

Current Perspectives On Alcoholism

D. NEIL SNARR

CURRENTLY, there seem to be three groups which are expending great energy in attempting to deal with the problem of alcoholism. Although these three groups do not represent all efforts in the area of alcoholism treatment, they undoubtedly are the most widespread. The three groups are Alcoholics Anonymous, the Rescue Missions and the Clinic and Hospital Programs as represented in the writings of the North American Association of Alcoholism Programs. Each of these groups represents a somewhat distinct way of handling the addicted drinker. That these three groups represent the largest efforts is not to imply that there are not other significant efforts being made. On the other hand it is to say that the three mentioned have developed a somewhat complete set of beliefs and concepts about themselves and their approach to alcoholism.

Alcoholics Anonymous had its beginning in 1935 in Akron, Ohio. It grew out of the personal needs of individual alcoholics and has remained a completely voluntary organization. By 1939 they numbered one hundred groups and published their personal experiences in a book entitled *Alcoholics Anonymous*. With the publication of this volume and some important publicity the group rapidly expanded. In 1941 there were 8,000 members. They currently list 350,000 members in 11,000 groups, most of these being in the United States.¹

Rescue Missions in the United States

¹ Bill W., *Alcoholism the Illness* (New York: Alcoholics Anonymous World Service, Inc., 1964), p. 5.

D. NEIL SNARR is Assistant Professor of Sociology at Wilmington College, and formerly was on the staff of the Alcoholism Division at the Fort Logan Mental Health Center. This paper summarizes a portion of his Th. D. dissertation at the Iliff School of Theology, 1966.

date their beginning in the early part of the nineteenth century. Many groups of missions have cooperated with each other, but no one organization has included all missions. The International Union of Gospel Missions is the only current organization that brings together a significant number of missions under one structure. The Union attempts to coordinate activities of missions, but is very limited in its power and resources. Of the existing five hundred missions in the United States, approximately half belong to the International Union of Gospel Missions. No statistics are available as to how many alcoholics are served by missions, but one reliable source estimates that seventy percent of all men who come into missions have an alcoholic problem.² As much as possible, the International Union of Gospel Missions will serve as a reference point in understanding the mission approach to alcoholism.

Since state and provincial departments on alcoholism generally date their inception from 1945, one might consider this the approximate date for the origin of clinic and hospital programs.³ The National States Conference on Alcoholism was organized in 1949 as a coordinating agency for state and provincial departments of alcoholism. The name of this group was changed to the North American Association of Alcoholism Programs in 1957. In September of 1964 there were forty-five states and provinces active in the association.⁴

² Charles E. Morey, *Rescue Missions Dynamics: Regeneration and Rehabilitation* (Walla Walla: Rescue Mission Press, 1963), p. 13.

³ Sheldon D. Bacon, "State Programs on Alcoholism—A Critical Review," *Selected Papers* (Washington, D.C.: NAAAP, 1963), p. 1.

⁴ North American Association of Alcoholism Programs, *Membership List of the North American Association of Alcoholism Programs*.

The publications of this organization will serve as a framework for determining the clinic and hospital approach to alcoholism.

To understand these groups more fully this paper purports to determine and set forth their "social logics." The concept of social logics is borrowed from the works of the anthropologist W. Lloyd Warner, but is reinterpreted to serve the purpose of this study. Social logics will be understood as those more or less coherent sets of beliefs and concepts, expressed in the verbalizations and literature of a group, which provide the group with its own self-understanding and with a rationale for what the group is doing. The fact that a group has developed a social logic does not imply anything about its truthfulness or its validity. It may be extremely accurate and be followed in action or it may not be related to the actual circumstances at all. The ask here is to present these social logics and compare them accurately, not to point out their discrepancies. However, an impressionistic assessment will be made of these groups. The assessment is made on the basis of approximately five years experience in the realm of alcoholism treatment.

Before leaving the discussion of social logics, it might be said that these formulations serve three functions. First, and most important, they proved a rationale for the group. Second, social logics function to provide guidelines for converts and observers. Third, they act as controls on group members and give direction to the group. The accumulated social logics form a general direction and philosophy that serve as a foundation for future decision.

