

**MORE  
THAN**

**JUST A  
THEORY**

## **Applying Theory to Practice in Graduate School and Beyond**

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**USC WRITING CENTER**

What is the ultimate goal of research  
in any discipline?

(What do social workers, medical researchers, anthropologists, and geologists all have in common?)

# The ultimate goal of research in any discipline is...

To figure out **how things work** and **why they work** the way they do.

Why?

In order to better address a problem or issue.

*What makes some families more resilient to structural inequalities than others?*

*How safe is the use of propranolol in the treatment of infantile hemangioma?*

*What evidence-based practices most effectively treat clients with dual diagnoses?*

*How is Google changing—and challenging—the field of medicine?*

To answer these questions, we must consider the **abstract** (ideas) + the **concrete** (the observable world).  
Theory **provides the link** between ideas and phenomena in the service of generating **practical solutions**.

**Theory is nothing without practice.**

# Workshop Overview

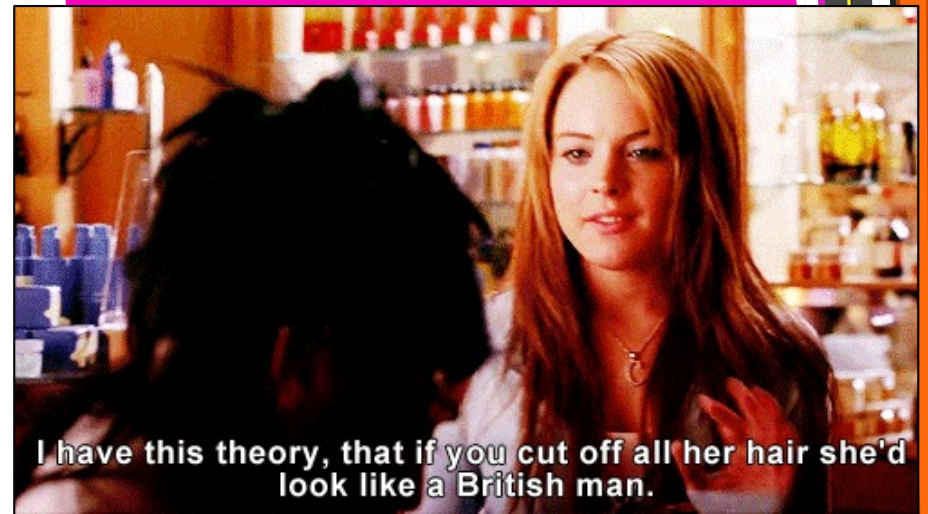
1. What theory is and why it matters
2. How to apply theory to practice (with examples!)
3. Actual... practice

# 1. What theory is and why it matters

## What Theory Is Not

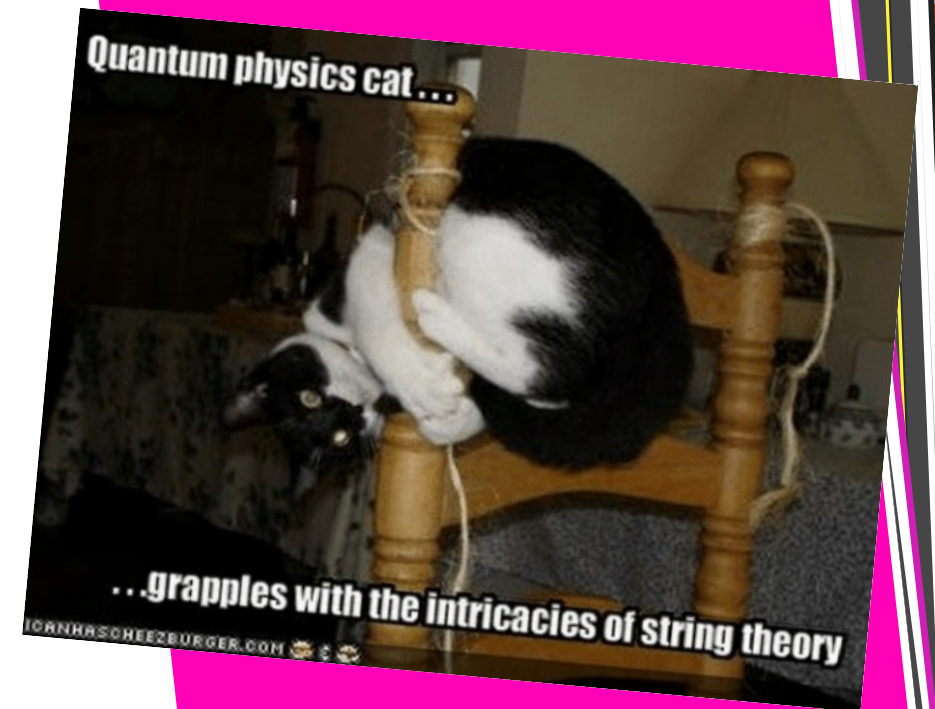
- A hunch
- A wild guess
- Fake news
- Fodder for conspiracy enthusiasts on Twitter
- Intentionally opaque
- Intellectual navel-gazing
- Impractical

