

MEDIA SPOTLIGHT



A BIBLICAL ANALYSIS OF RELIGIOUS & SECULAR MEDIA

SPECIAL REPORT

D.A.R.E.

EXPERIMENTAL MYSTICISM IN THE CLASSROOM

By Albert James Dager

Every year that passes sees a greater increase in the incidence of crime and other social ills that adversely affect society worldwide. The United States in particular leads all other nations in violent crime statistics. These include murder, rape, robbery, gang-related crimes, and civil disobedience in general.

A vast majority of violent crimes today are drug-related. That is, somewhere in the equation for most crimes will be found the need or desire to acquire drugs through money gained from stolen goods. And those bent on getting the means to support their habits will do anything necessary to accomplish that end, including killing. Sometimes killing one's victim isn't even necessary, but the perpetrator's reasoning has been so clouded by the mind-altering affect of drugs that he will kill for no reason.

There are many factors involved in trying to assess the reasons for these increases. Social "scientists" often blame the problems on poverty, discrimination, lack of education and exploitation by the upper classes. To their thinking it's a given that these factors will lead to violent crime.

But is the answer to the problem better wage potential, better education, better living conditions? Wealth itself doesn't logically seem to be the answer for the simple reason that far more money can be gotten through drug dealing than can be earned at most well-paying jobs, and in a much shorter period of time.

Another fact to consider is that many people raised in poverty have become examples of outstanding citizenship, proving that, while environment may play a part in one's character development, it isn't as significant as some wish to believe. The problem is spiritual, not monetary.

Illicit drugs comprise a multi-billion dollar enterprise headed by outwardly appearing respectable businessmen and government officials. All efforts to stem the tide of illicit drug trafficking have been tantamount to a flea attempting to stop a herd of elephants. The "war on drugs" is largely an excuse to enact laws that curb everyone's personal freedom.

Based on the idea that education can cut into the drug cartels' sources of revenue, there have arisen several programs aimed at instructing young people about drugs and the consequences involved in using them. The reasoning is that, if enough people can be induced to make informed choices from an early age, the number of drug users will dwindle sufficiently so as to make it less profitable for drug dealers to operate.

For years government agencies—and particularly school boards—have supported programs to educate children about the dangers of drugs. Some have used various methods from scare tactics to instructions in choice-making. Some present role models to whom kids may look for guidance.

Perhaps the most well-known drug awareness program is DARE (Drug Abuse Resistance Education). Virtually everywhere one goes in the United States one will see bumper stickers proclaiming, "DARE To Keep Kids Off Drugs." Police vehicles bear the DARE logo, as do race cars, hydroplanes and other athletic elements sponsored by the DARE program.

Since DARE has become a regular part of today's education scene, knowledge of DARE's operation is of vital importance to Christian parents. What is DARE? Does DARE really work in preventing children from becoming involved in drugs? Should Christian children be involved in DARE?

A HISTORY OF DARE

In 1983, Los Angeles Police Chief Daryl Gates proposed to the Los Angeles Unified School District that police officers be used as role-models for children in the elementary schools to educate them on the consequences of drug use. Chief Gates believed that, if the system could get to the kids while they were still young and relatively unexposed to drugs, especially by a credible role model such as a police officer, fewer would choose to do drugs when they got older.

The school district selected Dr. Ruth Rich, a curriculum specialist and graduate of UCLA with a doctorate in Health Education, to implement Chief Gates' idea. Drawing from several previous prevention programs such as community cancer control, smoking prevention programs, Project SMART, and Project ALERT, Dr. Rich garnered input from teachers, parents, and other sources in education and law enforcement to develop what became known as DARE.

The DARE program quickly spread to other school districts throughout the nation through DARE America, a private funding arm put together by the Los Angeles Police Department working with major corporate sponsors. The National Institute of Justice funds national DARE training centers for police officers in California, Arizona, Louisiana, Virginia and North Carolina. In addition, most every state has its own DARE training center.

Having established its programs in the elementary grades first, DARE has expanded to junior high and high schools.

THE PHILOSOPHY OF DARE

According to Dr. Ruth Rich, DARE takes an approach designed to present children with informed decision-making opportunities. DARE's stated strategy is one of prevention, teaching social skills such as how to resist pressure from others, and consequential thinking which presents options and their consequences if followed. However, there is more to DARE than meets the eye. There are charges from credible sources that DARE is not a drug prevention program, but rather psychotherapy with a basis in values clarification and self-esteem enhancement.

A basic premise of the DARE Program is that low self-esteem is a principal cause of drug abuse. Therefore, DARE attempts to raise children's self-esteem by helping them think of themselves as worthy of a good life and capable of achieving whatever they desire. Thus, only positive individuals are presented as role models.

To implement its program for enhancing self-esteem, DARE utilizes what is known as affective education. In affective

education children are subjected to psychotherapy as a means to condition them to think critically and to establish their own set of values in their relationships with others. It has nothing to do with education in the traditional sense, whereby children are properly equipped in the disciplines of reading, writing, mathematics, science, art and other elements necessary to become educated and able to function in the real world.

To illustrate DARE's basis in affective education, it is necessary to first describe affective education and to define certain terms. Then we will show how DARE emulates that methodology.

Experimental Mysticism

Dr. William R. Coulson of the Research Council on Ethnopsychology is a former colleague of Carl Rogers and Joseph Hart, the three of whom established the concept of affective education for the public schools in the early 1970s. Dr. Coulson has since recognized the errors of affective education and has renounced it as not only ineffective, but counterproductive to the well-being of children. While continuing to maintain that psychotherapy has value for adults in a clinical setting, Dr. Coulson categorically rejects the use for normal school children of techniques utilized in psychotherapy. Dr. Coulson reveals the origins of today's affective education, calling it "Experimental Mysticism," a name he attributes to a former colleague, psychologist Joseph Hart:

Twenty-one years ago, experimental mysticism was defined by psychologist Joe Hart as a blend of "meditation, psychotherapy, and encounter techniques." If the idea sounds familiar, it's because experimental mysticism has been with us in schools for 15 years, packaged for students and teachers of drug and sex education under a wide variety of brand names. Although Hart is another of those adapters of Carl Rogers's psychology who dropped out of a movement he helped create, a veritable growth industry of public school courses based on experiential (sic) mysticism has developed since 1970....

Hart's label is the most instructive synonym yet for affective education, humanistic education, circle-based education, process education, experiential education and the like. It's usefulness includes the fact that its origins are openly acknowledged: experimental mysticism developed atop a foundation provided by client-centered psychotherapy.¹

Coulson points to Hart as one who, when he was in agreement with Rogerian

psychology, believed that one's values should be discovered within oneself—they should not be imposed from without.²

Concluding that values are generated through one's own self-realization, Hart stated that psychotherapy must move from the realm of the paid professional into the mainstream of society:

A new age may be coming in which faith in science will be replaced just as faith in the church was replaced. Reliance upon outside, rational, and experimental proofs may yield to inner, intuitional, and experiential proofs.³

Coulson comments on this statement and further quotes Hart in the process:

What these observations meant concerning psychotherapy is that its practices had best take leave of the clinic, where they had been the province of specialists, and move aggressively "...into the home and community. The therapist does not wear the suit and tie of the psychologist, social worker, or psychiatrist but the jeans and sneakers of the college student. The therapist may be a housewife, a parent, a neighbor, a friend. Technique and theory are replaced by honesty, caring, warmth, and the sharing of experience."⁴

Hart and his colleagues, Richard Corriere and Dominic Cirincione, proceeded to put this plan into action with the publication of *New Directions in Client-Centered Therapy*.