In order to bring some coherence to the presentation of social logics, five questions will be asked of each group. (1) What is the group's understanding of alcoholism? (2) How does the group understand the individual alcoholic? (3) What is the group's philosophy of treatment? (4) What is the group's

image of society? (5) What is the group's image of its role?

WHAT IS ALCOHOLISM?

Although the movements included in this study do not present a completely unified understanding of alcoholism, there is a general consensus within each. Alcoholics Anonymous describes alcoholism as an obsession of the mind and an allergy of the body. They recognize that this description is vague, but part of their philosophy is to "keep it simple" and avoid analyzing. None the less, they amplify this short definition and state that alcoholism is an illness of both the mind and the body which is progressive, treatable and basically involuntary. Beyond this they feel it is a health problem and is symptomatic of personal maladjustment to life.

Rescue Missions agree with Alcoholics Anonymous that alcoholism is treatable and symptomatic, but are reluctant to commit themselves on the other central issues. The primary thrust of the rescue mission understanding of alcoholism concerns the concept of sin. Opinions range from perceiving alcoholism solely as a sin to viewing it as a combination of sin and sickness. Closely related to this belief is the understanding that beverage alcohol is a central factor in alcoholism. Alcoholics Anonymous refuses both to commit itself to a theological conception of alcoholism and to consider beverage alcohol a factor in its development. A further difference between the two arises when it is recognized that missions consider alcoholism to be primarily a symptom of sin and secondarily of a sickness. Thus, beyond the belief that alcoholism is treatable, there is little agreement between rescue missions and Alcoholics Anonymous.

Clinic and hospital programs, as represented in the literature of the North American Association of Alcoholism Programs, are in basic agreement with Alcoholics Anonymous. They consider alcoholism a progressive illness that is

treatable, symptomatic of a more basic personality conflict and a public health problem. The clinic-hospital approach carries the investigation of alcoholism to a greater depth than Alcoholics Anonymous and analyzes the nature of the personality conflict and the factors contributing to it. Alcoholism comes to be understood as a coping mechanism, one of many possible mechanisms. A difference also exists in what is meant by a health problem. Alcoholics Anonymous is emphasizing the involuntary nature of alcoholism in utilizing this terminology whereas the clinics and hospitals are emphasizing public responsibility.

Thus, rescue missions stand alone in considering alcoholism as primarily a sin and secondarily a sickness. Alcoholics Anonymous and the clinic-hospital formulation find themselves in close proximity, avoiding the "sin" concept and emphasizing the involuntary nature of alcoholism.

THE ALCOHOLIC AS AN INDIVIDUAL

Differences between the three movements tend to diminish at certain levels when the alcoholic is considered as an individual. There continues to exist a number of important distinctions, but many of the terms used to describe the individual alcoholic are similar. All three understand the alcoholic as being sensitive, incapable of dealing with reality, selfish, perfectionistic, having low frustration tolerance, anxious, possessing a poor self-image and other similar characteristics.

Beyond the above, Alcoholics Anonymous views the individual alcoholic as a defective person, that is, he has a serious defect in his capability to function as a person. He needs to accept his condition as permanent and irreversible. He must acknowledge his infirmity and consider it an inherent condition of his existence. This defectiveness sets the alcoholic apart from others and requires a special kind of un-

derstanding and treatment. There still exists in Alcoholics Anonymous a strong belief that only an alcoholic can help another alcoholic. Thus, as an individual, the alcoholic is the kind of person who needs the understanding that comes with likeness.

Rescue missions view the individual alcoholic as a sinner who is separated from God. His alcoholism is evidence of his sinfulness and weakness in the face of temptation, but this does not render him different from others. All men are sinners and in need of God's forgiveness. It is only through the power of God that anyone, the alcoholic included, can overcome his weak and sinful state. The alcoholic is one of many types of sinners. As opposed to Alcoholics Anonymous, which views the alcoholic as being defective and different from non-alcoholics, missions consider the alcoholic to be essentially like others.