In other words: THEORY  $\neq$  HYPOTHESIS.  
It will form the basis of everything you do  
in your professional life.



## What Theory Is

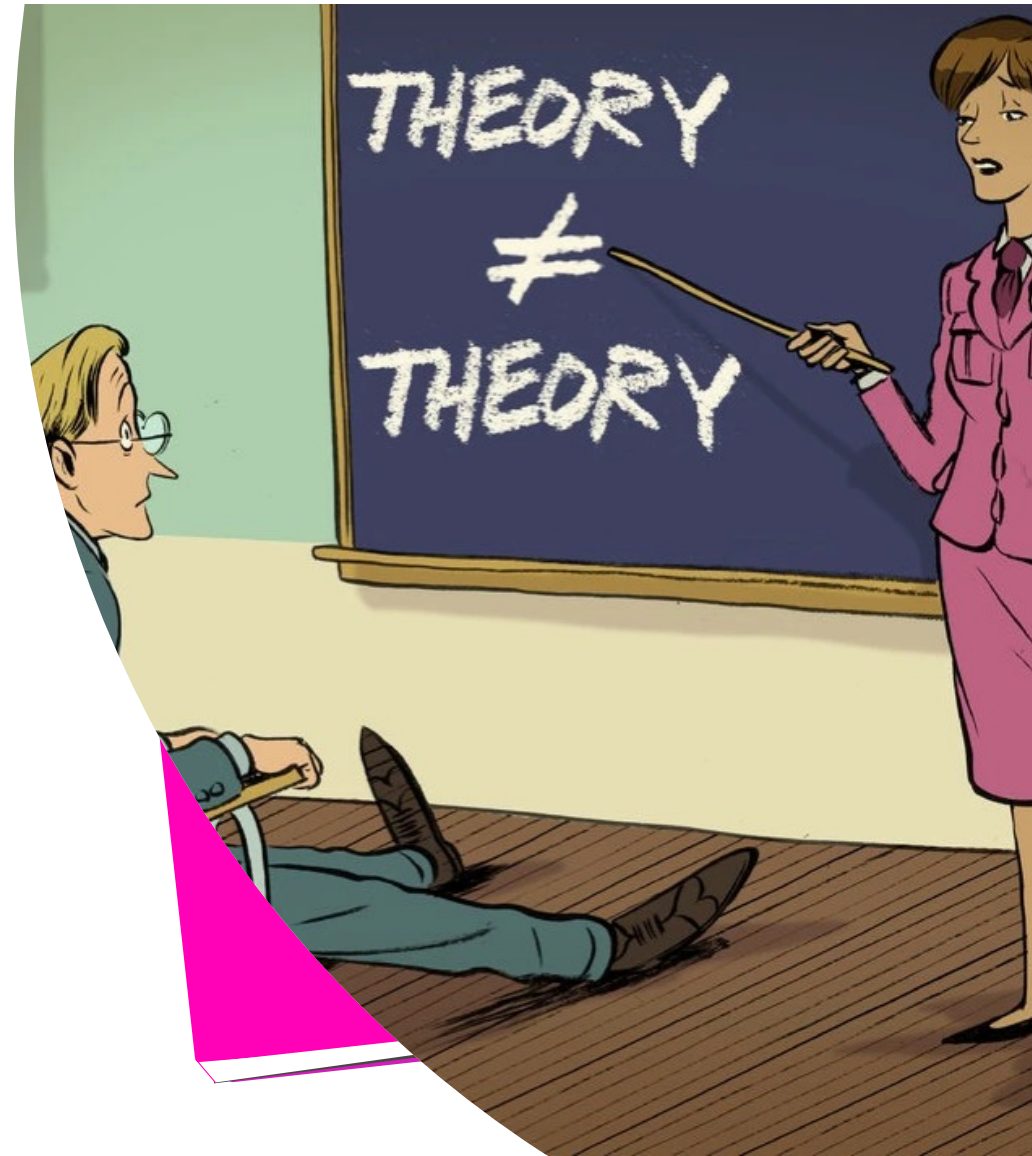
- *Theorizing* is the process of systematically developing and organizing ideas to explain phenomena, and *theory* is the total set of empirically testable, interconnected ideas formulated to explain those phenomena (Doherty, Boss, LaRossa, Schumm, & Steinmetz, 1993; White & Klein, 2002).
- This process isn't linear: phenomena often come first, and our task is to choose the *best* available theory to help explain them.
- Theories aren't indisputable—some theories can be incomplete or a poor fit, while the wrong theory applied to a phenomenon will lead to the wrong interpretation/diagnosis/outcome.
- **BUT**, summarizing, organizing, testing, and attempting to explain and understand things (which is what theories do) is absolutely crucial for all of us in virtually every facet of our lives.