Hiring ten other therapists (some unlicensed), they founded their "Center for Feeling Therapy," which offered memberships for \$2,500, later upped to \$4,500, plus a monthly charge. Within nine years more than a thousand people became members. Says Coulson:

As the "experimental" in experimental mysticism suggests, the Center was designed to be a practical test of some of the necessarily abstract proposals in the book. What it devolved to is instructive.⁵

Carol Lynn Mithers, author of "When Therapists Drive their Patients Crazy," revealed the outcome of the Center:

In September 1987 the longest, costliest and most complex psychotherapy malpractice case in California history came to an end when the Psychology Examining committee of the California Board of Medical Quality Assurance revoked the licenses of Joseph Hart and Richard Corriere, former heads of the Center for Feeling Therapy. For more than two years the state had been trying

its case against thirteen members of the Center's former professional staff, and now all those accused of incompetence, gross negligence, fraud, patient abuse or aiding and abetting the unlicensed practice of psychology had either lost, surrendered or, as in two cases, had severe restrictions placed upon their professional licenses.⁶

Joseph Hart's experimental mysticism is the basis of all affective education programs in today's schools. It incorporates group therapy, values clarification (now referred to as "critical thinking"), deep breathing exercises (yoga), meditation and myriad other means by which intuitional, non-objective reasoning is reached. Essentially, affective education affirms that there are no right or wrong choices; what is wrong for one individual may be right for another individual. Therefore, in drug awareness programs for example, children are not instructed to abstain from drugs because they are harmful and illegal. Rather, they are instructed only to weigh the consequences of any action to determine whether or not that action is right for them, with the hope they will choose not to use drugs. This approach was highly touted by Dr. Jerrold S. Greenberg, an associate professor in the Department of Health Education, School of Health Related Professions, at the State University of New York at Buffalo. Said Greenberg:

I propose that health education be considered a process in which the goal is to free people so that they may make health-related decisions based upon their needs and interests as long as these decisions do not adversely affect others....One implication of health education as a freeing process is the assumption that participants, voluntary or otherwise, are not initially free. One could consider the feelings of inferiority, hostility, and alienation; socioeconomic status; and emotional distress to be enslaving people so that they are not as free to choose health related behaviors as they might otherwise be. It is suggested here that health education should be directed at the elimination or diminishment of these enslaving factors so as to free the participants in the process.⁷

What Greenberg is proposing is that in the implementation of health education (which includes sex education and drug awareness education), it is to be assumed that all participants are enslaved in one manner or another; the purpose of health education, then, is to free them from that enslavement so that they can make proper choices for their own health benefits. This

does not mean, however, that there is to be presented any objective, empirical evidence of what constitutes good health; it is left to the "free" person to decide that for himself. This is borne out by Greenberg:

[If] the view of health education as a freeing process is supported, health educators must not be concerned with the particular behavior of their clients, but rather with the process used by their clients to arrive at that behavior. For example, if a client (student in school, adult in nursing home program, etc.) chooses to smoke cigarettes but has made that decision freely, the health educator has been successful.

This model is more democratic than the one many health educators have adopted. It does not entail programming clients to behave in pre-determined ways that have been defined as "healthy," but rather attempts to eliminate or diminish the factors which influence the client's behavior so as to allow him or her to freely choose health-related behaviors consistent with his or her values, needs, etc....health education that teaches people the decision-making process will be more valuable than health education that tells people how to behave.⁸

I propose that the objectives of health education not be decreasing the incidence of smoking, drug abuse, or any other health-related behavior. Rather, the objectives should be to improve self-esteem, decrease alienation, help students realize the effects of peer group pressure, learn health knowledge and skills, and so on. In other words, free people to make their own decisions about health related behavior. It's more democratic, makes more sense in terms of ever-changing facts, and interestingly enough, can probably be expected to result in clients adopting "healthy" behavior to a greater extent than they do now.⁹

Notice that Greenberg has classified the "student in school" as a "client" for this experiment in psychotherapy. A client is not considered one who voluntarily submits himself for psychotherapy, or even one who is mandated by a court of law to undergo psychotherapy; a client is your child in the classroom. You might not even be made aware of this fact by the school; and those parents who are aware that their children are in a sex education and/or drug awareness class are told only enough to gain their confidence in the program. One aspect of

Greenberg's approach to implementing such programs includes "the development of effective means to 'sell' this new health education to various groups: parents, students, legislators, administrators, etc."¹⁰

Has Greenberg's concept of "Health Education as Freeing" been sold to these groups? The answer is yes, and in many guises under many names. Currently, every approved sex-education program in American public schools implements Greenberg's strategy, although his name is not necessarily attached to them all; he is merely one of several who promote the psycho-therapeutic approach to education.

Most drug-awareness programs also utilize this approach; some of the more well-known are Quest, DECIDE, Project SMART, Here's Looking at You 2000 and DARE. While the earlier programs dealt primarily with students in the high school bracket and above, DARE was conceived as a means to reach students before they have to make decisions about drugs. The reason for DARE, were it admitted openly, is that all the other programs failed and continue to fail in meeting their stated objective of combating drug use among youth.

RESULTS

In the early '70s, a Stanford University research team, headed by Dr. Richard Blum, began testing affective education on school children at the same time Joseph Hart was conducting his experiments on adults. It was Blum's intention that his experiment would keep kids away from drugs; he learned instead that "it guided them toward early use of cigarettes, alcohol, and marijuana; and he knew that, as 'gateway drugs,' these could lead to amphetamines, hallucinogens and heroin."¹¹

The results of the Stanford University research on DECIDE were published in Drug Education: Results and Recommendations in 1976, according to Dr. Coulson:

The Blum team compared 1,586 elementary, high school and junior high school students before and after treatment; 991 of these were designated "experimentals" and assigned to therapeutic classrooms; 595 were "controls," students who got none of the therapeutic exercises and discussions. What the comparison revealed following treatment was "quicker and wider use of alcohol, tobacco and cannabis [marijuana]" among the experimentals. Dr. Blum and his colleagues were as reluctant at first to accept this finding as our own team had been, for we had tested a similar approach on Catholic high school and college students in 1967 and '68 (though the concern had not

been drugs) and had gotten equally disconcerting results. The problem was that the theory of therapy-for-normals, as we had called it, had sounded so right to humanistic psychologists. Few were willing to accept at first that in actual fact it was mistaken. What the Stanford researchers proceeded to do, therefore, was to repeat the experiment, this time with 1,413 new, sixth-grade subjects. The outcome was the same. More started using drugs after therapy-for-normals than before.

It follows from this that one way to slow the uptake of drugs among students is to withhold "treatment." This, in turn, would mean finally giving up the idea of feeling-centered, decision-making-oriented classrooms; it would mean decreasing the time spent getting students to practice self-consultation (for at the least, it wastes time that could be invested in more useful lessons) and increasing the time spent teaching them to distinguish right from wrong. In a word, it would mean giving less emphasis to "process," as it is called, and more to content. Why these reforms? Because it is clear that slighting content and substituting a psychotherapeutic style of classroom management turns out to hurt good children. And it isn't clinical enough—professional enough or powerful enough—to help those who are not.

But the movement remains attractive to educators reared on the educational philosophy of the Sixties and Seventies (a philosophy influenced by the series of humanistic textbooks we edited, especially Dr. Rogers's Freedom to Learn). And the salesmen of affective education are, to borrow a term from down-home religion, "convicted." Little doubt about the value of the feeling-centered product is betrayed among them, or for that matter, much awareness of the many contrary research indications. For those indications are no longer limited to the Stanford studies. There are numerous replications showing similar results, and most behavioral researchers have given up on feeling-centered classrooms. Unfortunately, educators were oversold on them.¹²

Unlike Dr. Blum, however, our team dropped out of educational research without saying much about deficiencies in the theory. It wasn't until 1983 that Dr. Rogers wrote of our joint work on therapeutic class-

rooms as betraying "a pattern of failure."¹³

We see that, in spite of the conclusion drawn by those who initiated the concept of feeling-oriented, affective education (including Carl Rogers himself), that it not only fails to achieve the desired results but actually induces undesirable results, educators insist on continuing headlong with these programs.

