3 What do we mean by ‘theory’?

- The basis for action
- Practice and theory
- Assessment and intervention
- Thinking theoretically
- Thinking about intervention
- Eclecticism

In the previous chapter, I discussed what the social work ‘toolkit’ should consist of – what a social worker needs to do a good job – and I proposed that the components of that toolkit could, roughly speaking, be divided into ‘knowledge’, ‘skills’ and ‘values’. ‘Theory’, I suggested, was one kind of knowledge. This chapter will explore what is meant by the word in the context of social work. To start to think about that, it may be helpful to consider an example of the kinds of practical problem which social workers are asked to deal with.

Exercise 3.1

Candice Jones, a 20-year-old lone mother, has referred herself to a social work agency for help in managing her four-year old son Carl. She says that he is completely outside of her control and won’t do anything she says. If she attempts to challenge him or discipline him, he begins to scream and shout and sometimes hits her or runs out and away down the road, where he is at risk from traffic. Candice says she has never hit him but she is exhausted and he is making her very angry and frustrated and she wants help before she does something stupid.

(Continued)
If you were asked to follow up on this referral, what further questions might you want to ask Candice or Carl? Write down a few. (Please note: I mean by this questions which you yourself think would be useful to ask and not simply questions which you feel you might be required to ask under agency rules.)

Having written down this list, consider the following question in relation to each item on it: Why would it be helpful to know this?

Comments

Of course I don’t know what questions you may have come up with, but I would guess that the may have included some of the following:

(1) Is Carl suffering from a medical condition?
(2) Has Carl suffered some kind of distressing event in his life?
(3) Where is Carl’s father? What is Carl’s and Candice’s relationship with him?
(4) What is Candice’s family background?
(5) How does Carl get on at school?
(6) Does Candice suffer from depression?
(7) Have any professional agencies had any concerns about Carl or Candice or about Candice’s care of Carl?
(8) Does Candice have the support of friends and family?
(9) What are Carl and Candice’s living conditions and economic circumstances?
(10) Was Carl a wanted child?
(11) What were the circumstances of Carl’s birth and how did Candice relate to him as a baby?
(12) When does Candice feel she copes well with Carl?
(13) When are Carl and Candice happiest together?

The list could go on and on of course, but for the present purposes the interesting thing is to consider why you chose the particular questions you did, because this will reveal your underlying theoretical ideas.

For instance, if you chose questions like (10) and (11), it suggests that you think that problems like these may be caused by poor attachment between mother and child from an early stage. If you chose questions like (1) or (2) this suggests that you think that Carl’s problems may be caused by factors outside his relationship with his mother.

All of the questions from (1) to (11) are about exploring the history and circumstances of these two people, and if your questions were all of this kind, it suggests that you think you need to explore possible explanations for the problem in order to know how to respond to it (which is the thinking behind currently UK government guidelines on assessment of families and children, see Department of Health [2000]), and/or that you think that it is likely be helpful to Candice or Carl to talk about things that are difficult in their life. (Which of these do you think is the more important?)

If on the other hand your questions were more like (12) and (13), it would suggest that you feel it is more important to try and build on strengths than to get to the bottom of why a problem occurred in the first place.

My point is that, whether you are consciously guided by a theoretical framework or not, your choice of questions is shaped by theories.
The basis for action

In fact it would be impossible to know what to do in a situation like that described in Exercise 3.1 unless you had some sort of theory or theories about the nature of the problem and/or about what helps people who experience themselves as having problems. I do not mean by this that it is necessary in every case to be able to apply a theory with a name that comes out of a book. In many situations social workers rely on their own theories, which may be built up from experience, from discussion with other social workers and from many other sources apart from formal academic ones. It is not my intention to suggest that you need to have a formal academic theory to justify every action you perform. But I do suggest that every action you perform must be based on ideas about:

(1) What are the core issues in this situation which I need to address?
(2) What is likely to be helpful and why?

I would add to this that as a professional person you should be able to state what those ideas are (‘I am asking questions about how Candice found Carl as a baby because I believe difficulties in establishing a good relationship at an early stage often lie behind problems of this kind’).