## What Theory Is (Cont.)

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- Theory is often an answer to a “why?” question.
- Theories can also provide *predictions of potential outcomes* (the “what” question), and can be the beginning of more fruitful inquiry or research.
- **Theories are NOT approaches.** Marxism is a theory; biopsychosocial is an *approach*.
- Applying theory to practice is an **ethical issue**: theory urges us to think more carefully about our taken-for-granted values, our motivation, and our place in the research or diagnosis process. It offers a testing ground for professional *practice* and is a key to our professional *identity*.





## 2. How to apply theory to practice

# Applying Theory to Practice

## General Rules:

- ▶ You *must* understand the **theory** first. Do not simply repeat the theorist's words in the same sequence they did; instead, give explanations for the theorist's ideas, using cues such as *suggests*, *implies*, *indicates*, *reveals*. You must provide a defensible INTERPRETATION of the theory based on the text of the theory itself.
- ▶ Then, you must show *how* the theorist's ideas are being illustrated in your case study/vignette (**analysis/application**). Explain the connections, the links you saw between the theory and the example. TAKE A SHOT! You are using theoretical concepts to help understand a particular problem, which may lead you to a diagnosis/intervention (**solution**). In looking for similarities, however, you *will* find points at which the theory does not seem to be a good fit. DO NOT IGNORE THESE DISJUNCTIONS.
- ▶ Strong applications of theory **go beyond the surface** and draw on concrete details from the case study/vignette in order to say something new or surprising. THEY NEVER OVERQUOTE.



# Theory Application Comparison

**Case:** Omar, 40, abusive unemployed alcoholic gambler, married to Letitia, compulsive shopper. Live in South LA, heavily in debt, in danger of eviction from their studio apt. Parents to 6-year-old Troy, who exhibits antisocial behavior towards neighborhood children. Couple's parents also live in LA but are absent from their children's and grandchild's life. **Theory:** Attachment theory.

## Example A

Bowlby (1984) defined attachment theory as “a way of conceptualising the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise” (p. 27). We see this playing out in the case study of Omar and Letitia, parents to 6-year-old Troy. Omar is a gambler, while Letitia is a compulsive shopper. This is because both Omar and Letitia had poor attachments in childhood; they are acting out past resentments and overindulging in material possessions. As Bowlby (1953) stated, “A warm, intimate & continuous relationship with a mother is necessary for healthy psychological/emotional development” (para. 4). Neither Omar nor Letitia has that bond with their mothers, which explains why Troy is antisocial. Troy is seeing the dysfunction in his home and repeating it. His father is abusive towards his mother, so naturally he is imitating that behavior in his interactions with others.