In yet another study, a research team from the University of Southern California, in following up on USC's Project SMART for alcohol prevention, found that "significantly more members of the experimental group [those involved in Project SMART] than the controls [those not involved in Project SMART] imbibed alcohol. 'It was as if we had driven them to drink!'" said researcher and Project SMART coordinator Nata Preis.¹⁴

Afterwards the researchers returned to repair the damage from the experimental induction. "It took a couple of years," she [Preis] said, "but most of the kids have now returned to normal. Yet when I tell other drug educators about our earlier results, their mouths fall open. They can't believe. In fact, they won't." In drug education circles, it is contrary to faith to question the value of kids deciding things for themselves.¹⁵

An article in *Mental Health Letter*—a publication of The Harvard Medical School—reported on a study by three researchers for *Journal of Studies on Alcohol*. That study further bears testimony of the failure of affective education:

According to a recent study, classroom alcohol education is ineffective because a school curriculum inevitably has a negligible influence compared to all the other social and psychological forces acting on a child. The authors examined a widely used program they say is typical of current school alcohol education. It provides information on alcohol and alcohol abuse and materials meant to improve self-esteem, decision-making skills, and attitudes towards drinking. The authors found that despite a great deal of money spent on this sophisticated educational material, the program had at most modest and, above all, temporary effects. What students learned in the classroom rarely seemed to alter their drinking habits outside it.

The researchers questioned junior high and high school students in five school districts in Oregon and Washington. They found very

little correlation between drinking habits and either self-esteem or knowledge about the effects of alcohol. Attitudes towards drinking were more significant; for example, students were less likely to abuse alcohol if they said they were unwilling to use it to solve problems in their lives. But it turned out that these attitudes almost always existed before the school program began. The authors conclude that as it is now conceived, school alcohol abuse prevention fails because the issues it addresses are either entirely unrelated to alcohol problems in the real world or, at best, unlikely to have much effect on those problems.¹⁶

In spite of the overwhelming evidence that condemns affective education programs, there are those who insist that the problem doesn't exist. Worse yet, are those who tell us that we have to live with it whether or not we like it.

Thomas Gordon, a protege of Carl Rogers, was a strong supporter of affective education. Unlike Coulson and Blum however, Gordon did not acknowledge failure:

Like many promoters, even with failure Gordon did not become discouraged with his methods. Rather he taught parents how to live with the consequences of his kind of teaching. "It is understandable," he writes, "that many parents feel so strongly about certain behaviors that they do not want to give up trying to influence their children, but a more objective view usually convinces them that they have no other feasible alternative except to give up—to accept what they cannot change." "I often tell parents," he adds, "Don't want your child to become something in particular; just want him to become."¹⁷

If Gordon's words seem irrational and uncaring, remember that to the social scientists who promote these programs, success does not lie in reduced aberrant behavior, but in free choice, whether for or against that behavior. Even the study offered by DARE as evidence of its success in combating drug use has mixed results. The DARE Evaluation Report for 1985-1989, submitted by Evaluation and Training Institute of Los Angeles concludes:

The sum of the total defiance incidents and total discipline incidents showed that overall, DARE students have better behavior in school. There were few significant differences between DARE and control students in teachers' ratings of work

habits, cooperation and students' attendance records.¹⁸

First, as would be expected, the survey found that more students from both experimental and control groups reported having used drugs and alcohol during 1987-88 than in the previous two years.

Second, DARE participants' actual use of tobacco at all frequency levels is still considerably lower than that of control students.

Finally, the survey found a significant difference between DARE and non-DARE students in their tendency to use cocaine. DARE students showed a significantly decreasing rate in their cocaine use, while non-DARE students tended to slightly increase use. In addition, DARE students showed a tendency (not statistically significant) to a lower rate of experimentation on LSD, amphetamines (uppers), depressants (downers), heroin, inhalants, PCP, and drugs not ordered for them by a doctor.¹⁹

What the DARE report says, in effect, is that students who went through the DARE program are less inclined to use tobacco and cocaine. But for all other drug use, the results are "not statistically significant." Why the positive results on tobacco and cocaine and not on other drugs is a mystery. But the fact remains that even the report touted by DARE is a mixed bag.

Space does not allow for an exhaustive revelation of failures with affective education programs. While in some locales there has been a modicum of success, overall these programs are either ineffective or detrimental. None of the programs, some in operation since the early '70s, can point to any outside, objective study to prove their effectiveness in sufficiently diminishing the involvement in traditionally undesirable actions by their subjects.

I say "traditionally undesirable" because we must remember that, by affective education standards, the only result considered undesirable is for a child to make a decision based upon learned values (especially values learned from parents), rather than upon his own self-determined values. As Jerrold Greenberg stated, the objective is not to teach what is right or wrong, but how to come to a freeing experience where you make your own decision of what is right or wrong. On this basis, such programs often state that they are meeting with great success. It is what constitutes "success" in the facilitators' minds that should concern parents. "Success" means that a child has made a free choice of what is right for himself.

One reason for the high rate of failure in such programs is that they stress “interdependence”—group therapy and relational skills that place non-users with users. Studies have concluded that for students who determine their own values, the largest degree of influence flows from users to non-users. This is because they are taught not to be judgmental, and to exhibit unconditional understanding of others’ values, even if in conflict with values they learned prior to entering the program.²⁰

Current sex education programs use this approach in teaching students that every form of sexual expression may not be right for one person, but it may be alright for another. Thus, homosexuality is seen as an acceptable sexual preference; as to when one decides it is time to engage in sex is left to that person; when it feels right, the time is right. Those who are sexually active relate positive as well as negative aspects of their actions, and it is up to everyone to decide whether the risks outweigh the benefits. Is it any wonder, then, that teen pregnancies and abortions have escalated at exponential rates since the implementation of affective education techniques in sex education curricula? To whom is a teenager going to listen—parents who tell him that he should wait until marriage to engage in sex? Or to his own libido, encouraged by the positive aspects of sexual activity as related by his peers?

With abortion presented as an option in the event of “accidents” (especially when provided without parental knowledge or consent), and with condoms provided as a means to ostensibly lessen the risk of pregnancy or contracting a disease, the temptation to experiment appears to bear no serious consequences. And what teenager, after trying sex, is going to want to go back to abstinence?

Ignoring the failure of such an approach within the sex education programs in public schools, the same approach is being used in drug awareness programs. And while we could pick any number of drug awareness programs to scrutinize, the DARE program bears special attention.

The DARE Report Card

Since its inception, DARE has had ample time to prove its effectiveness in curtailing drug use among children and teenagers. To date they have failed to produce a single objective study to confirm their stated claims of success. On the contrary, there have been numerous reports to show that DARE is not only ineffective, it is actually a detriment.