What is more, in the case of more major decisions, you should also be able to explain the basis of your thinking (‘My reason for believing this is that …’ – and here you might refer to research findings, or to your own professional experience, or to advice you received from someone with special expertise in this area). Practice should be thought-out – and you should be able to explain your thinking. As a general rule practice that is not thought-out will tend to be bad practice. Your clients are not likely to experience you as helpful, for instance, if you ask them a lot of questions without any idea why you are doing so.

Practice and theory

The word ‘practice’ as used in a professional context means, in essence, ‘how you go about doing your job’. The New Oxford Dictionary of English (NODE) (2001) includes the following in its definition: ‘The actual application or use of an idea, belief or method as opposed to theories about such application or use …’, ‘The customary, habitual, or expected procedure or way of doing something …’, ‘The carrying out or exercise of a profession …’.

The term ‘theory’ is harder to pin down and, as I commented in the introduction to this part of the book, is actually a little confusing because it is used in several different ways, as the following examples illustrate:

- Einstein’s theory of relativity.
- Labelling theory.
- Attachment theory.
- ‘Harriet says that John isn’t interested in her, but my theory is that he is playing hard to get.’
- ‘In theory this ought to work, but I don’t know whether it will work in practice’.

The first three examples are instances of what I am going to call (following Sibeon, 1989) formal theories. I mean by this that they are systems of ideas which have been described in...
detail in published form. Einstein's theory is also a scientific theory. In the 'hard' sciences the word 'theory' is used in a very specific sense. It means not only a system of ideas, but a system of ideas which is testable. Einstein's theory can be tested by using it to make precise predictions about the way that physical objects will behave in certain situations and by seeing whether the predictions are accurate.

Labelling theory (Becker, 1996) and attachment theory (see Chapter 4) derive from the social sciences: the former from sociology; the latter from psychology. Theories in the social sciences such as these are also to some extent testable against the evidence, but their predictions rarely achieve anything like the same degree of precision as theories in the hard sciences, so that it is a much more debatable and contestable matter as to whether a theory is supported by the evidence or not. This is not because social scientists are less clever than physicists, but because the social sphere is vastly more complex than the physical one. For one thing there are far more variables to take into account. (Even the physical sciences cannot make precise predictions when there are many variables: we all know from experience, for instance, that science cannot be relied upon to offer precise predictions of the weather even only a single day ahead.) For another thing many of the phenomena under study in the social sciences are not directly observable (as are, say, planets) but are things that exist in the human mind and in human culture. As a result they are:

1. Much harder to precisely define. Suppose, for instance, you were going to do a piece of research on 'aggressive behaviour' and wanted to compare your findings with other research on the same thing. How confident could you be that what you meant by 'aggressive behaviour' was precisely the same as what other researchers meant?
2. Often contentious and debatable. For example, views differ on what constitutes 'child abuse', as public debate on smacking indicates.
3. Themselves change over time and/or vary from one cultural context to another. For example, ideas about what precisely is meant by 'marriage' are not the same now as they were 100 years ago, and are not the same in the UK as they are in, say, Pakistan.

Since social work operates essentially in the psychological and social spheres, the kinds of formal theories that are available to us in social work have the same quality as theory in the social sciences generally: they are debatable and contestable. They are useful to make sense of things and to help us organise our thinking, but they rarely have the quality of precision that would remove any element of doubt or remove the possibility of argument. (And of course, as I pointed out in the previous chapter, even precise knowledge does not take away the difficult value questions that are involved in making decisions.)

What formal theories in the hard sciences and in the social sciences have in common is that they are sets of ideas, which help us to make sense of things. But this is true also of informal theories, theories that we come up with ourselves or that are part of 'common knowledge'. In my example above – 'Harriet says that John isn’t interested in her, but my theory is that he is playing hard to get' – the speaker is offering an informal theory, a way of making sense of John's behaviour.