Clinic and hospital programs understand the individual alcoholic as an unfortunate person who has not received adequate tools to deal with life's conflicts. In his attempts to overcome this deficiency, the alcoholic has used alcoholic beverages. He could have chosen many other methods of coping with these conflicts, but alcohol seems to suit his particular situation. This combination of circumstances and response has resulted in an emotionally crippled individual who is not inherently defective, but deprived. He is then in need of reconstruction. With understanding assistance he can learn to live a normal and productive life. This conception of the alcoholic differs from Alcoholics Anonymous in that the individual is primarily considered to be deprived and in need of reconstruction rather than being defective and in need of accepting his inherent defectiveness. It differs from the mission understanding in that the alcoholic is viewed as being deprived rather than sinful and weak and in need of reconstruction rather than divine assistance.

PHILOSOPHY OF TREATMENT

Alcoholics Anonymous has arrived, through experience with alcoholics for many years, at some very specific steps in treating alcoholics. "Our primary purpose is to stay sober and help other alcoholics to achieve sobriety." The first step in treatment for the alcoholic concerns his admission of alcoholism. This is possible when the alcoholic "hits bottom," that is, when he has suffered enough from the effects of his drinking that he is willing to acknowledge his powerlessness over alcohol. Second, the alcoholic must take an honest look at himself and admit his faults to another human being, himself and God. Third, he must take concrete steps to adjust his personal relations that suffered while he was drinking. Fourth, the alcoholic must come to depend upon a higher power. This comes about through prayer and surrender to God, as the individual understands Him. Finally, the sobered alcoholic must start working with other alcoholics. This "twelfth-step" work enables him to share his own experience, perpetuate Alcoholics Anonymous and remind himself that he is only one drink away from a drunk. If he hopes to remain sober he can never drink again, not even socially. Alcoholics Anonymous tends to view professional treatment with askance since it "rarely understands alcoholism and seldom is helpful." They also feel the utilization of drugs by alcoholics is detrimental to rehabilitation.

Rescue Missions, believing that alcohol is the primary cause of alcoholism, propose total abstinence as the real solution to alcoholism. On the other hand, for those who are alcoholics and consequently sinners, a conversion experience is necessary. This means the admission of guilt and coming to Jesus Christ as their personal Savior. As with Alcoholics Anonymous this necessitates the full cooperation of the alcoholic. Other modes of rehabilitation are occasionally utilized, but they must

be "honored by God." Such assistance, as is provided by other methods, is secondary, and ultimately unsatisfactory, since it cannot assure sobriety or eternal life. The rescue mission's primary goal is salvation through a conversion experience; sobriety is necessary to salvation, but sobriety without salvation is quite meaningless.

Clinic and hospital programs agree that the alcoholic's cooperation is essential, but in addition they emphasize that the alcoholic may be motivated even if his treatment is initiated under duress. The first contact with the patient is viewed as crucial since it will greatly determine future contacts and subsequently influence treatment success. There is great care taken in choosing individuals who will work with alcoholics since ambivalence toward alcoholics and alcoholism on the part of therapists may impede therapy. A variety of disciplines is utilized in treating the physical, social and psychological aspects of alcoholism. It is believed that there is still much to be learned about alcoholism and its treatment, thus an atmosphere of research and experimentation is maintained. Many treatment modes are employed, including drug and group therapy. Emphasis is placed on helping the alcoholic handle the here and now rather than dwelling on past experiences. The treatment must be tailored to fit the individual alcoholic and it must create an atmosphere of warmth and acceptance. Since the public and professionals have an inadequate and often destructive conception of alcoholism, a significant amount of energy is utilized in education.

Alcoholics Anonymous shares with the rescue missions a religious orientation, but the interpretation of this orientation differs greatly. Alcoholics Anonymous stresses sobriety as their primary goal whereas missions concern themselves with a life hereafter. Alcoholics Anonymous also proposes that one may believe in God as it is meaningful to him, while missions promul-

gate an understanding of God that is rigid and orthodox. Both Alcoholics Anonymous and rescue missions are skeptical of professional treatment and share the feeling that confession, faith and conversion are basic to sobriety. All three groups believe that alcoholics must abstain from alcoholic beverages for the rest of their lives.