The Research Triangle Institute (RTI) in North Carolina has been looking into the assumption that DARE will inoculate children from experimenting with drugs and alcohol. It’s latest analysis of DARE,

completed in 1993, reported that “kids come out of DARE with lots of knowledge about drugs, some improvement in their social skills and a more positive attitude about police. But those who go through DARE are just as likely to get involved with alcohol and drugs as kids who don’t.”²¹

William Hansen, a public health specialist from Wake Forest University who helped Los Angeles police design the program in 1983 when he was a professor at the University of Southern California, accepts the discouraging verdict. “I know the difficulties you go through when you have something that doesn’t work. It hurts. But in reality, we now know, after 15 years of this kind of research, that many things do work, and the DARE program should incorporate those things. The program should be entirely scrapped and redeveloped.”²²

Well, what will work? Should we experiment with our children’s souls for another 15 years? As far as Christians are concerned, God’s Word tells them how to instruct their children in righteousness. That will work if they can only keep the world’s influences to a minimum.

HOW DARE OPERATES

The DARE program requires a more in-depth analysis for several reasons:

- DARE is the drug awareness program most widely recognized among the public;
- DARE is the most highly implemented program not only in the United States but in several foreign countries;
- DARE utilizes police officers as its facilitators in the classroom;
- DARE’s target group consists of children as young as 5 years old, from kindergarten through 12th grade;
- DARE is promoted through the U.S. Department of Justice;
- DARE is funded by major corporations working in cooperation with school districts, police agencies and other political entities.

DARE was created using the formulas of previous affective education programs but with a new twist. While other programs utilize classroom teachers as “facilitators,” DARE utilizes uniformed police officers, all of whom must have street experience. Other role models such as older-age peers are also incorporated, but the police officer is the primary role model.

In affective education programs parents are not presented as role models for various reasons: 1) children are to make their own value judgments without pressure from anyone, and parents tend to put pressure on their children to make the same value judgments as the parents; 2) parents are not always seen as positive individuals, but are more often perceived as negative because of the rules they impose upon their children; 3) children do not generally look to parents as role models to the same degree that they look to their peers or to what are considered more credible role models because of their position in society. Hence, in DARE, police officers provide the adult role model for the children.

Yet DARE says it encourages parental participation through meetings with the police officer and teachers. Parents may sit in on the weekly DARE sessions as well, although that is not encouraged, nor do many do so. In reality, parents are often not told that their children are in the DARE program until they are several weeks into the course. By that time the children have discovered how much “fun” it is, and it’s difficult for parents to pull them out if they are so inclined. One of the purposes of the DARE officer meeting with the parents is to assure them that the officer is not there for undercover work, or to spy on them through their children. As we will see, however, that is sometimes what occurs.

Methodology

The DARE curriculum incorporates seventeen classroom sessions conducted by the police officer. In addition, certain activities suggested by DARE are taught by the regular classroom teacher. Included are a variety of activities such as question-and-answer, role playing, group discussion and DARE Workbook exercises.

One would assume that there are nothing but benefits to be gained through DARE. The fact is that not everything in DARE (or other affective education programs) is a problem. For example, reinforcing safety awareness (a subject of one classroom exercise) could be very beneficial. For the most part, the officers involved in DARE are genuinely concerned about keeping kids off drugs. Nor are they purposefully trying to subvert parental control or high moral values. In fact, it would be safe to say that these officers are of high moral character themselves.

Not being familiar with psychotherapy, however, DARE officers think nothing ill of the affective education approach. They themselves undergo in training the same feeling-centered exercises they will be using on the children. These exercises are disarming because they are “fun.” They bring out emotions and soften attitudes toward others. For police officers who fear becoming

hardened and unfeeling due to the nature of their work with the more base elements of society, the feeling-centered exercises help them feel human again.

Now, there is nothing wrong with such feelings. To be accepting of others is a good trait within limits. But when those limits are expanded to include acceptance of others' vices (such as non-judgmentalism encourages DARE students to do), then the feeling-centered approach has left the child at risk of infection from those whose vices they have accepted.

So far I have addressed these concerns with DARE in a general way. To establish that this is not opinion only, but reasoned deduction acquired through knowledge, I will address specific areas that prove DARE to be psychotherapy on the order of affective education or, as Joseph Hart called it, "Experimental Mysticism."

Self-Esteem and Decision Making

With all the promotion of high self-esteem permeating the Christian media and even pulpits today, many Christians might think that it's a good idea for the schools to incorporate means to build their students' self-esteem. Such teachings are contrary to God's Word; they are human wisdom gleaned from humanistic psychology.

Scripture tells us that it is not low self-esteem that is man's problem, but that high self-esteem (pride) is the problem with which the Holy Spirit must contend in bringing us to a position of humility. Man need not be taught to love himself; he already loves himself. Who should know this better than the Creator? Under the anointing of the Holy Spirit, Paul said that no man has ever hated his own flesh; but nourishes and cherishes it (Ephesians 5:29).

The headlong rush into believing the "love thyself" gospel is evidence that we are living in the last days.

This know also, that in the last days perilous times shall come.

For men shall be lovers of their own selves, covetous, boasters, proud, blasphemers, disobedient to parents, unthankful, unholy,

Without natural affection, trucebreakers, false accusers, incontinent, fierce, despisers of those that are good,

Traitors, heady, highminded, lovers of pleasures more than lovers of God. (2 Timothy 3:1-4)

Does this not describe the condition of humanity on an increasing level year after year? In America, especially, we have seen these evils increase as a result of an educational system that rejects not only Jesus Christ, but even the biblical ethic upon which Western Civilization has operated

for centuries. Neo-paganism—a religion based on worship of self—is on the rise; and the world is reaping the whirlwind as a result of the seeds of destruction sown by today's educators.

What does self-esteem mean to these people? It does not mean a healthy appraisal of one's abilities and talents, which many mistakenly believe. In the realm of personal psychology, self-esteem means being one's own person, developing one's own values apart from the values of others, especially the values of one's parents. It's not a matter of semantics; the term self-esteem means lover of one's self. The only outcome of such a philosophy is a generation of selfish, defiant and rebellious people who put themselves before others. They have learned that they are worthy of self-esteem regardless of their behavior.

What does God's Word say about this?

Let nothing be done through strife or vainglory [conceit; pride]; but in lowliness of mind let each esteem other better than themselves. (Phillippians 2:3)

No true believer in Jesus Christ should buy the humanists' lie that low self-esteem is the reason for man's problems. At the root of this belief is a conscious rejection of the biblical precept that man is sinful by nature, separated from God, and that he needs to be redeemed; to the humanist man is his own redeemer; all he needs to attain that redemption is to come to self-realization of his own godhood.

That said, what does DARE offer in regard to the teaching of self-esteem? The following are quotes from DARE instruction manuals and other DARE sources:

DARE offers a highly structured, intensive curriculum developed by health education specialists. A basic precept of the DARE program is that elementary school children lack sufficient social skills to resist peer pressure and say no to drugs. DARE instructors work with children to raise their self-esteem, teach them how to make decisions on their own, and help them identify positive alternatives to substance use. The DARE curriculum addresses learning objectives consistent with those of many state departments of education and conforms to health education standards.²³

This rather innocuous sounding statement reveals more than the average person might suspect. First, we learn that DARE is highly structured and intensive; it is not a casual encounter. This means that the programs presented by DARE are meant to be presented forcefully. This isn't bad in itself;

it's the content of the program that makes it of concern, as we will see.

For example, and second, we learn that DARE was developed by health education specialists. These specialists are afforded their position only after intensive study in their field, which heavily emphasizes humanistic psychology as the basis for education. In other words, the people who developed DARE are themselves products of the psychologized education system.

Third, we learn that DARE assumes that "elementary school children lack sufficient social skills to resist peer pressure and say no to drugs." This may be a fact in many, and even in most, cases. But it isn't a given for all children. Keep in mind I am writing to Christians, not to the world. If Christian children lack the ability to say no to peer pressure, it is generally because their parents failed to train them in the Word of God, and to establish in them God's values for their lives. Yet even if they lack that ability, is it the role of the school to instill that ability? For that matter, can DARE even accomplish that purpose to any degree without a set of beliefs on which to base its program?

