



living counter culturally

talk sheet

Depression

Issued by authority of the Territorial Commander

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There has been a significant increase in campaigns aimed at reducing the stigma associated with mental health illnesses such as depression. These campaigns, such as the one headed by Sir John Kirwan, have made it easier to talk about our mental health, and therefore to seek and give support where it is needed.

But what about the church? Do we provide a place where depression can be talked about openly and freely? Is there still stigma for Christians suffering depression? How can we support our friends, loved ones and church family when depression is so often unseen and undiagnosed?

What is depression?

The images associated with depression are typically dark and evocative. Descriptive words that might come to mind include: walking in darkness, desperately alone, ongoing emptiness, stuck in a black hole, exhausting ...

Elizabeth Wurtzel, author of the memoir *Prozac Nation*, describes depression as being 'a complete absence'—absence of feeling, absence of affect, absence of response and absence of interest.

On the other hand, psychologists were taught for many years that depression was '*anger turned inward*', and so focused attention on finding the root cause of this anger.

Perhaps King David's words best describe the depths of suffering someone with depression might experience:

Be merciful to me, O Lord, for I am in distress; my eyes grow weak with sorrow, my soul and my body with grief. My life is consumed by anguish and my years by groaning; my strength fails because of my affliction, and my bones grow weak. (Psalm 31:9-10)

A more modern way to explain depression is as a **bio-psycho-social-spiritual condition**, meaning that the symptoms of depression affect *all* areas of our life.

- Depression can affect our **biological self** through low energy, problematic sleep patterns, slowed physical responses, loss or change of appetite, headaches, a lowered immune system, changes in brain chemistry, etc.
- Our **psychological health** can be affected. This might include ongoing feelings of sadness, emptiness, worthlessness, anger, negative thoughts about ourselves, thoughts of suicide, low concentration, indecisiveness, etc.
- Symptoms associated with our **social wellbeing** might include withdrawing from friends/family, being irritable and grumpy with loved ones, not doing things we might normally enjoy and starting to use drugs or alcohol to feel better.



- Depression can also impact our **spiritual health**, leading us to stop going to church, decreasing our prayer/devotional life, causing us to lose faith in God, become less caring of others, and lose a sense of meaning or purpose about life.

Depression can make other symptoms worse, leading people into a downward spiral. It not only deeply affects individuals and their families and whānau, it also impacts society. The World Health Organisation predicts that by 2020, depression will be the second largest burden of disease worldwide in terms of socioeconomic costs. One reason is the condition's prevalence: one in every five New Zealanders will experience a serious mood disorder, such as depression, at some time in their lives.¹ The statistics are worse for females.

Who gets it? And why?

There is no simple answer why people become depressed. It's often a combination of things that varies from person to person. Although we can identify factors that put people at increased risk, sometimes there is no obvious reason why someone becomes depressed.

Research suggests genetics can play a role in increasing the likelihood of experiencing depression. People with parents who have had depression are more susceptible to becoming depressed. However, not everyone with this predisposition gets depressed, suggesting that there are other contributing factors.

It appears that people with an anxious temperament are more prone to depression. Studies have shown that people with an optimistic view of life are less likely to get depressed. This suggests we have some level of control over our mental wellbeing as it is based on how we perceive events and the world around us. What isn't in our control is our upbringing, which plays a major role in our psychological development. People who experience childhood maltreatment or trauma are less likely to have an optimistic outlook on life and are far more likely to experience mental health difficulties.

Lifestyle factors can contribute to depression, including excessive alcohol consumption and the use of other recreational drugs. It is estimated that 70 per cent of those attending addiction treatment services also experience a mental health condition.² Social isolation, lack of sleep, poor diet and lack of exercise also contribute to depression.

For most people, external factors are key components leading to depression. These can include family conflict, relationship problems, unemployment and ongoing stress.

People's reaction to the Canterbury earthquakes can teach us about how we react emotionally as humans. Two years on from the earthquake, prescriptions for anti-depressant drugs had hit record highs. In 2012, there were 209,000 prescriptions for anti-depressant medication in Christchurch. This was almost twice that of Auckland, despite Auckland having over four times the population.

A spokesman from the New Zealand Association of Psychotherapists (NZAP) suggests that after a traumatic event such as a large-scale earthquake, when the initial urgent focus on survival has lessened, levels of depression and post-traumatic stress in the community start to climb. The NZAP says the people of Christchurch not only need support to rebuild the infrastructure of the city, but also help to rebuild their psychological health and resilience.