One confusion that is caused by the word ‘theory’ is that many people understand the word to mean something that resembles a scientific theory. In fact that is not really what is meant by theory in a social work context. It is almost never possible to be able to state with
certainty what precisely caused a given situation or to be able to predict with certainty what will occur in the future. At the beginning of this book I used the example of a patient going to a doctor suffering with dizzy spells and the doctor forming the hypothesis that this was the result of iron deficiency and prescribing iron tablets. Medicine is far from being an exact science itself, of course, but social work is very much less so. In social work it is rarely possible to pinpoint the cause of a problem in that way and it rarely possible to come up with such a straightforward remedy.

Another confusion, which I will come back to shortly, is caused by the idea that a theory must be, if not a scientific theory, then at any rate a formal theory to count. This too is a mistake. If you look at dictionary definitions of the word ‘theory’, they suggest a rather looser meaning. The NODE (2001) offers: ‘A supposition or a system of ideas intended to explain something, especially one based on general principles independent of the thing to be explained …’, ‘A set of principles on which the practice of an activity is based …’ and ‘An idea used to account for a situation or justify a course of action …’.

Social workers are entitled to develop their own theories, as well as to use theories developed by other people, but this is not to say that any sort of rationalisation for a course of action is equally valid. For the purposes of this book, therefore, I am going to suggest a working definition of the word ‘theory’, which embraces both formal and informal theories but sets a certain minimum standard as to clarity and coherence. My definition is as follows:

Theory: a set of ideas or principles used to guide practice, which are sufficiently coherent that they could if necessary be made explicit in a form which was open to challenge.

This definition includes two components. First, as per the dictionary definitions given earlier, it includes the idea of theory as being a set of ideas which are used to guide practice. But second, I have added the idea that the set of ideas should be possible to define with sufficient clarity that someone else could challenge them by offering objections or counterarguments. ‘I’m doing X because I have a hunch that it will work’ is not a theory, because it isn’t open to challenge: you can only either share or not share the hunch. On the other hand ‘I’m doing X because I believe that the difficulty here is Y, and that X is likely to reduce this difficulty’, is a theory in my terms, because two explicit statements are made to explain the choice of X as a course of action. These two statements are:

(1) ‘the difficulty here is Y’; and  
(2) ‘X is likely to reduce this difficulty’.

Because they are made explicit, both of these statements are open to challenge, by which I mean that someone who did not agree could offer evidence to suggest that either that the difficulty was not Y, or that X is not necessarily helpful even when Y is the difficulty.

**Assessment and intervention**

Various distinctions can be made between different kinds of theory; over and above the formal versus informal distinction which I’ve already drawn. Sibeon (1989) proposed a three-part distinction between ‘theories of what social work does’, ‘theories of how to do social work’ and
A reviewer who looked at an early outline of this book suggested that one important distinction that I needed to make was between theories the function of which is to explain things, and theories that are about how to bring about or facilitate change. Attachment theory, which I’ll discuss in the next chapter, is, for instance, a good instance of an explanatory theory. In contrast, the body of ideas in the social work literature about ‘empowerment’ (to be discussed in Chapter 8) is an example of theory directed at how social work should be practised rather than at explaining the way things are. Explanatory theories are what we need at the stage of assessment, in order to decide (1) what information we need to collect and (2) how to interpret that information when we obtain it. Ideas about how to bring about change, conversely, are needed when we come to decide on how to ‘intervene’ (to use that slightly ugly word that is used in social work to refer to the things social workers actually do to make a difference.)

However, I see a difficulty in making a hard and fast distinction for two reasons. First, most explanatory theories are associated with specific approaches to intervention. For example, behaviourist psychology offers tools for understanding why people behave as they do but it also offers tools for changing the way that people behave – the latter having been developed in the helping professions into a number of techniques; including cognitive behavioural therapy. It would be unusual to use one set of theoretical assumptions as a tool for assessment and then use another completely different set for the purposes of planning an intervention. (In some psychotherapeutic approaches the assessment and the intervention may be almost the same thing.)