Unless God is brought into the equation, the best Christian parents can expect from worldly programs is that the children will become "well-adjusted" humanists.

Fourth, we learn that DARE teaches kids how to make decisions on their own. There is no instruction on the wrongfulness of drug use; the kids are left to decide for themselves whether or not they want to use drugs after having weighed the positive and negative aspects.

Fifth, we learn that DARE's curriculum is consistent with those of many state departments of education and conforms to health education standards. What are health education standards? They are based on affective learning; values clarification, non-judgmental decision-making, group therapy, self-actualization and the like. The health education standards are what guide current sex education curricula which present homosexuality, pre-marital sex, and pornography as choices to make after having weighed the evidence. There is no right or wrong in the health education standards. The only true standard is that there are no standards.

Other DARE officers are quoted in articles of interest:

"It's not so much a program where we say, 'This is marijuana, this is cocaine, don't do it,'" said DARE officer Sgt. Rich Martin. "We have a course of 17 lesson plans. One is presented each week. It deals with ways to feel good about themselves."²⁴

"We don't use scare tactics of traditional approaches that focus on the dangers of drug use," [DARE officer Ronnie Willis] said. "Instead we work with the students to raise their self-esteem, to teach them how to make decisions on their own, and to help them identify positive alternatives to tobacco, alcohol and drug use."²⁵

Notice that DARE considers instruction on the dangers of drugs to be "scare tactics." Rather, enhanced self-esteem is assumed to be the answer. This is further attested to in an article praising DARE in the Huntsville, Alabama Hometown press:

"Don't give the kids a lot of 'don'ts,'" says the DARE approach. "Don'ts" don't get listened to. Give them what they love. Give them theater. Give them sit-coms. Give them laughter. And all the while, don't ever underestimate the amount of raw fear in their lives....

DARE never tells students, "Don't use drugs." Not once, in the course of seventeen lessons, does the DARE officer ever say, "Don't use drugs." DARE works on developing the self-esteem that makes it easier to say "no." And it works on the ways to say "no."

"DARE is really not about drugs at all," says fifth grade teacher Sandy Ottman. "It's about handling peer pressure. It's about liking yourself. Children with high self-esteem don't need to buy their way into a group that'll accept them no matter what they look like.

Huntsville DARE officer Nolen Osmer agrees that the means by which we measure "increase of student self-esteem" and "development of decision-making abilities" are more impressionistic than scientific.²⁶

The issue is not the danger and illegality of drugs, but whether or not a child decides for himself that drugs should be used or avoided. If there is one lesson dramatically illustrated throughout history from the Garden of Eden onward, it is that forbidden fruit is the most desirable. Fallen man has no will apart from the enlightenment provided by the Holy Spirit. In his fallen condition, one choice is as good as another; for even the "right" choice will not dissuade him from the path to hell. And his self-esteem won't mean a thing when he comes face to face with the living God.

The idea that high self-esteem will keep kids off drugs is bogus. Some of the most well-publicized users of illegal drugs are famous entertainers (especially rock stars), well-heeled politicians and high society's darlings. Who has higher self-esteem

than these people, most of whom are super egoists.

Drug abuse extends across the full spectrum of human economic, social and political strata. Why? Because man is plagued with self-esteem.

Columnist and musician Mark Randall says it best in addressing how he is often approached by young people who claim to be musicians too:

There frequently follows an unsolicited rendering of something on the order of "chopsticks" after which they remark that they might just take some lessons and get a job like this themselves someday....

...lately it seems to be part of the orthodoxy of compassion that young people fail to achieve for want of self-esteem. I accepted this accepted wisdom right up until I actually gave it some thought. Then, recollecting vignettes of the type above, I realized that, in my experience of many young people, self-esteem seems perhaps one of the few qualities one might wish they had less of.

Having so reflected, I am now bold enough to propose a theory counter to the conventional one, namely, the problem is not a lack, but rather an excess of self-esteem. What hinders achievement is not so much a crisis of confidence but a crises of humility.

We tend to think, for example, that being disadvantaged leads to a lack of self-esteem and yet it seems just as plausible to argue that an excess of self-esteem leads to being disadvantaged. An excess of self-esteem portends a lack of humility, humility being necessary for self-discipline, self-discipline being necessary for the acquiring of skills, the acquiring of skills being a great help in the securing of advantages, advantages being just the antidote for the disadvantaged.²⁷

This conclusion fits well Peter's exhortation:

And beside this, giving all diligence, add to your faith virtue; and to virtue knowledge;

And to knowledge temperance; and to temperance patience; and to patience godliness;

And to godliness brotherly kindness; and to brotherly kindness charity.

For if these things be in you, and abound, they make you that ye shall neither be barren nor unfruitful in the knowledge of our Lord Jesus Christ. (2 Peter 1:5-8)

It's almost amusing how people generally think better of themselves than they ought. In the February 5, 1990 issue of Time magazine, Charles Krauthammer addressed a math test given to 13-year-olds in six countries in 1989. Koreans outscored all others; the American kids came in dead last. When asked to assess the statement, "I am good at mathematics," 23% of the Korean children answered yes; 63% of the U.S. children answered in the affirmative. So much for lack of self-esteem in those American children.

Economist Thomas Sowell, a senior fellow at the Hoover Institution in Stanford, California, states:

No small part of the reason why American schoolchildren fall so far behind their contemporaries in other countries is that Japanese and other youngsters are studying math, science and other solid subjects while our children are being brainwashed with the latest ideological fashions—whether about homosexuality, environmentalism, multiculturalism, or a thousand other non-academic distractions.²⁸

It doesn't take a mental giant to see the results of "feel good" psychotherapy in the schools for the past three decades or so. Not only have American school children been abused by the educational system in its denial of an adequate education, they've been abused spiritually. They've been robbed of the ability to discern right from wrong on any objective scale. This on the theory that 1) there is no right or wrong; 2) their self-esteem will suffer if they are told anything that might engender fear.

If DARE doesn't want to use "scare tactics," it might not be a bad idea for Christian parents to remind their children that, "It is a fearful thing to fall into the hands of the living God" (Hebrews 10:31).

And do we ignore God's Word that exhorts us to win souls to Christ through fear if necessary (Jude 23)? Holiness is perfected in the fear of God (II Corinthians 7:1). And fear of God is what keeps His children on the path He has set before them. A healthy fear of evil is also of benefit. Would it be wise to tell a child that he can make his own choice whether or not to cross a busy street against the red light? Or whether or not to put his hand in a basket of vipers? It was fear of the consequences instilled in us by our parents that kept past generations from reaping the consequences of evil actions. Those who disobeyed received a well-feared punishment.

Through DARE children are left with an unrealistic impression of law enforcement. Having a police officer act in the role of a "buddy" only, without reaffirming the

need for a healthy fear and respect for law enforcement, can have the undesirable effect of children seeing police officers as no one to fear. Discipline suffers when fear is replaced by comradeship. Ultimately, fear of properly constituted authority on earth is a reflection of a healthy fear of God.

The DARE approach of not using so-called "fear tactics" is largely a result of Police Chief Daryl Gates' belief that "children don't want to be told what not to do."²⁸ In truth, however, Gates is dead wrong. Children do want to be told what not to do. It's lack of such instruction that breeds in children contempt for authority, whether parental, church or governmental. Without guidelines they will test how far they can go. And given the belief that their own choices are what count, their sin nature will carry them to the limits. If left to their own devices, they will lose respect for the authority they are testing.

This isn't to say that all children will be adversely affected. But all the research data on affective education bears out this truth: to leave children to their own choices in order to enhance their self-love drives them toward self-destruction.