Farmers in rural New Zealand give us further insight into other factors contributing to depression. In 2013, Federated Farmers of New Zealand said it was allocating more resources for the mental health of farmers. This followed a concerning rise in the number of suicides in the farming community. Again, the reasons why farmers are at risk are multi-faceted.

Firstly, farmers are vulnerable to a number of external stressors outside their control. For instance, they are at the mercy of the weather, where drought and floods can ruin crops, kill livestock and affect financial viability. The strength of the New Zealand dollar also plays a part in the success or failure of a farm. Added to this, farmers work long hours, often in isolation and with few stress-relieving holidays. Some have also suggested a decline in community and family networks due to the rural-urban shift has led to decreased support networks for farmers.

Internal barriers play a role in depression in the rural sector, especially the stigma associated with suffering from mental health difficulties. Invercargill Public Health Officer Andrae Gold suggests the stereotype of the 'strong, silent Southern man' is part of the problem. She says, 'Most men draw on their own determination and strength of character during difficult times. Those same strengths and qualities, such as resilience and being capable, can be the same reasons men often do not seek mental health support or general health care.'

Seek help

This Kiwi, hardworking, fix-it-with-number-8-wire mentality is not just a rural community phenomenon. One New Zealand study found that 42 per cent of people with a serious mood disorder such as depression did not seek treatment.³ When asked why, the main reason stated was that they did not think their symptoms severe enough to warrant visiting a doctor or health professional.

Another barrier was that they feared being judged as 'just feeling sorry for themselves' and being told to 'just snap out of it'. Most people with depression do not 'just snap out of it' and so it is important to seek help. Depression can often last at least six months' longer for those who do not seek treatment, than for those who do.

HOW TO HELP A FRIEND

DO:

- Spend time listening to them talk about their experiences (without being judgmental).
- Suggest they see a doctor or health professional. Perhaps go with them or help them organise an appointment.
- Encourage them to exercise and eat well.
- Encourage them to become involved in social activities.
- Let them know when is an okay time to talk so you can give your full attention.
- Remember that it's okay to say, 'I can't talk right now', or 'I'm sorry, I don't know how to help you with this but I can listen.'

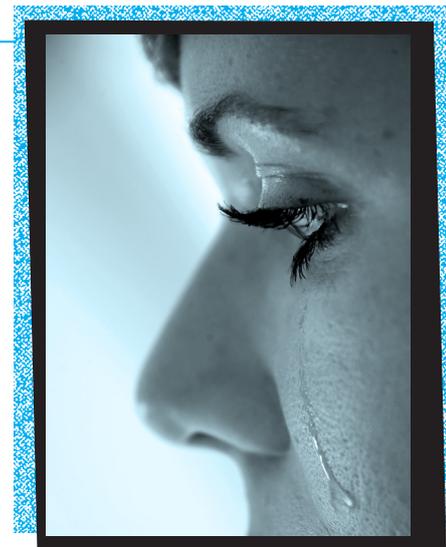
DON'T:

- Assume the problem will just go away.
- Tell them they're okay and that there's nothing really wrong.
- Pressure someone to 'snap out of it' or 'harden up'.
- Stay away or avoid them.
- Tell them they just need to keep busy, pray harder or get out more.

REMEMBER:

- Take care of yourself. Having a friend or loved one suffering from depression can be tough. It's important to look after yourself and take time to relax and enjoy things you like doing.
- Healing from depression is often a long process. Hurrying things along will most likely end up frustrating both of you.
- Get advice and support from others. You don't need to do this on your own.

Primary source: www.thelowdown.co.nz



If you think you may be depressed, talk to your doctor who can assess your situation and work out a treatment plan with you. This may involve prescribing medication, or perhaps referring you for counselling. Your doctor can also help you work out a self-help programme and monitor your progress.⁴

The church and depression

But what about the church? Do we provide a place where people can talk openly about their emotional concerns without fear of being judged? Are we doing a good job of identifying and supporting people through this often unseen illness?

In theory, the church is an ideal place for those struggling with depression. Christ's message of forgiveness and grace means the church can be a place of healing and change. Relationally, the church is a place where a community of people can provide care and support for each other through these tough times. Add to this God's empathetic message for Christians to 'love one another' and to 'weep with those who weep' and potentially we have some great spiritual and social-based solutions for depression.