## Example B

Bowlby (1984) stressed the importance of “strong affectional bonds” among family members in his pioneering discussion of attachment theory (p. 27). If these bonds are ruptured due to absence or neglect, emotional distress—including anger and depression—may arise, leading to destructive interpersonal behaviors (Bowlby, 1984, p. 27). In placing emphasis on early childhood relationships, Bowlby implies that any trauma or failure in this formative stage will have a profound impact on a child's mood and behavior. The case study of Omar, Letitia, and Troy strongly reflects such disorganized attachment: Omar and Letitia have no support from their parents, who are “absent” from their lives, and the couple may even be perceived as unwelcome in their own neighborhood because of Troy's antisocial behavior towards other children. Due to their likely inability to rely on anyone—their own bond is chaotic, given Omar's propensity for domestic violence—they engage in mood-dependent and destructive behaviors such as gambling and compulsive shopping. Indeed, their overindulgence in gambling and shopping may be a response to maternal deprivation, as Bowlby (1953) described...

## Theory Application Comparison: Identifying the Parts

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A defensible interpretation of the theory

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The links  
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The links  
between the  
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echoes



Just a  
dash or  
two!

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Drawing on  
concrete  
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Taking a shot



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Going beyond  
the surface

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What’s missing?



**Where the theory falls short!**

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Where the theory falls short

# Applying Theory to Practice

## Concrete Steps:

1. Summarize the main point of Theory X. Define it!
2. Review the theorist's text and list the **most important** ideas in it. What is the theorist *suggesting, implying, indicating, or revealing* through these ideas?
3. Review the case study/vignette and list the most important concrete details in it. **Among other details**, identify:
  - a. **LOCATION** – Where is the situation occurring, on an immediate [**micro**] and a broader level (city/state/country) [**macro**]?
  - b. **PARTIES INVOLVED** – Which and how many parties are mentioned, explicitly *and* implicitly?
  - c. **SITUATION** – What caused this situation, and what effect is likely? Are there multiple causes and effects at play? Are there no manageable patterns of behavior to define? BE CAREFUL.
  - d. **EMOTION** – Which basic emotions are mentioned *or implied* in the example (joy, grief, anxiety, anger)? BE CAREFUL.
  - e. **VALUES** (beliefs) and **NORMS** (actions due to beliefs) – Which values and norms are mentioned *or implied*? BE CAREFUL.
4. Consider which theoretical concepts most directly apply to the concrete details in your case study/vignette. How do these concepts **help explain** what's happening in the example? (**WHAT WOULD THEORIST X SAY?**)
5. Consider where the theory falls short. What are the gaps or omissions? Where is the fit poor?
6. (*If necessary*\*) Make a recommendation. Based on your theory application, what diagnosis/intervention/solution do you recommend, and why? (**WHAT WOULD THEORIST X DO?**)



You don't need to illustrate your theoretical application to every detail, just the important ones. It's a good idea to dive into **a few key points** rather than cramming every idea into your analysis.

*Adapted from Smit et al., "Vignette Research," Europe's Journal of Psychology*



**Successful Theory  
Application:  
Ecofeminism and  
*Precious***

## Successful Theory Application: Identifying the Parts

One of the most applicable systems theories for understanding the case study of Precious is ecofeminism. Ecofeminism draws a direct correlation between Precious's abuse, rape, and molestation at home and her existence in a sexist paradigm, and it considers the detrimental effects that sexism has on the health of individuals and families (Robbins, Chatterjee, & Canda, 2006). In particular, ecofeminism's focus on the problem of patriarchal dualism helps us to view Precious as parentified, rather than deviant or pathological. Dualism is a process by which phenomena, people, behavior, and objects are systematically divided into two distinct and opposing halves, whereby one half is said to be superior to the other (Davies, 2004). Patriarchal dualism, then, refers to "the domination of men over women" in our culture (McGuire & McGuire, 2004), which ecofeminist theory regards not only as fallacious and experientially limiting, but also harmful. An example of the danger of patriarchal dualism lies in Mary's, Precious's mother, perceived competition with Precious for "her man," Precious's father and rapist, Carl. Ecofeminists would likely link Mary's perceived competition with Precious, and subsequent physical, verbal, and sexual abuse, to her apparent belief that men have more value in society than women and that to be a complete woman is to be subordinate to a man. We see evidence of this belief when Mary accuses Precious of acting "uppity" because she is pregnant with a second child from Carl, which Mary makes clear is "one more" than he "gave" her. Mary's perception of her own daughter as a competitor effectively thrusts Precious into a parentified role of independent equal, rather than dependent child. In their research on mothers in incestuous families, Zuelzer and Reposa (1983) confirmed that it is common for mothers in families in which there is an incestuous father-daughter relationship to adopt a stance of competition towards the daughter, leaving the daughter effectively parentless *and* parentified. A potential problem with ecofeminism in relation to *Precious* is that it sees Carl's and Mary's abuse of Precious only as the result of basic flaws in the social structure, the presumed power of men over women. While this de-pathologizes Precious, it also has the effect of de-pathologizing Carl and Mary. And while Carl and Mary are likely suffering from their own trauma and mental illness, their complicity in their daughter's abuse cannot be ignored in any clinical setting that seeks to address the major problems that Precious faces.