Values Clarification

Every Christian parent should know by now what values clarification means to those involved in education. For those who don't know, values clarification is a process by which children are reprogrammed to set aside their parent's values and determine for themselves the values in life they wish to hold.

Where did values clarification come from? Like other elements of affective education, it was the brainchild in the mid-1960s of social "scientists"—in particular Louis E. Rath, Merrill Harmin and Sidney B. Simon. These men taught that values clarification is an ideal way to deal with values without taking sides or indoctrinating students in one particular value position, since "by definition and right, values are personal things."²⁹

An analysis of values clarification in *The Wall Street Journal* describes this phenomenon well, attributing the following formula to its founders:

...Teachers should never try to teach children correct values. To tell a student stealing is wrong or that kindness and loyalty are good values, would be, according to Values Clarification, to manipulate and coerce a student. Teachers should help students discover and clarify their own personal values instead of trying to force someone else's values on them.

Spread by teacher workshops, paid for in part by state and federal

tax dollars, Values Clarification caught on quickly in the early 1970s and became popular with many teachers and administrators. Its use in public school sex-education classes and by local Planned Parenthood groups was particularly noteworthy, for whether intended or not, adolescents were in effect given the message that parents, the school or society had no right to tell them what standards should guide sexual behavior. Whether premarital sex was right or wrong, for instance, adolescents would discover for themselves as they were helped to clarify their personal values....

By affirming the complete relativity of all values, they in effect equate values with personal tastes and preferences. If parents object to their children using pot or engaging in premarital sex, the theory behind Values Clarification makes it appropriate for the child to respond, "But that's just your value judgment. Don't force it on me."

Furthermore, Values Clarification indoctrinates students in ethical relativism, for its proponents push their own position on their captive student audiences and never suggest that thoughtful people may choose alternatives. Sidney Simon, Howard Kirschenbaum and other Values Clarification authors repeatedly belittle teachers of traditional values. Such teachers, they claim, "moralize," "preach," "manipulate" and "whip the child into line." Their positions are "rigid" and they rely on "religion and other cultural truisms."

A third criticism of Values Clarification is that by presupposing very specific views about human nature and society, it becomes a kind of religious position in its own right which competes directly with other religious views. For instance, Values Clarification theory consistently presents the individual self as the final arbiter of value truth (individuals must develop their own values "out of personal choices"), and it assumes that the good life is one of self-fulfillment and self-actualization. These positions directly contradict the Biblical view that God is the ultimate lawgiver and that the good life is to be found only in losing oneself in the service of God or of one's neighbor.

The use of Values Clarification in public schools or even by such quasi-public agencies as Planned Parenthood constitutes a direct violation of First Amendment protec-

tion against the establishment of religion, one at least as objectionable as the attempt by some fundamentalists to require the teaching of creationism in the public schools. Schools that use the method are, probably unwittingly, fostering the establishment of one particular "religion" and by doing so are abusing the rights of those who hold differing positions.³⁰

More insight on the destructive nature of values clarification comes from D.L. Cuddy, a former teacher and Department of Education official:

Just because school prayer was banned in the early 1960s doesn't mean students haven't been taught certain values since then. In the NEA Journal in 1969, leading educators indicated schools would provide "psychosocial treatment" for students, and NEA president Catherine Barrett later recommended that teachers become philosophical agents of change.

This "change" would be brought about via values clarification techniques using examples of situation ethics. The results of this today can be seen in the fact that a 1990 Girl Scouts survey found that 65% of the high school students would cheat on an important exam....

Is it any wonder that there is a growing number of suicides among children when elementary students in several large systems were taught the theme from M*A*S*H, *Suicide Is Painless* with lyrics that "cheating is the only way to win, the game of life is lost anyway, and suicide is painless"?

Schools would respond that they have suicide prevention programs, but an article in the *Journal of the American Medical Association* last December indicates various of these programs seem actually to be stimulating students to consider suicide.³¹

Values clarification has different names: "critical thinking," "decision-making skills," "situation ethics," "personal choice," and others; whatever the name, the meaning is the same: there are no values outside of yourself; you must determine what is right for you; what's right in one case may be wrong in another; values change with new understanding.

While teachers of values clarification will emphasize that children are not told to reject their parent's values, but to examine them in light of new information, it is strongly implied that to adopt one's par-

ents' values is to fail to come to full self-actualization. In other words, parents' values are not to be forced upon children. In the process, however, children are reinforced with the new values of the educational system—the state's concept of what constitutes right and wrong.

Given the idol status among youth that rock stars and motion picture actors enjoy, it's safe to say that these people's values will be, to a large extent, the one's adopted by youth whose values choices have been left to themselves. Drug use and illicit sex is rampant in the entertainment culture; this is bound to impact the values learned in affective education classes.

In sex education, for example, there are no right or wrong choices, only informed decisions. The same applies to drug awareness programs. In the case of DARE, Values Clarification is openly espoused as a means to enhance one's self-esteem, as we see from DARE's own manuals:

A review of existing substance use curricula by Dr. Ruth Rich, a health education specialist from LAUSD, showed that lessons concentrating on techniques for resisting peer pressure on self-management skills (decision making, values clarification, and problem solving), and on alternatives to drug use appeared to have the greatest degree of success. These methods were incorporated into the DARE curriculum, challenging students to consider the consequences of their actions and involving them in classroom exercises that gave them the opportunity to practice what they had learned.³²

If this positive statement of DARE's results tends to alleviate your fears, remember that the "success" Dr. Rich refers to does not necessarily mean that fewer kids use drugs after going through the program; it means that the goal of getting kids to make their own choices has been met. Humanists do not speak on the same level as the average person.

...DARE instructors instill in children decisionmaking capabilities that can be applied to a variety of situations as they mature.³³

Students learn...how to recognize the choices they have, and how to make a decision that promotes their self-interest.³⁴

They learn that risk-taking is the result of a choice, and ideally that choice should reflect a conscious weighing of the positive and negative consequences of various alternative actions.³⁵

All this might sound good to some; after all, what's wrong with teaching children to resist pressure from their peers? The answer is that values clarification is a two-way street; while resistance may work to one's good if the resistance is toward doing wrong, resistance can just as easily be employed against doing what is right. Once a child believes that his own choices are what count, and that everyone must respect those choices, he will just as soon resist his parents' influence (read "pressure") as the drug pusher's. Even if he resists doing drugs, he will have learned as well to resist anything with which he disagrees. And parents who object to his choices will either have to somehow deprogram him or live with the consequences.

For Christians, God's Word establishes the values we are to believe and by which we are to act. Values clarification by nature puts barriers between God's authority and the "self-actualized" child. It also puts barriers between parents and children.

Values Clarification is a tool of Satan to take children from under the authority of their parents and place their decision-making in the hands of a godless, mindless, state-mandated educational system.

One might just as well send his child to a Buddhist temple as to a public school where values clarification or any element of affective education is implemented.

Group Therapy and Role Playing

DARE proposes group discussions and role playing as teaching strategies.

The DARE core curriculum targets fifth- and sixth-grade elementary school students who will be graduating into junior high at the end of the year. The curriculum consists of seventeen 45-60-minute lessons to be conducted by the DARE officer on a weekly basis. The lessons are structured, sequential, and cumulative. They employ a wide range of teaching strategies that emphasize student participation, including question-and-answer, group discussion, and role-play activities.