Second, even ideas about intervention such as ‘empowerment’ are built upon implicit ideas about human psychology and human society, which do in fact form a kind of explanatory theory, even if it is never actually set out as such. In the case of ‘empowerment’ this theory could be summarised in terms something like this:

The difficulties experienced by many people are the result of their oppression by society, which in turn results in making them feel powerless to influence events or to resolve things for themselves. Conventional ‘help’ – for example, medication prescribed by a psychiatrist – may simply confirm their powerlessness and the powerfulness of others. Real change requires that the oppressed take power for themselves or become more aware of the power which they do in fact already possess.

In fact a ‘theory’ of intervention that was not embedded, either explicitly or implicitly, in some sort of explanatory theory, would not merit the name of ‘theory’, even on my own relatively loose definition of the term given earlier, for it would be on a par with the thinking of the fictional doctor in the first chapter of this book, who prescribed blue pills just because she felt like it. It just happens that some theoretical approaches place more emphasis on looking in detail for explanations, while others don’t.

In the same way an ‘assessment’ that is not informed by any kind of theory would merely be a random collection of facts and observations. You need to have some sort of theory, some kind of idea as to what the purpose of the assessment is and what needs to be thought about in order to achieve that, even just to determine what kind of kind of things to discuss in an assessment. (Is a person’s early childhood relevant? The circumstances of their birth? Their favourite colour? The names and occupations of their grandparents? The kind
of neighbourhood they live in? Their sex life? Their birth sign?) And you need more theory to make sense of that discussion and to know how to use it.

**Thinking theoretically**

The list of questions below was given to me by a social worker who used them in a real piece of work. This social worker was responsible for the case of a child who had been brought into public care because, in the view of the authorities, she was seriously neglected by her mother, who was unable to attend to her child's needs when they conflicted with her own. However, after a period of time the child's mother said that things had now changed and that she wanted the decision to be reconsidered. The social worker sat down with her supervisor to think about how to go about exploring with the mother whether or not she really had made changes that were likely to last. She came up with the following set of questions to ask the mother:

**Parental interview re change**

1. What is your understanding of why the children were taken into care?
2. What is your understanding of the impact of this on the children?
3. If the children returned what support have you now got?
4. What were the concerns highlighted in the parenting assessment and what are your thoughts on specific points?
5. What do you feel has changed since the children left you?
6. What changes do you feel that you would need to make?
7. What has happened to make these changes possible?
8. How would you describe your relationships within the family?
9. How do you now see your relationship with Social Services?

(Questions devised by Sally Horsnell and reproduced with her kind permission)

These questions do not in themselves constitute a theory of course, but underlying them is a fairly clear and consistent theoretical approach.

**Exercise 3.2**

What ideas about change – and about how to test out change – underlie Sally Horsnell’s questions? (That is, what would seem to be her theory about change?)

Can you see any limitations or difficulties with this as a theory?

**Comments**

*The theory about change that I notice here could be summed up something like this:*

Changes in behaviour are unlikely to be permanent unless they are accompanied by changes in the way we understand things – and unless we are able to take some responsibility for our own actions.

(Continued)
The questions seem to me to be designed to explore whether the mother has some insight into why there were concerns about her parenting in the past and whether she takes some responsibility for it. The questions are based on the assumption that if she is really going to be able to parent differently in the future, she would need to be able to understand, and take some responsibility for, the fact that there were problems with her parenting in the past. By asking the mother to describe how she saw the problems, and what she sees the changes as having been (rather than, for example, by the social worker describing the problems and asking the mother if she agrees), the social worker aims to get some sense of the extent to which the mother really understands what the problem was in the past.

Because the theory can be made explicit in this way, it is open to challenge. Here are three possible limitations of this approach that I can see:

(1) The approach presupposes that the decision to remove the child into public care was justified in the first place. If in fact the child had been removed from the mother without good reason, then of course there would be no reason why the mother should feel the need to change. (In rather the same way, prisoners who have been wrongly convicted may fail to get early discharge because they are unable to demonstrate remorse for crimes which they did not commit.) So this approach would not be appropriate where there was reasonable cause for doubt about the original decision.