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A defensible interpretation of the theory

The links between the theory and the example

Drawing on concrete

details from the example

Taking a shot/Going

beyond the surface

Where the theory falls short

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Where the theory falls short

## Successful Theory Application: Identifying the Parts

One of the most applicable systems theories for understanding the case study of Precious is ecofeminism. Ecofeminism draws a direct correlation between Precious's abuse, rape, and molestation at home and her existence in a sexist paradigm, and it considers the detrimental effects that sexism has on the health of individuals and families (Robbins, Chatterjee, & Canda, 2006). In particular, ecofeminism's focus on the problem of patriarchal dualism helps us to view Precious as parentified, rather than deviant or pathological. Dualism is a process by which phenomena, people, behavior, and objects are systematically divided into two distinct and opposing halves, whereby one half is said to be superior to the other (Davies, 2004). Patriarchal dualism, then, refers to "the domination of men over women" in our culture (McGuire & McGuire, 2004), which ecofeminist theory regards not only as fallacious and experientially limiting, but also harmful. An example of the danger of patriarchal dualism lies in Mary's, Precious's mother, perceived competition with Precious for "her man," Precious's father and rapist, Carl. Ecofeminists would likely link Mary's perceived competition with Precious, and subsequent physical, verbal, and sexual abuse, to her apparent belief that men have more value in society than women and that to be a complete woman is to be subordinate to a man. We see evidence of this belief when Mary accuses Precious of acting "uppity" because she is pregnant with a second child from Carl, which Mary makes clear is "one more" than he "gave" her. Mary's perception of her own daughter as a competitor effectively thrusts Precious into a parentified role of independent equal, rather than dependent child. In their research on mothers in incestuous families, Zuelzer and Reposa (1983) confirmed that it is common for mothers in families in which there is an incestuous father-daughter relationship to adopt a stance of competition towards the daughter, leaving the daughter effectively parentless *and* parentified. A potential problem with ecofeminism in relation to *Precious* is that it sees Carl's and Mary's abuse of Precious only as the result of basic flaws in the social structure, the presumed power of men over women. While this de-pathologizes Precious, it also has the effect of de-pathologizing Carl and Mary. And while Carl and Mary are likely suffering from their own trauma and mental illness, their complicity in their daughter's abuse cannot be ignored in any clinical setting that seeks to address the major problems that Precious faces.