Clinic and hospital programs maintain a broader base of treatment than the other two. While Alcoholics Anonymous prescribes specific steps for all alcoholics to follow and missions center treatment around one religious experience, members of the North American Association of Alcoholism Programs present an open-ended approach to treatment. They feel that what will "work" for one alcoholic may not for another. They generally disagree with Alcoholics Anonymous concerning drugs, but share with Alcoholics Anonymous a skepticism for depth therapy for alcoholics.

Unique ideas exist with each group in regard to treatment. Alcoholics Anonymous believes it is necessary to put sober alcoholics to work with alcoholics who are still suffering. Rescue missions stand alone on their belief that preparation for another world is the prime concern in treating alcoholics. Clinic and hospital programs are unique in their recognition of **alcoholism** and the care with which they choose those who are to work with alcoholics. That is, they believe there are many types of alcoholics and that it takes certain kinds of persons to deal successfully with them.

IMAGE OF SOCIETY

Alcoholics Anonymous considers society to be neutral, neither positive nor negative, that is, it is not benevolent, neither is it evil or destructive. It is potentially good and potentially bad. For those who relate constructively to society's minimal standards it is likely to be good. For those who refuse to do so, the consequence will probably be

bad. Society is to man what the ocean is to a ship or the atmosphere is to an airplane. It can be a vehicle of success and accomplishment, or a means of injury and destruction.

The rescue mission's view of society resembles that of religious sects. This perspective distinguishes between the worldly and non-worldly or spiritual. There is a central feeling that society is in conflict with the ideals of the sect, or in this case the mission. There is a concomitant belief in the existence of another world in which rewards are given to those who are "saved."

Underlying the other-worldly view of missions is a feeling of mistrust and disdain toward society. Sin is rampant in the world because it has forsaken Christ and His Church. An indication of this sin is the existence of widespread drinking and alcoholism. It pervades American society and is a threat to its very foundation. Advertising is corrupting the minds of the people by promoting drinking and no one seems concerned about stopping it. It is also felt that this paralyzing illness is on the increase rather than being contained or diminishing.

Clinic and hospital programs view society as being ignorant of alcoholism and generally intolerant of the alcoholic. Society is thus in need of altering some of its values and opinions. It is not detrimental to alcoholics and their treatment intentionally, but the impact of society's attitudes is negative. Although society is not particularly supportive of crippled alcoholics, individual alcoholics can learn to cope with the unhealthy atmosphere they encounter in society. In viewing society as being in need of some alterations, clinics and hospitals differ from Alcoholics Anonymous which regards society as being a neutral factor in relation to alcoholism. Missions agree that society needs to be altered, but differ by defining the nature of society's evil in theological terms and by seeing divine help as the solution.

IMAGES OF THEIR ROLES

Alcoholics Anonymous perceives its role as being solely concerned with helping alcoholics stay sober. This role is initiated when the individual alcoholic recognizes that he needs assistance and asks Alcoholics Anonymous for help and continues as long as any type of support is desired. Its role is that of rescuing alcoholics from their own self-destructive behavior and assisting them in accepting their defective personality as a condition of their existence. Alcoholics Anonymous does not force itself upon anyone, but stands ready to assist those who genuinely seek relief from their alcoholism.

The centrality of treatment in Alcoholics Anonymous is evident in the structure of the fellowship that has developed. The one ultimate authority is a living God as He may express Himself in the group consciousness. (Tradition two). Each local group is basically autonomous so it can meet the needs of its immediate members. Every Alcoholics Anonymous group is to be fully self-supporting so it can occupy itself with its primary goal and not become involved with the outside problems. Members are also to remain non-professional as workers with other alcoholics. God is also perceived in such a way that a variety of faiths can join together in the common goal of sobriety. "Twelfth-step" work is a further development that is geared to the needs of individual alcoholics. "Alcoholics Anonymous is a program for alcoholics who seek freedom from alcohol."

