theory-driven evaluations.* Newbury Park, CA: Sage.

Cohen, B. P. (1980). *Developing sociological knowledge: Theory and method.* Englewood Cliffs, NJ: Prentice-Hall.

Denzin, N. K. (1970). *The research act: A theoretical introduction to sociological methods.* Chicago, IL: Aldine.

DiClemente, R. J., Crosby, R. A., & Kegler, M. C. (Eds.). (2002). *Emerging theories in health promotion practice and research: Strategies for improving public health.* San Francisco, CA: Jossey-Bass.

Edberg, M. (2007). *Social and behavioral theory in public health.* Sudbury, MA: Jones and Bartlett.

Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics.* Chicago, IL: University of Chicago Press.

Glanz, K., Rimer, B. K., & Viswanath, K. (2008). *Health behavior and health education: Theory, research, and practice* (4th ed.). San Francisco, CA: Jossey-Bass.

Hoffmann, R. (2003). Why buy that theory? *American Scientist, 91*, 9–11.

Kurtz, M. L. (2006). *The JFK assassination debates: Lone gunman versus conspiracy.* Lawrence, KA: University Press of Kansas.

Lemert, C. (1993). *Social theory: The multicultural and classic readings.* Boulder, CO: Westview Press.

Nash, R. J. (2004). *Liberating scholarly writing: The power of personal narrative.* New York, NY: Teachers College Press.

Nealon, J., & Giroux, S. S. (2003). *The theory toolbox: Critical concepts for the humanities, arts, and social sciences.* New York, NY: Rowman & Littlefield.

Pedhazur, E. J., & Schmelkin, L. P. (1991). Theories, problems, and hypotheses. In E. Pedhazur & L. P. Schmelkin (Eds.), *Measurement, design and analysis: An integrated approach* (pp. 180–210). Hillsdale, NJ: Lawrence Erlbaum Associates.

Schwandt, T. A. (2001). *Dictionary of qualitative inquiry* (2nd ed.). Thousand Oaks, CA: Sage.

Turner, J. H. (1986). *The structure of sociological theory.* Chicago, IL: Dorsey Press.

Wallerstein, N., Sanchez-Merki, V., & Dow, L. (1997). Feirian praxis in health education and community organizing: A case study of an adolescent prevention program. In M. Minkler (Ed.), *Community organizing and community building for health* (pp. 195–211). New Brunswick, NJ: Rutgers University Press.

Willinsky, J. (1998). Teaching literature is teaching in theory. *Theory Into Practice, 37*(3), 244–250.

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