The curriculum is designed to equip students with skills for recognizing and resisting peer influences and other pressures to experiment with substances. In addition to building refusal skills, the lessons focus on the development of self-esteem, risk assessment and decision making skills, interpersonal and communication skills, critical thinking, and the identification of positive alternatives to substance use.³⁶

...the officer notes that students are quite similar to one another in many

other ways, for example, in the emotions they experience. After listing various types of feelings, the students are then asked to describe times when they experienced one of those emotions.³⁷

In themselves, group discussions are harmless. Kids and adults alike often gather in such discussions at parties and other social gatherings, even home fellowships. But the term "group discussions" can be misleading when applied to in-depth discussions of participants' personal lives. At that point the discussion transcends into group therapy, particularly if the motive is to help "actualize" participants, or to help them change or resolve attitudes and behavior.

We see from the above as stated in An Invitation to Project DARE, that group discussions and role playing are used for exactly that purpose:

- Self-esteem enhancement psychotherapy to alter one's perception of himself or herself;
- Risk Assessment—delving into one's personal activities at home and elsewhere to determine if the child is at risk for abuse or other situations that may tend toward drug use;
- Decision-making skills—another term for values clarification;
- Interpersonal and communication skills—learning how to assert oneself according to one's personal values;
- Critical thinking—yet another term for values clarification.

It is a fact that, in group discussions, those who speak up first and are most vocal are followed by the others. This may be good or bad, depending upon who takes the lead. But regardless of who takes the lead in child group discussions, Christian children do not belong in such groups with non-Christian children. The danger of conflict with the biblical values that Christian parents want instilled in their children is just too great.

Role playing is another method used in DARE to accomplish these same objectives. Role playing is merely another term for psychodrama, a device used in psychotherapy. In *Models of Group Therapy and Sensitivity Training*, the authors state:

Psychodrama is a group therapeutic approach designed to evoke the expression of feelings involved in personal problems in a spontaneous, dramatic role-play. In its purest form, Psycho-drama consists of a therapy group or workshop, centered around acting out of emotion-

ally significant scenes for the purpose of both catharsis and the acquisition of new behaviors.³⁸

We see from the following found in Implementing Project DARE, that role playing is used in just this manner:

The DARE officer introduces the idea that everyone has good and bad feelings by asking students a series of questions about what makes them happy, angry, scared, or sad. Students are called on to act out each of these emotions.³⁹

Such psychotherapeutic devices also break down inhibitions and result in the children revealing things that, in normal situations they would not want to reveal. These revelations might be about themselves or about others, including those closest to them: parents, siblings, friends. In some cases this has resulted in police action against families, and in children being separated from their parents.

Betrayals

The educational system has long worked with social services departments to identify incidences of child abuse. Children who exhibit signs of abuse are often questioned by educators to determine if some action should be taken by the state to intervene in family situations. Even if abuse is merely suspected, a child may be taken from his or her parents' custody and placed in a foster home.

Certainly in the event of genuine child abuse, such a tactic is called for. But like all state-mandated programs, child protection services become enmeshed in bureaucratic difficulties and over zealousness to assert the agency's power over the individual. Horror stories abound of child protection agencies abusing not only their power, but families and even the children they are sworn to protect.

It is becoming increasingly difficult in the United States for those charged with certain crimes to receive due process. In direct violation of the Constitution, people who rent to drug users, even if they are unaware of the situation, have had their rental properties seized without due process—no trial, no appeal.

An ounce of marijuana found in a glove box gives the police the right to seize one's car, also without due process, even if the drug was placed there by someone else without the owner's knowledge—no trial, no appeal.

The same applies to cases of suspected child abuse. And in such an event, the state mandates, often without benefit of trial, that the parent submit to psychological testing and psychotherapy to determine if 1) he or she is guilty of abuse; 2) he or she has repented sufficiently to allow the state to re-

turn custody of the child; 3) he or she qualifies according to state standards to be a fit parent. Once a family is placed in the mill, they become subjects of the state and must submit to every dictate in the hope that they will be able to remain united.

State Standards

It is in this last category that things can get particularly sticky. In an increasing number of jurisdictions, child abuse is broadly defined. It doesn't merely include physical beating in a manner that endangers the child's life or health; it has been expanded to include any corporal punishment including spanking on the buttocks and washing a child's mouth out with soap and water—a questionable practice, but hardly dangerous in view of its age-old practice without dire consequences.

But perhaps the most disconcerting definition of child abuse involves "mental abuse." This vague term has been used to justify the state's intrusion into the family for reasons as minor as depriving one's child of television viewing or other expressions of the child's personal will. Children have been taught in school that they are their own person, and no one can impose their standards upon them. This reasoning breaks down in view of mandatory school attendance enforced by the same system. This double standard is used for the benefit of the state in molding children to its agenda of world citizenship while denying parents the opportunity to impress their own values upon their children.

Granted, sometimes a parent's values are no better than the state's; but that's not a good reason to empower the state to impose its standards. Christian parents must live in fear that the biblical values and even their child's faith in Christ will be, at the best, challenged in such a way to make the child an outcast among his peers if he persists in holding to his faith. At the worst—and I know of its happening—it may result in a child's denial of Christ and rebellion against his parents' faith.

Child abuse is so vaguely defined as to give the state absolute power to enforce its will in any circumstance that suits its globalist, atheistic policy. Though rarely implemented as yet, child abuse may also include parents teaching their faith to their children. This violates state policy that children belong to themselves, not to their parents (the words of a CPS worker to my wife Jean, involved in a case with a personal friend of ours). The mechanism is already in place for Christians, as well as those of other beliefs, having their children removed from their home and made wards of the state on the basis of alleged child abuse because of religious upbringing and parental discipline of their children.

How does DARE fit into this scheme? The DARE officer is instructed that, while he or she is not acting in the role of a police officer, but as a facilitator, any revelations of illegal activities or suspected child abuse are to be reported to the principal, and appropriate action is to be taken.

The DARE officer is not a substance abuse counselor and will not be expected to function in that capacity. However, if a student reveals that he or she appears at risk or has a personal or family substance use problem, the process is as follows:

At the beginning of the year, the DARE officer informs the students that such information cannot remain confidential. The DARE officer reports any information regarding substance use to a building administrator. If administrators are unavailable, then a guidance counselor or a social worker is informed; however, administrators must be informed at the earliest opportunity. The administrators involve appropriate staff (e.g., guidance counselors, teachers, social workers, nurses, the school psychologist, the health director, the DARE officer) to determine a course of action.⁴⁰

A special concern is reporting drug-related problems or incidents to school administrators. As noted in Chapter 6, DARE officers are assigned to schools in a non-law-enforcement capacity and are expected to report drug-related incidents to school administrators, as any other faculty members would. To document the handling of such occurrences, DARE officers may be required to record the following data:

- date of the incident
- child's age and sex
- DARE or non-DARE student involved
- reason for referral (e.g. possession of an illegal substance, reporting illegal substance use by a family member, disclosing sexual abuse)⁴¹

It's to be expected, of course, that in the case of genuine child abuse, action should be taken. But the reason for referral may include anything that the officer (who has been trained according to the educational systems' philosophy) considers as a reason for determining the child to be "at risk." While possession and use of illegal substances as well as child abuse are specifically mentioned, other reasons may be considered. The reasons for reporting are not limited to these specific areas. And even if they were, the situation remains dangerous for the sanctity of the family.

The DARE policy is open-ended in its approach. While it warns children in the first week that they should not mention people by name, they are not necessarily told that what they say may be held against them or their parents in a court of law. And how are kindergarten to grade 12 kids going to keep that rule in mind throughout the school term and as they advance through subsequent DARE programs? The psychotherapy of role playing and group therapy are specifically designed to break down inhibitions and cause children to reveal the secrets they would not normally reveal. In fact, it is acknowledged by the DARE program that they will forget and should be "gently" reminded of the rule that names are not to be mentioned in class.