(2) I personally believe that it is necessary to have some insight and to be able to take responsibility in situations of this kind. However, one might question whether it is always necessary to have insight and to take responsibility in order for change to occur. Probably we can all think of changes that occurred in our life without much conscious reflection. In which case, the theory implied by these questions is not universally applicable to all kinds of personal change.

(3) You might also argue that, even though insight is important, it is not necessarily sufficient. Many of us can probably think of shortcomings of our own into which we do have some insight, but which we find it hard to change.

For more thoughts on assessing capacity to change you might look at Horwath and Morrison (2000), or the work of DiClimenti (1991) on which they draw.

I hope this exercise has demonstrated that using theory in practice does not necessarily mean using a formal theory in the sense of using a theory out of a book with a specific name. It means being clear about the ideas that guide your practice and thinking through how you are going to approach each task. Formal theory can augment and inform this process of thinking things through, but it cannot ever be a substitute for thinking for yourself.

**Thinking about intervention**

Example 3.2, just given, was about assessment. I now want to consider the way in which theory underlies intervention.
Exercise 3.3

In Exercise 3.1, Candice Jones was asking for help with her small son Carl. Assuming a social work agency judged that the situation was sufficiently serious to merit some form of intervention, the kinds of service that might be offered, in my experience, could include one or more of the following:

(1) Candice is invited to attend a family centre with Carl where staff will work with her on parenting skills.

(2) Carl is referred for psychiatric assessment, with the possibility of drug treatment if he is diagnosed as suffering from a recognised syndrome, such as ADHD.

(3) Respite day care is arranged for Carl, to allow Candice some time out on her own and/or to provide Carl with opportunities for stimulation and socialisation (overnight respite care with a specialist foster carer is also offered in some situations, for example where children have disabilities).

(4) Candice is offered some form of counselling.

(5) Candice is offered the support of a worker from the social work agency or from a voluntary agency, such as Homestart in the UK, to visit her at home regularly and offer her support with parenting Carl. The support might include practical assistance, moral support and perhaps an element of advice or instruction.

What might be the rationale for choosing each one of these options? (In other words, what might be the theory behind it, formal or informal?)

Can you think of reasons that might exist for avoiding choosing some of these? (What theoretical objections might exist to them?)

Comments

The theory behind (1) is that problems like Candice’s are the result of gaps in her knowledge and/or skills in respect of parenting. This sounds obvious, but it seems to me that parenting skills training is sometimes offered without consideration as to whether the problem really is about skills. If I drive badly it might mean that I am lacking in skills, but it could equally well mean that I am lacking in motivation, preoccupied, under the influence of drugs or alcohol, unwell or very tired. Sending me on a driving skills course would only be helpful if the problem was indeed to do with skills and not about one of these other things. The same is true of parenting. In fact, being offered training in skills that you already possess can be counter-productive, demoralising and alienating. Perhaps Candice possesses all the knowledge and skills necessary to be a good parent, but is too depressed to use them?

Suppose that option (2) is followed and drug treatment is offered. The theory here would be that there is an organic reason for Carl’s difficult behaviour; a reason to do with biochemistry. Some parents are actually quite keen to have explanations like this for their children’s difficult behaviour and an objection to going down this road would be that, by locating the cause of the problem at the level of biochemistry, this option may prevent other difficulties from being explored. Another objection might be that to give a child a psychiatric ‘label’ at such a young age is a very serious matter and could have long-term consequences for him. Here you could refer to a formal theory. Labelling theory is all about the long-term influence of such labels on the way that people are perceived.

(Continued)
In the case of option (3) there might be various theories behind offering respite, but one theory might be that Candice is under stress as a result of caring for Carl and needs relief from that stress. This might well be an entirely valid theory. Caring for small children can be extremely stressful. But respite care on its own could mask other problems. For example, if Candice has never been able to love Carl and his behaviour is a symptom of insecure attachment on his part (to refer to another formal theory), then frequent separations of Carl and Candice will not in themselves get to the root of the problem at all, and could make Carl feel even more abandoned and desperate. Nor would it help with Candice’s parenting skills if that in fact was the issue.

