

(clinic, epidemiology, public health).” Unfortunately, it seems that the reviewer did not get exhausted soon enough to end his glib assertions about a book which admittedly, has its faults. Paraphrasing Rostand’s *Cyrano* (Rostand, 1897) there are so many ways he could have constructively criticized our book had he been more attentive to the needs of the several audiences;<sup>2</sup> for example, its lack of sociology, inadequate articulation or integration of the three authors’ disparate styles and orientation, etc.

In summary I am disappointed at the lack of quality control of your reviewing process. This book review contributes little but confusion to the reader and disappointment to the author. Something constructive was not offered for both readers and authors, which would also have been of credit to the *Journal of Public Health Dentistry*.

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<sup>2</sup>Rostand, E. *Cyrano de Bergerac*, (1897) Blair, L. translator (New York: New American Library, 1972), Act I, Sc. IV, p. 40.

### Dr. Strawn Replies ...

It is unfortunate that the third author of *Behavioral Science in Dental Practice* has found it necessary to defend his work by impugning my competence, since neither his nor my competence was or is in question. It is frequently observed that authors notoriously are offended by the fact that not everyone is as enamored as they are of their work. Such response by the public in no way detracts from the merits of the work but probably accounts in part for the fact that individual libraries tend to differ widely in the book titles seen on the shelves.

Since Dr. Giddon (the spelling error was compounded elsewhere in the publication process by the incorrect presentation of my own name) [mea culpa—ed.] apparently does not consider my comments to be those of a “peer,” I will not further address that issue. To the extent that a book review should “serve as a guide to potential readers as to the usefulness of the book for them,” I believe I was very specific: “Any person interested in studying the behavioral sciences from a dental orientation will find the book helpful, if not enjoyable, reading. For those primarily interested in dentistry, with a peripheral concern about behavior, browse before you buy.” Since a review, as opposed to an abstract, calls for a public assertion that integrates thought and emotion on the part of the reviewer, such an expression of informed opinion is both useful and appropriate.

That the book was intended for use by dental school faculty is made perfectly clear in the author’s preface (p. viii). My assumption that such faculty are not generally trained in the utilization of behavioral techniques is a valid and appropriate caution which would have been better rendered by the authors. The applied behavioral sciences utilize numerous techniques (as do the clinical sciences of dentistry) that require “skill” in their application. Many people, including some dental

faculty, tend to use such techniques as a “bag of tricks” with no basic understanding of the underlying principles that make them work or guarantee their instructional appropriateness and effectiveness. This, in part, is the basis of my comment about the “level of sophistication of the dental school learning environment” (not the “dental profession” as Dr. Giddon incorrectly stated). His contention that all dental schools have a behavioral science program is irrelevant to my point. With some exceptions, the learning environment in dental schools is teacher/subject centered. For most of the curricula of a professional school, this may be appropriate and legitimate given student body size along with curricular demands and time constraints. However, to introduce student/learning centered processes into such an environment without first legitimizing and establishing the appropriate norms for such behavior generates confusion, antagonism, and frequently irresponsible learning behavior on the part of the student in relation to such courses. In such a situation, the old norms continue to operate and subsequently sabotage the behavioral processes absolutely required for effective experiential learning. The subsequent response of the disappointed faculty is frequently an administrative attempt to shift back to even stronger control measures in order to reestablish professional control of student behavior. To risk having a humanizing discipline be discounted as ineffective by dental students and faculty in this fashion would be a serious disservice to the dental profession when the essential humanness of the profession is just being discovered by many of its practitioners.

My statement about the book’s being “the best text available” is not at all inconsistent with the rest of the review when put back into the context of my review and reconnected to its antecedent: “For health educators, whose interests lie in understanding the processes involved in modifying the health behavior of individuals and groups. . . .”

Given the dental students’ legitimate obsession for developing clinical skills and the constraints of class size and time imposed on behavioral science instruction when handled as an ancillary subject matter, the authors are ambitious but naive about the stability of a textbook that somewhat exhaustively covers “all” (p. viii) the major issues. A more selective approach, less theoretical and limited more specifically to dental practice, for example (as opposed to including dental public health or dental epidemiology issues), would have made a more timely contribution to dental education. This obviously is a subjective judgment. It happens to be mine.

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