These children will regularly fail to observe the rule that we don't mention a family member of [or?] friends name in class. A gentle reminder of the rules will usually last for a short period! This is one of the rules most often forgotten.⁴²

In his report on values clarification, Professor Richard A. Baer, Jr., writing for *The Wall Street Journal*, stated:

The second major fault, according to the University of Wisconsin's Alan Lockwood, is that "a substantial proportion of the content and methods of Values Clarification constitutes a threat to the privacy rights of students and their families." To be sure, the method permits students to say "I pass" when the teacher asks them to complete such open-ended sentences as "If I had 24 hours to live", "Secretly I wish" or "My parents are usually." But many of these projective techniques are designed in such a fashion, Mr. Lockwood claims, that students often will realize too late that they have divulged more about themselves and their families than they wish or feel is appropriate in a public setting. Moreover, the method itself incorporates pressure toward self-disclosure.⁴³

One case is that of 11-year-old Crystal Grendall of Searsport, Maine. In a DARE class, police chief James Gillway asked if the students knew anyone who used drugs.

Most of the 11-year-olds didn't, but Crystal Grendall did. While she didn't speak up then, Crystal soon visited Chief Gillway at the police station to tell him she knew two people who smoked marijuana.

Her mom and dad.

Within days, after pressing Crystal for details, officers obtained a search warrant for the Grendells'

home in this sleepy seaside town of 2,500. Crystal was whisked away and hidden by police. Preston and Gail Grendell were arrested for growing 49 marijuana plants in their bedroom. Mrs. Grendell, 31, soon was fired from her jobs as a school bus driver and teacher's assistant, although the charge against her later was dropped. Mr. Grendell, a 30-year-old construction worker, pleaded guilty to cultivating marijuana.

A year later, Crystal is still troubled by the incident and the Grendells are trying to mend their frayed family bonds. "I would never tell again," says Crystal, a once outgoing student who now is withdrawn and gets lower marks in school. "Never. Never."⁴⁴

Regardless how one feels about the illegality of Crystal's parents' actions, the case illustrates the danger to parent-child relationships. Every year that passes sees the state's mandated policies being expanded to include areas in which the state has no business intruding. And state agents are required to report and act on anything that does not agree with state policy. Given the increasingly godless nature of the state, it's only a matter of time before these "justifiable" intrusions are seen in retrospect as the groundwork for a police state.

A police state does not rely to the greatest extent on having police stationed everywhere to watch citizens' actions. It relies on citizen informants. Such seemingly innocuous things as encouraging people to report violators of HOV lane rules on freeways, or neighbors who water their lawns during water shortages, foster a police state mentality among the populous. When Christianity is outlawed as a belief and practice that interferes with state-mandated policies for personal behavior, people will already have been conditioned to report "violators" who hold prayer meetings in their homes, perhaps against zoning regulations. Tom Bradley, when he was mayor of Los Angeles, stated his desire to see prayer meetings in homes outlawed because they allegedly violate zoning restrictions against churches.

The DARE program promises to be an ideal tool for the implementation of such a police state, and especially a means to gain information from children against their parents. This is pointed out in a *Wall Street Journal* article on DARE:

DARE has pitted students against parents in a handful of cases that critics find troubling. The dual role of police in DARE who as teachers often become confidants of pre-teen children, and then as law

enforcement officers use information students tell them raises civil-liberties and privacy issues, critics contend.

"This is the stuff of Orwellian fiction," says Gary Peterson, head of Parents Against DARE, a Fort Collins, Colo., group. "This is big brother putting spies in our homes...."

Law enforcement officials say the criticism of DARE is overblown and unjustified. The instances of DARE students informing on parents are rare, especially considering the millions of children that the program reaches, says Sgt. Robert Gates, administrative officer for DARE America Inc., the program's national coordinator. Capt. Patrick Froehle, commanding officer for the Los Angeles Police Department's DARE division, adds: "There are skeptics out there who think this is a program to spy on families. That's simply not true. The main purpose is to curb drug use."⁴⁵

Few opponents of DARE believe that the motivation of the officers is to spy on families; the threat of family confidences being inadvertently revealed to strangers is the real concern. And it's a genuine concern. The police officers involved in DARE are, for the most part, men and women who honestly want to help kids stay off drugs. The problem lies in the methodology and the system devised by the Los Angeles Unified School District, a government agency long steeped in humanistic psychology. The officers are as much victims of the psychotherapeutic approach as are the students; their training requires them to undergo the same therapy as they use on the students.

Parental Involvement

DARE states that parental involvement is an important aspect of the program:

The cooperation and understanding of parents are essential to any substance use prevention effort. During the semester, parents are invited to an evening session at which the DARE officer explains the DARE program, describes the ways to improve family communications and to recognize and respond to symptoms of substance use in their children, and provides information about available counseling resources.⁴⁶

On the surface, this seems to be a good aspect of the program; DARE isn't hiding from parents or subverting the parent's relationship with their children. Were the program not psychotherapy in disguise, it

would be fine. However, the vast majority of parents today are not only unable to discern the dangers in the program, many are products of the same type of affective education themselves.

While DARE states that parents should be involved in the program with their children, the fact is that, unless parents go along with the program, they are not only discouraged from participation, they are sometimes intimidated for opposing DARE's implementation in their child's school.

One Christian mother in the state of Washington, after a meeting in which she confronted DARE officers about the psychotherapeutic nature of the DARE program, found her home being surveyed by a police unit. The manner in which the car slowed at her property line and maintained a slow procession until it reached the opposite property line before resuming normal speed again, told her that the police wanted her to know they were aware of her.

Another Christian mother in Alabama had a cassette tape of a DARE officers' Middle School Certification/In-Service training program stolen from her by a DARE officer. This while she was surrounded by a number of other officers who made it clear that they did not appreciate her involvement in the meeting. Efforts to get the tape returned have failed, bogged down in police red tape.

CONCLUSION

DARE is only one affective education program among many being implemented through virtually every educational district in the United States and in many foreign countries. It probably isn't the worst, simply because at least the kids see a uniformed police officer who attempts to gain their respect for law enforcement. Beyond that, however, DARE fits into the same category as all other such programs.

Our concern isn't for the world; it is for the Body of Christ. Most Christians send their children to public schools that are devoid of any concern for parental input. Such children are at the mercy of a godless system that is bent on destroying faith in Christ as the only way to God. The Scriptures warn us about the world:

Love not the world, neither the things that are in the world. If any man love the world, the love of the Father is not in him.

For all that is in the world, the lust of the flesh, and the lust of the eyes, and the pride of life, is not of the Father, but is of the world. (1 John 2:15-16)

Psychology feeds the pride of life; it is man's vain philosophies packaged in scientific jargon. And affective education programs such as DARE pander to the spirit of

the world dominated by Satan. In spite of God's warnings, even the Church has bought into the philosophies of men, and psychology has gained equal footing with the Bible in the counseling received by many Christians.

Because Christians have lacked discernment for failure to study Scripture, Christian children are being sacrificed to Baal on the altars of education. Unless their parents take the time and effort, and are willing to suffer whatever is necessary to preserve their children from this evil, they will bear the guilt along with those educators into whose hands they placed them.

But whoso shall offend one of these little ones which believe in me, it were better for him that a millstone were hanged about his neck, and that he were drowned in the depth of the sea.

Woe unto the world because of offences! for it must needs be that offences come; but woe to that man by whom the offence cometh! (Matthew 18:6-7)

How many parents will lament before the Lord their having shirked their duties in caring for the little ones He gave them. And how many of today's smug educators will howl pitifully as they plunge headlong into a hellfire they deny exists!

But praise God! Our redemption draws near! v

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