You could doubtless think of similar theoretical advantages and disadvantages for options (4) and (5).

In my experience social work agencies can respond badly to situations in one of several ways:

- Failing to offer any kind of help at all other than some sort of bureaucratic brush-off.
- Offering a particular service not because it necessarily fits well with the needs of the service user, but because it happens to be available or because it is always offered in cases of this kind (this is called a service-led as opposed to a needs-led approach; see page XXX).
- Overwhelming the service user by ‘throwing the book at them’ and putting in all the available services at once. (In my experience this is particularly prone to happen in child protection cases and may result from the need of professionals to feel that they are doing everything possible in response to child abuse or neglect.)

Offering no service at all is of course usually unhelpful, though it is often unavoidable if an agency simply does not have the resources to meet all the demands that are made of it. Offering the wrong service or throwing the book at the service user, however, can actually be worse than doing nothing, because ill-chosen interventions can, for the sorts of reasons discussed in the commentary on Exercise 3.3, do more harm than good. In fact, I would suggest that any intervention from a social work agency is, on balance, likely to do more harm than good if it is not carried out for clearly thought-out reasons, for as the word itself suggests, a social work ‘intervention’ (like a surgical one or a military one) is a serious intrusion; disruptive by its very nature. Action should be based on a proper, coherent theoretical basis, though (to repeat myself) this does not necessarily have to be a formal theory.

**Eclecticism**

‘Eclecticism’ refers to the practice of ‘mixing and matching’ ideas from a variety of different sources. I think that this is what social workers in practice almost invariably do (though they may not always be aware of the sources they are drawing from). In fact I would go as far as to say that is it is what they *inevitably* do since there is certainly no single global theory that provides you with a blueprint for understanding and dealing with every aspect of every situation.

The example in Exercise 3.3 illustrates, I hope, that it is important to think and that it is important to be clear what your theories are (whether those theories are purely informal or are derived from formal theories or are a mixture of the two.) What I think it also
illustrates is that what seems a good idea from one perspective can be a bad idea from
another: respite care may be good for parental stress but bad for a child’s sense of security;
drug treatment for behaviour problems may look like a good idea from a purely medical
angle, but less so from a social one. This is one reason why it is so important to be clear
about the thinking behind your actions and to be able to spell it out in a form that is open
to challenge, so as to allow debate. By and large the best course of action does not flow from
dogmatically applying one particular approach but by weighing up the merits of different
approaches as a way of dealing with the situation at hand.

Exercise 3.4

Peter Brown is a man of 59 who suffers from schizophrenia. He lives in a ground floor flat.
He is reported by his neighbours to be up all night pulling up his floorboards and knocking
the plaster off his walls. He tells them that the building is to be demolished in order to build
a motorway. In preparation for this he has had his gas and electricity disconnected and has
broken up his furniture as firewood (it is mid-winter). Although Mr Brown is generally liked
by his neighbours, they fear for the structure of the building and their own safety. He has
already begun removing some bricks.

You are an ASW in England or Wales working under the Mental Health Act, 1983, which
gives you the job of deciding whether Mr Brown should be compulsorily detained in a mental
hospital for assessment under Section 2 of the Act. The legal grounds for this are that the
person in question must be ‘suffering from mental disorder of a nature or degree which
warrants the detention of the patient in a hospital for assessment (or for assessment followed
by medical treatment) for at least a limited period’ and that ‘he ought to be so detained in the
interests of his own health and safety or with a view to the protection of other persons’.

Mr Brown himself has no interest in going into hospital and professes himself to be
entirely happy. Two doctors, one a psychiatrist, one Mr Brown’s GP have recommended in
writing that he should be detained for assessment, on the ground that he is clearly suffering
from schizophrenia and he is clearly putting other people in the building at risk as a result of
his schizophrenic delusions, but the law gives you the final decision.