There are numerous examples of the church providing people with practical and spiritual support for life's struggles. This includes The Salvation Army, which has a rich and proud history of helping people through addiction. Many Salvationists are drawn to The Salvation Army's values of providing practical help to people, motivated by faith in Christ. This philosophy was evident in the earlier Salvation Army days with William Booth's 'soup, soap and salvation' approach to helping the poor. Booth knew the importance of having a holistic view of people and addressing their physical, emotional and spiritual needs.

Another major strength of churches such as The Salvation Army is that they encourage us to have a personal relationship with Christ. The Christian faith provides us with a sense of hope and purpose, which strengthens our perseverance through difficult times. Countless people receive strength and encouragement from the Bible and promises such as these:

'For I know the plans I have for you,' declares the Lord, 'plans to prosper you and not to harm you, plans to give you a hope and a future.' (Jeremiah 29:11)

The Lord himself goes before you and will be with you; he will not leave you nor forsake you. Do not be afraid; do not be discouraged. (Deuteronomy 31:8)

When the righteous cry for help, the Lord hears and delivers them out of their troubles. The Lord is close to the broken-hearted and saves those who are crushed in spirit. (Psalm 34:17-18)

5 WAYS TO WELLBEING

The Mental Health Foundation has developed the 'Five Ways to Wellbeing', a set of actions that can improve our mental (and overall) health. Consider how you could apply these ideas in your church:

1. Give: your time, your words, your presence.

Giving is more than just sharing of material things with others. It is about cultivating a spirit of generosity and promoting active participation in social and community life. Volunteering and community involvement has been strongly linked to positive feelings and functioning. Helping others, sharing life skills, resources and behaviours that promote a sense of purpose and team orientation have been found to help increase self-worth and produce a positive emotional effect. Giving is important for all age groups. It helps develop strong social cognition in children, and a sense of purpose and self-worth in adults.

2. Be active: do what you can, enjoy what you do, move your mood.

Research shows a strong correlation between physical activity and increased well-being, as well as lower rates of depression and anxiety. It is viewed as essential for people of all ages and has been shown to slow age-related cognitive decline. Evidence suggests that physical activity can increase self-belief, the ability to cope with difficult situations, and provide a sense of mastery. It can also have the benefit of encouraging social interactions. Physical activity does not need to be particularly energetic to be of benefit. Moderate exertion three to five times a week can significantly reduce symptoms of depression, but improvements can also be seen from single bouts of exercise of less than 10 minutes.

3. Keep learning: embrace new experiences, see opportunities, surprise yourself.

Learning, remaining curious and setting goals is important for all ages. For children it leads to positive cognitive and social development, while for adults it can lead to improvements in self-esteem, social interaction and a more active and involved life. It has also been shown to be effective in preventing depression in later years. Adult learning, in particular, includes elements of goal setting, which is strongly associated with higher levels of

wellbeing. This is particularly true when goals are self-generated, positively focused and align with personal values. Learning is more than just an activity or formal education. It can include any approach that maintains curiosity and an enquiring mind.

4. Take notice: appreciate the little things in life, savour the moment.

Developing skills that increase awareness of what is immediately happening—both physically and mentally, within and around us—can improve wellbeing. Even short courses teaching simple techniques can enhance wellbeing for several years. Much research has been done on mindfulness, which has been shown to have positive effects that include heightened self-knowledge. It suggests that an open awareness is particularly valuable for choosing behaviours consistent with one's needs, values and interests. Alignment to one's values is also an effective way to ensure that behaviour change becomes embedded over time. Specific approaches that have been shown to enhance wellbeing include gratitude, forgiveness, reflection and the development of meaning.

5. Connect: talk and listen, be there, feel connected.

Feeling close to other people and valued by them is a fundamental human need. Across all ages, relationships and participation in social life are critical for mental wellbeing and effective buffers against mental disorder. Strong social relationships are supportive, encouraging and meaningful. A wider social network is also important for feelings of connectedness and self-worth. The key message is that giving time and space to strengthen and broaden social networks is important for wellbeing. The wellbeing of individuals is bound up in the wellbeing of their communities, so actions that focus solely on individual, inward-looking benefits will not be as effective as those that stress the importance of fostering relationships with others.

Source: www.mentalhealth.org.nz



THE VALUE OF EXERCISE AND SOCIAL ACTIVITIES

A Queensland University Study examined the effects of a 12-week pram-walking exercise programme for women experiencing postnatal depression. It compared the programme—where participants walked at a moderate pace for 40 minutes three times a week—against a mother's social support group (similar to a playgroup) that met once a week.

The women in both programmes felt they had good levels of social support. However, the women attending the pram-walking group also showed a greater reduction in their depressive symptoms. They also reported a greater level of fitness as a result.