Rescue missions conceive of their role as bringing men to Christ through a conversion experience. The basic need of man is always Christ, and alcoholics are no exception. If men wish to stay sober they need Christ and if they wish to fulfill their earthly task they need Christ. Because of this central need in man, rescue missions believe themselves to be accomplishing a task that other agencies working with alcoholics are not. Because of this fact they view

their approach to the treatment of alcoholics as more adequate.

The mission role is also considered to be unique since it concerns itself with the "driftwood of humanity." It sees itself as a body of believers being sent a body of unbelievers. They take with them no creed, no rule, no discipline, but that of preaching Christ. It is a lifesaving institution that is working for the purpose of God.

Hospital and clinic programs are constantly criticizing and evaluating the roles they play. They sometimes feel they are too narrow in their concerns, possibly being preoccupied with selfish goals. Some feel they are too concerned with individual alcoholics and forget the treatment of alcoholics through time in a given socio-cultural area. These criticisms grow out of the realization that there is still much to learn in the area of alcoholism treatment.

On the other hand North American Association of Alcoholism Programs' members feel they have contributed in a significant manner to understanding and progress in the general area of alcoholism. The role they are playing has been significant in changing the attitudes of many people and increasing the number of treatment facilities. With other groups they have convinced the public that alcoholism is treatable, that it is more than just a matter of alcohol and that it is not simply a problem of weak-willed bums.

At this point they feel they are at an important crossroads. Either treatment will continue in a somewhat isolated setting or it will widen its sights toward a more inclusive conception of treatment.

AN IMPRESSIONISTIC ASSESSMENT OF CURRENT ALCOHOLISM TREATMENT

More than any other group, Alcoholics Anonymous has demonstrated to the American public that alcoholics can be helped and returned to a responsible position in society. The importance of

this fact cannot be overemphasized and must not be forgotten. To this must be added the tens of thousands of individuals who have found and are finding meaning and hope through Alcoholics Anonymous, this would include both alcoholics and their families. With the above contributions have come numerous other insights into the alcoholic as an individual and his needs in treatment. Herein could be included the importance of a primary group relationship, the need for release of guilt and aggression through catharsis, the help received and rendered by "twelfth-step" work and "sponsorship," and the aid of a "Power greater than oneself" as a means of forgiveness, meaning and strength. Although the above does not exhaust the contributions that Alcoholics Anonymous has made it hopefully indicates how important and successful the group has been.

The fact of Alcoholics Anonymous' phenomenal growth and success tends to draw attention away from some problems that do exist. One crucial problem concerns Alcoholics Anonymous' cooperation with other modes of rehabilitation. Alcoholics Anonymous has too often been unwilling to cooperate. This had led some professionals to view Alcoholics Anonymous as possessing a sect or cult-like character which in effect leaves the impression that only Alcoholics Anonymous can help alcoholics.⁵ With the emergence of other successful modes of treatment, Alcoholics Anonymous will have to accept its position as one among many approaches.

Closely related to this non-cooperative attitude is the tendency for Alcoholics Anonymous to view itself as an end in itself and a subsequent unwillingness to "wean" its members. Alcoholics Anonymous has probably done

this consciously in an effort to control the "egomania" of its members, but this appears to have destructive results also. By characterizing itself as the treatment program Alcoholics Anonymous discourages members from seeking professional help often when it is desperately needed. It also reflects an attitude that if one cannot become sober through Alcoholics Anonymous he is not serious about gaining sobriety. Another facet of this is the tendency to make Alcoholics Anonymous the hub around which these individuals rotate their lives. As long as this is the only way of attaining and continuing sobriety there is certainly no criticism, but it seems that many could move into other groups to find meaningful relationships. This would make room for newer members in the local groups and let alcoholics who have not yet gained sobriety know that they can utilize Alcoholics Anonymous without having to spend the rest of their lives talking about their drinking days and listening to similar stories from other alcoholics. This seems to be the most common complaint alcoholics outside of Alcoholics Anonymous have toward the group.

Alcoholics Anonymous seems to be aware of the problem the "old guard" presents, but has not effectively handled it structurally. One method of coping with this has been to let as many splinter groups start as individuals desire. This is limited as a solution since some areas have numerous small groups rivaling each other and attention to their goal of helping alcoholics find sobriety is lost.