I asked an experienced ASW what sort of things he would want to think about if faced
with this situation. His comments were as follows:

(1) ‘I would think about whether there are any relatives/neighbours in contact. What sort
of contact does the GP have? Is this man involved in any care network? What does the
CPN (Community Psychiatric Nurse) think? Is this a first episode or have there been
concerns in the past? Is he on medication? Is he taking it? Has there been a recent
upheaval in his life?’

(2) ‘It is also relevant to take account of the time of day this referral came in at and how
near the weekend it is. Recent years have seen the development of weekend services
but the support available could be quite variable.

(3) ‘Could a relative come to stay? Could visiting care workers restart the medication and
monitor? Is admission to temporary residential care a possibility?’

What underlying ideas do you notice behind the social workers response?

(Continued)
Comments

These responses sound very pragmatic and not particularly theoretical at all, and yet there is a set of underlying ideas behind them:

• A person's mental illness is only one of the factors that may predispose them to behave in ways that endanger themselves or others. Other things, in particular the availability of support from other people, are also important.
• The insights of people who know a person as an individual may be as relevant to thinking about that person’s state, responsiveness and likely behaviour as are insights derived from specialist knowledge of psychiatric illnesses.
• The ASW's job is to look at this bigger picture, rather than simply at the medical diagnosis, prior to making a decision. The ASW therefore provides a check on adopting a purely medical model when thinking about how to manage people’s mental health problems.

In the example above, the social worker's job seems to be in part to temper a purely medical approach and to open up possibilities based on the idea that mental health can be looked at in social terms as well as medical ones. The contrast between medical and social models of mental health provide an example of the way in which the same phenomenon can be looked in different, but not necessarily mutually exclusive ways. There are many other possible examples. For instance in the next chapter, I will discuss psychodynamic approaches, which place a lot of emphasis on understanding the causes of things in the past, and behaviourist approaches, which look for explanations in the present. In Chapter 5 I discuss other approaches again which suggest that looking for the causes of things is not necessarily the point anyway. In Chapter 6 I will introduce yet another way of looking at things by introducing the idea of 'circular causation' (in which A causes B, but B simultaneously causes A) and I also introduce the idea that it may be better to work with people in families or groups rather than as individuals.

One of the advantages for a social worker of being familiar with some formal theory, as well as the informal theory that we all use, is that this provides a means of naming, and thereby sharing and contrasting, different approaches. The psychodynamic and behaviourist approaches discussed in the next chapter, for instance, both contain ideas that are in a sense common knowledge; theories that everybody uses whether or not they have ever heard of Pavlov or Freud. But the advantage of giving these different approaches names – making them formal – and consciously contrasting them, is it allows us to think more clearly about what approach we are using and why. As Malcolm Payne (1997: 57) puts it:

Formal theory is used in adapted and eclectic form in actual practice. However … consideration of the precise requirements of a practice theory, the debate about it and distinctions from comparators [that is other theories] makes clear the issues which face social workers in practice, which are otherwise indistinct in the whirlwind of daily practice.
This is a theme I will return to in the final chapter. In the meanwhile, in the discussion of various theoretical ideas and approaches that follows in Part II of this book, I will try not just to draw attention to possible applications of these approaches in social work but also to point to distinctive insights which each of these ideas contain. These insights may be useful and important even in situations where it is not practicable to apply the whole approach from which they are derived.

Chapter summary

The following are the headings used in this chapter:

- **The basis for action**: A theory of some kind is almost always implicit in any kind of action.
- **Practice and theory**: Definitions of ‘practice’ and ‘theory’. The distinction between ‘formal’ and ‘informal theories’.
- **Assessment and intervention**: Other possible distinctions between different kinds of theory. The role of theory in assessment on the one hand and intervention on the other.
- **Thinking theoretically**: How we apply theory to practice. Noticing the theory which is implicit in different approaches.
- **Thinking about intervention**: The theories that guide intervention, whether we are conscious of them or not.
- **Eclecticism**: How different theoretical approaches may challenge or complement one another.

This ends Part I. Part II will look at a range of ideas about change.