This study proposed that tailored pram-walking programmes had the potential to provide primary and secondary treatment options for women suffering from postnatal depression.

Sadly, the church has not always lived up to its potential for good. We have, at times, put up barriers (usually without intention) that prevent people from experiencing wellbeing and the promise of Jesus that 'I have come that they may have life, and have it to the full' (John 10:10). Individually and collectively, we may need to ask ourselves how well we are supporting people with depression. Are we shining the light of Jesus in the world as people journey through dark times?

The first question to ask is: *are we as Christians creating a safe place for people to talk honestly about their emotional wellbeing?* To open up and talk about personal issues can be difficult at the best of times. Counselling theorists suggest that people need to know they will be listened to and accepted no matter what they say. They say that if a person perceives a non-judgemental approach, they will talk more openly about their underlying hurts and concerns. Voicing hurts is where healing often takes place. Sadly, we do not always provide this type of safe, open and accepting environment.

Christ wants us to experience life 'in all its fullness' (John 10:10) with kindness, joy and holiness. However, when we do not experience life this way, we can feel bad about ourselves and may even feel that we are failing as a Christian. Whether this is directly communicated or incorrectly inferred, it can lead to self-blame, which can inhibit people's willingness to share openly.

A second question is: *how do we respond when people do open up and divulge their emotional struggles?* Many of us can relate to opening up to someone only to feel shut down as our problems

were dismissed or we were given clichéd, quick-fix solutions.

To assist in therapy, counsellors use a skill called *active listening*. This involves giving someone your full attention as a listener, making sure that you have heard and understood them correctly. This skill builds rapport and trust. It also encourages the speaker to continue to talk more openly and honestly. As a speaker feels heard and understood, they will often come up with solutions as they hear themselves talk.

Giving advice can be useful, but it is not active listening. Usually, people need to feel validated and heard before they can consider advice or solutions. Suggesting quick-fix solutions or that someone 'just needs to pray about it' is not helpful. Although the person offering this advice may have the best of intentions, a more holistic approach is needed when it comes to depression. Viewing depression as a purely spiritual problem does not address other issues, including possible neuro-chemical imbalances; just as viewing depression in a purely biological framework does not address issues of purpose, hope and meaning.

As Christians, one of our strengths is that we are passionate about and inspired by people making change in their lives. Stories about people coming from the depths of despair to find joy and purpose through God's grace stir our hearts and remind us of God's goodness. *But how do we react when people don't change? Or when they take longer than we expect or hope? Are we comfortable when people's mental wellbeing doesn't improve? Will we still stand by them?*

God can work instantaneous miracles in people's lives, but he also shows his love as people display ongoing care and commitment for those in emotional pain. Coming through depression often takes a long time, with many small steps (some of them backward). Someone with depression needs the patience of loving people to provide support without pushing them to change faster than they can.

A great start to becoming a church that supports people with depression is to create discussion opportunities about depression as a faith community, talking openly in such forums as home groups and in our church services.

FOR DISCUSSION

1. What most stood out for you as you read this Talk Sheet? What was most surprising? What was most helpful?
2. What are the main causes of depression that you have observed? What are the effects of depression that you have seen with people you know? How does depression affect families?
3. Some groups of people have higher statistics for depression than others. For example, women and young people aged 17-25. What factors might be behind this?
4. Who are some of the people in your community who may be more at risk of developing depression?
5. How has your experience of depression affected how you interact with others who may be going through similar situations?
6. Some reasons people don't seek treatment are that they fear being judged or being told to 'just snap out of it'. As Christians, do you think we give the impression that we are safe people (either individually or collectively) with whom to talk about mental health? What are some of the barriers that might stop people opening up about depression at church?

7. The Salvation Army has a practical and relational approach to life. What are things we are doing well to identify and support those with depression? What might we do better?
8. What do you think (or know) about using medication as a treatment to depression? What do you know about the use of Cognitive Behavioural Therapy (CBT) as a helpful treatment for depression?
9. When would you know it was time to refer someone to a mental health professional?
10. The Bible says, 'We can rejoice, too, when we run into problems and trials, for we know that they help us develop endurance. And endurance develops strength of character, and character strengthens our confident hope of salvation' (Romans 5:3-4, NLT). How might going through depression be of benefit in the future? How might it make us stronger?