Other problems of adjustment also face Alcoholics Anonymous, but will not be dealt with here. Some of these are being realistically faced and others unfortunately avoided. Two problems that will add to the difficulties of adaptation in the future are the loss of their somewhat charismatic leader Bill W. and a decreased rate of growth. Just what impact the death of Bill W. will have is very difficult to determine. He

⁵ See Morris E. Chafetz & Harold W. Demone, *Alcoholism and Society* (New York: Oxford University Press, 1962), pp. 162ff. and Arthur H. Cain, "Alcoholics Anonymous: Cult or Cure," *Harpers* (February, 1963), pp. 48-52.

has certainly restrained himself when one considers how he could have made himself quite indispensable to this movement. Just when and to what degree the growth rate of Alcoholics Anonymous will level off is also impossible to know, but that such will take place seems to be a fair estimate. When this does happen, and the writer feels that if changes are not instituted rapidly it will occur as alternatives to Alcoholics Anonymous become widely accepted, a general restructuring and reorientation will have to take place. It may be that Alcoholics Anonymous will function as a liaison group before and after professional treatment.

Rescue missions have served a group of people generally forgotten by the rest of society. In doing this have rendered great service to our nation. Missions have been convinced that alcoholics are treatable and have responded in various ways. They have given these individuals the material essentials of life and have tried to inculcate a new spirit through a conversion experience. Where and when this approach brings positive results there is certainly no criticism. It is felt, however, that missions are not generally as effective as they could be. Yet, it must be remembered that the great variety of missions accounts for very different approaches and some are attempting to utilize knowledge from nonmission sources and are successfully learning from their own experiences.

It appears quite safe to assert that missions do not have an adequate understanding of alcoholism. They tend to attribute alcoholism to the consumption of alcoholic beverages alone. Of course the consumption of alcohol is necessary to the illness, but to overlook the psychological, cultural and sociological factors can only lead to an inadequate understanding of treatment.

In treating alcoholics missions tend to be much too moralistic and lack variety. It would be difficult to say that moralizing has no place in treating alcoholics, but to put all of one's thera-

peutic eggs into a moralizing basket is inexcusable. The lack of variety is inextricably a part of the same criticism. Although the Salvation Army has instituted greater variety, as have some isolated missions, it is still believed that a religious conversion is the only adequate answer for alcoholics. Persons that do experience such emotional conversions are often unable to assimilate themselves into the larger society and must be integrated into the structure of the mission if they are to live up to their commitment. The fact that missions view society as a somewhat dangerous and evil place makes assimilation even more difficult.

The North American Association of Alcoholism Programs' literature includes many criticisms of itself as previously indicated. This quality in itself is a hopeful sign and stands as one of its most impressive assets. The whole scope of this movement is also to be lauded. Its objectives, accomplishments and standing committees are all of significance in relation to treatment. Its inability to implement much of this can, to a great extent, justly be blamed on the lack of public support and subsequent lack of resources.

On the other hand there is often a reluctance to use resources that are available. This seems to be due to the characteristics of existing leadership. Much leadership has its roots in the "old guard" of Alcoholics Anonymous and is not yet willing to open its doors to newer methods of therapy. A similar situation exists where leadership is lay and there is reluctance to hand over the reins to younger hands. Beyond this is the fear that some have of letting non-professionals in the field, such as ministers, contribute to the treatment program. There is a general recognition that many groups can contribute to the rehabilitation of alcoholics, but this is rarely implemented.

Criticisms concerning follow-up programs and flexibility could also be lodged, but they all have the ring of inexperience and youth which is a

mark of clinic and hospital programs. Unfortunately clinics and hospitals are still in need of proving themselves to legislators and the public. Until such obstacles are surmounted there will be a great deal of wasted resources, human as well as non-human. Undoubtedly the clinics and hospitals as represented by the North American Asso-

ciation of Alcoholism Programs will provide the primary means of treatment for alcoholics in the future. They seem to be going through the same trials of acceptance as the child guidance movement did a few years ago. One can hope that greater support will be given immediately, but indications are that it will be slow.

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