A defensible interpretation of the theory

The links between the theory and the example

Drawing on concrete details from the example

Taking a shot/Going beyond the surface

Where the theory falls short

### 3. Actual... practice

# Theory\*: Cultural Competence

- Whatever your field—social work, medicine, education—the theory of cultural competence will be **essential** to your professional practice. In a globalized economy, we will encounter clients, patients, and students who are culturally different than us—and our ability to work with them in a sensitive way will help ensure effective treatment plans, reduce healthcare disparities, and encourage self-determined learning and development.
- ▶ **Cultural competence:** the integration of skills and cultural knowledge about individuals and groups of people into specific workplace policies, programs, and behaviors for the purposes of increasing the quality of workplace interactions and service delivery (National Association of Social Workers, 2019). Cross, Bazron, Dennis, and Isaacs (1989) first coined the term in the field of healthcare, and it is often used when discussing the doctor-patient relationship. According to Walsh et al. (2016), minority patients consistently receive poorer quality healthcare and have higher mortality rates than their white counterparts, even when educational or socioeconomic factors are controlled. Oh et al. (2015) confirmed that many minority patients disproportionately lack access to quality health services and opportunities to be treated by providers who share their culture, race/ethnicity, or speak their native language—the absence of which can lead to mistrust, miscommunication, and negative health outcomes. Culturally competent care respects diversity in the patient population and cultural factors that can affect health, such as language, communication styles, beliefs, attitudes, and behaviors (Walsh et al., 2016). It is patient-/client-centered and does not impose an intervention based on internalized cultural biases. Above all, it is a dynamic, ongoing process that requires long-term commitment and is achieved over time (Oh et al., 2015).
- In *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, Smedley et al. (2003) found that healthcare providers are not immune to stereotypes and implicit bias, which can lead to unequal care. In order to mitigate such inequities, the authors recommend three interdependent methods of care that focus on **attitudes, knowledge, and skills**:
  1. **Attitudes:** Check your underlying assumptions, and be willing to learn about other cultures. Develop “attitudes such as humility, empathy, [and] curiosity” towards the patient, and engage in “self-reflection [by] understanding one’s own culture, biases, tendency to stereotype, and appreciation for diverse health beliefs [and] behaviors” (Smedley et al., 2003, p. 203).
  2. **Knowledge:** Avoid broad, sweeping generalizations such as “Asians are passive” when treating a patient/client; inquire into patient attitudes, beliefs, and practices, such as “the social and historic context of the [patient] (new immigrants or longstanding residents), the predominant socioeconomic status, the immigration experience (was the immigration chosen or forced), nutritional habits (diet high in protein, fiber, or fat), common occupations (i.e., blue collar or service industry), [and] folk illnesses and healing practices,” if applicable (Smedley et al., 2003, p. 205).
  3. **Skills:** Cross-cultural communication and patient-/client-centered skills. Focus on “eliciting patients’ explanatory models (what patients believe is causing their illness) and agendas, identifying and negotiating different styles of communication, assessing decision-making preferences, the role of family, determining the patient’s perception of biomedicine and alternative medicine, recognizing sexual and gender issues, and being aware of issues of mistrust, prejudice, and racism, among others” (Smedley et al., 2003, p. 206).

## Case Study: Ebony

Ebony is 12 years old. Her temper, much like her asthma, is persistent. When Ebony blows into the clinic, it's like she's dragging her Grandma Marietta along. Marietta tries her best as Ebony's legal guardian, but she's also raising her 10-year-old grandson, Marcus, and caring for her aging mother, Lillian, a widow whose husband—Marietta's father—died of syphilis outside of Macon County, Alabama in 1972.

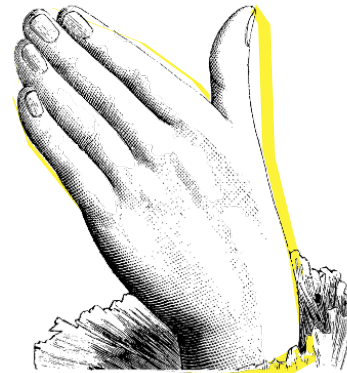
Ebony is a fourth grader in a predominately black school in Chicago where her desk often sits empty. She's been out of school 14 days this year due to serious seasonal allergy problems. She spends at least one night a week awake with a nighttime cough and has wheezing and coughing fits about 4 days out of the week. Ebony is failing half of her classes.

Ebony shows up in the clinic regularly with empty containers (her daily asthma controller and quick-relief asthma meds), and she complains about her Grandma Marietta's lack of responsibility in refilling them. Marietta has Medicaid, but she can never explain why she doesn't get refills and often hesitates when speaking to the clinic staff about Ebony's condition.

**Task: Apply the theory of cultural competence to Ebony's case.**

(What would a cultural competence model *have to say* about the social, cultural, and emotional factors that impact Ebony's health?  
What would a culturally competent provider *do* to help Ebony and her family?)

<http://bit.ly/theorytopractice>





# Thank You

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