References

1. Oakley Browne MA, Wells JE, Scott KM (eds). 2006. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.
2. Todd, F.C. 2010. *Te Ariari o te Oranga: the Assessment and Management of People with Co-existing Mental Health and Substance Use Problems*. Wellington: Ministry of Health.
3. Oakley Browne op. cit.
4. www.depression.org.nz/waythrough

RECOMMENDED READING

- All Blacks Don't Cry: A Story of Hope*, by John Kirwan (Penguin)
- Christians Get Depressed Too*, by David Murray (Reformation Heritage Books)
- Depression: Looking Up from the Stubborn Darkness*, by Edward T. Welch (New Growth Press)
- Living with a Black Dog: His Name is Depression*, by Matthew Johnstone (Andrews McMeel Publishing)
- Stand By Me: Helping Your Teen Through Tough Times*, by John Kirwan (Penguin)

WEBSITES

- www.depression.org.nz
- www.lowdown.co.nz (aimed at young people)
- www.sparkx.co.nz (also for young people)
- www.mentalhealth.org.nz
- www.suicideprevention.salvos.org.au

SUICIDAL THOUGHTS?

It is not uncommon for people suffering depression to have suicidal thoughts. Depression, anxiety disorders, and drug and alcohol problems can interfere with how you see yourself and the world around you. If you are having thoughts of suicide it is really important to talk to someone. It's often difficult to see a way through your problems by yourself, but many people who have suicidal thoughts have worked through these problems, the crisis has passed and their mood improved.

- It's important to tell someone you trust about how you have been feeling. If your request for help isn't heard, try again. Or call one of these confidential helplines.
 - **Depression Helpline: 0800 111 757**
 - **Lifeline: 0800 543 354**
 - **Youthline: 0800 376 633 (a free, confidential phone counselling service for teenagers)**
 - **www.lowdown.co.nz: chat via free text on 5626 or online on the website. (This service is aimed at young people).**

Helping a friend

If someone confides in you about their feelings of suicide, it can be difficult knowing what to say or do, but here are some ways you can help:

- Take their thoughts and feelings about suicide seriously.
- Acknowledge what the person is experiencing. Make them feel valued and worthwhile.
- Acknowledge the problem the person is facing—don't dismiss the problem.
- Be calm and understanding—try not to appear shocked or alarmed.
- Ask them directly if they're thinking about committing suicide or hurting themselves. This can be really hard to do, but it shows them that you care. If they say yes, don't make promises about keeping this secret.
- Advise the person that you think they need to talk to a professional immediately. Give them the Lifeline phone number to call (0800 543 354) or phone Lifeline for them and hand over the phone while you stand by for support.

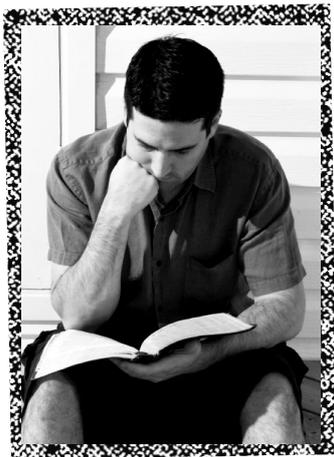


Talk Sheets on various topics are online at:

salvationarmy.org.nz/masic

Salvation Army Positional Statements:

salvationarmy.org.nz/positionalstatements



Biblical Reflection

ELIJAH: Through Depression to Hope

Read: 1 Kings 17 -19

Ahab was the seventh king of the northern kingdom of Israel. He reigned from 874–853 BC. Ahab 'did more evil in the eyes of the Lord than any of those before him' (1 Kings 16:30). This included marrying Jezebel, who persuaded Ahab to institute the worship of Baal throughout the kingdom (16:31-33). Jezebel added her own evil by trying to kill off God's prophets (18:4). Elijah was the primary prophet during Ahab's reign, earning a reputation as a troublemaker (18:17) and an enemy (21:20).

Living by faith

Elijah bursts onto the scene with the declaration that, because of Ahab's betrayal of God, there will be drought and famine for the next three years (17:1). Ahab makes efforts to capture Elijah (18:10), but God keeps Elijah safe, leading him to a stream in the wilderness, and getting ravens to keep him fed (17:2-6). When the stream dried up, God leads Elijah to a village in Sidon where he finds shelter with a poor widow and her son. The widow finds faith through God's miraculous provision of food and returning her son to life after he died (17:7-24).

In the third year of the drought, God instructs Elijah to meet Ahab, challenging him and the people to a spiritual contest between the false god Baal and Yahweh, God of Israel (18:1-2; 16-19). The contest is arranged: the people agree to worship the god who responds with fire. The 450 prophets of Baal and 400 prophets of Asherah spend at least six hours shouting, dancing and slashing themselves, pleading with their gods to answer with fire. 'But there was no response, no one answered, no one paid attention' (18:20-29).

Then Elijah steps up. He rebuilds the ruined altar with 12 stones, digs a trench around the altar, arranges the firewood and the offering, then pours water over the offering and altar—three times. Elijah prays one simple prayer. The God of Israel answers with a fire that burns the offering, the wood, the stones, the soil and the water in the trench (18:30-38). The people are convinced, the prophets of Baal are dealt to, and Ahab heads off to party (because the drought will soon end) (18:39-41).

Elijah prays for the end of the drought. As the rain comes pouring down, Ahab travels the 40 km to Jezreel, with Elijah running ahead of him all the way (18:42-46).

Down into depression

Freaking out (Fear/Anxiety): Ahab tells Jezebel 'everything Elijah had done' (19:1), and Jezebel sends a message to Elijah that she is going to have him killed (19:2). Elijah freaks out and runs for his life—150 km to Beersheba in the southern kingdom. Jezebel's threat, the hype of the Carmel contest, and the distress of three years on the run, unravels his trust in God's presence, provision and power (19:3).

Fouling out (Failure): Fuelled by his fear and believing he has failed, Elijah prays that he might die: 'I have had enough, Lord. Take my life; I am no better than my ancestors' (19:3-4).

Flaking out (Fatigue): Distressed in body, mind and spirit, and overwhelmed by fear and failure, Elijah crashes in fatigue (19:5).

Feeling Forsaken: Elijah voices—in anger—his feeling of being forsaken, without help or recognition: 'I have been very zealous ... I am the only one left' (19:10).

Recovering Hope

Mercy: God's angel twice wakes Elijah with a touch, providing food and drink, and speaking simply to Elijah's immediate need. This is a messenger/message of mercy—not judging, not rejecting, not sermonising, but simply caring (19:5,7).

Rhythm of Recovery: Elijah begins his recovery with a good rhythm of basic health through eating, drinking and resting. This readies him to face the next phase of recovery (19:5-8).

Return to Sender: Elijah sets off on a quest to rediscover his reason for being, his mission and values. He travels to the mountain where his ancestors had pledged their loyalty in response to God's pledge of steadfast love. The 'forty days and forty nights' indicates mental/spiritual processing, alongside physical travel (200 km) (19:8).

Go(o)d Question: Elijah arrives at the mountain, finds a cave and spends a night, waiting for God. God speaks, not with reprimand or rejection, but with a simple question: 'What are you doing here, Elijah?' This invites Elijah to look back: to see the fatigue, the failure, the fear and, before that, the faith; to consider what led to the loss of faith and the rise of fear; to express the struggle to stay strong for so long. Can you sense his pain pouring out, 'I have been very zealous ... The Israelites have rejected your covenant ...I am the only one left'? (19:9-10).

Go(o)d Encounter: God responds with an invitation to experience his presence, to restore their relationship, to learn to trust again. This invitation is followed by earth-shattering wind and earthquake and fire. These were signs of God's presence seen on this mountain during the Exodus from slavery. Signs as spectacular as the drought, fire and rain that God had provided for Elijah's ministry. But now God is not present in these spectacular forms. Instead, Elijah senses God's presence in 'a gentle whisper' that silences the clamour of the past, and he responds in humble reverence (19:11-13).

Go(o)d Question (again): This question (and answer) is almost identical to the previous one. Some scholars suggest it is an error by an early copyist, but it can also be seen as good therapy. Repeating such a powerful question offers an opportunity to consolidate new learning. Although Elijah answers with the same words, we sense a change of mind and heart is underway. The old is going, the new is coming (19:13-14).

New Mission: God reinforces Elijah's change of heart by giving him a new mission: to retrace his steps and begin to institute a new order for himself and for God's people. This new mission will restore Elijah to faith and help him overcome the fatigue, failure and fear that had crippled his first mission. The new mission calls Elijah to appoint new leaders—including his own successor—so he no longer works in isolation. And God reveals there are 7000 other faithful followers, so he need no longer feel forsaken (19:15-18).

Elijah leaves the mountain-top and takes on Elisha as his apprentice (19:19-21). Elisha then appoints the other two leaders selected by God (2 Kings 8:7-15; 9:1-10).

Elijah maintains a much lower profile, but still continues to challenge Ahab (21:17-24).