

**A Holistic (Multi-Dimensional) Consideration
of the Impact and Meaning of Christianity
in the Lives of Four World War II Veterans**

Submitted in Partial Fulfillment of the Requirements for
Graduation with Honors to the Department of Nursing
at Carroll College, Helena, Montana

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April 9, 1999

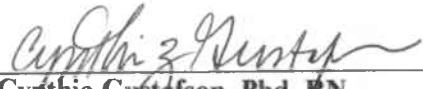
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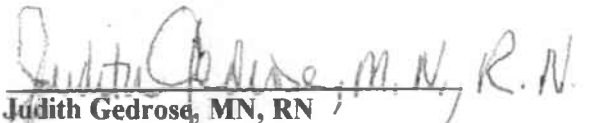
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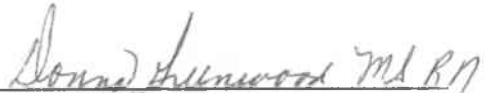
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Running Head:

A HOLISTIC CONSIDERATION OF CHRISTIANITY

A Holistic (Multi-Dimensional) Consideration
of the Impact and Meaning of Christianity
in the Lives of Four World War II Veterans

Gary L. Buchanan

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Abstract

The purpose of this qualitative study is to consider the holistic impact and meaning of Christianity in the lives of four World War II veterans and subsequent implications for the author as a graduating professional nurse who anticipates working at a Veteran's Administration hospital. Data were generated through personal interviews and letters between the researcher and the four Christian informants. Ethnography was chosen as the appropriate vehicle for study of a small sub-culture. Findings revealed positive personal perceptions of impact and meaning from Christian faith and practice in the lives of all participants in the areas of health (both physiological and psychological), social relationships, and spirituality; all of which were consistent with the literature review. In conclusion the author supports continued research to broaden the understanding of the phenomenon of the impact of religion in the lives of individuals, and recognizes a need for improved personal understanding of the religion/health relationship.

A Holistic (Multi-Dimensional) Consideration
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Introduction

Background and Purpose

The author is a Senior nursing student at Carroll College, a Catholic, liberal arts college in Helena, Montana. The philosophy of the Carroll College Nursing Department defines persons as "holistic, complex, human organisms", that have four identifiable dimensions: the physiological, psychological, sociocultural, and spiritual (Carroll College Nursing Department Philosophy, 1993). The author has embraced this philosophy, with the understanding that the concept of holistic health involves care of the whole person. Kozier, Erb, Blais, & Wilkinson (1995) stated, "When applied to humans, the concept of holism emphasizes the fact that nurses must keep the whole person in mind and strive to understand how the area of client concern relates to the whole person. Therefore, when analyzing one part of an individual, the nurse must consider how that part relates to all others" (p. 272). For the Carroll College nursing student, these "parts" are identified through consideration of the four dimensions, with each dimension having equal value in regard to the ability to impact the whole. Disturbance of one part (dimension) is a disturbance of the entire being (Kozier et al., 1995).

Because the author anticipates working at a Veteran's Administration hospital after graduation, and because of a personal interest in the possible effect of religion on the whole person, this study was chosen as an attempt to understand how a small sample of World War II veterans perceive the impact of Christian faith on the physical, psychological, social, and spiritual dimensions of their lives.

Using the qualitative method of ethnography, a word picture, or a portrait with words, is developed of the informants as they discuss the impact that Christianity has had on their lives. How the informants view Christianity's influence on the four dimensions of nursing concern, and what meanings these informants draw from their faith, are the primary questions of the study.

Significance of the Study

Findings of the study add to the broadening scope of holistic nursing knowledge by examining the phenomenon of the impact of religion and faith in the lives of four Christian informants, all World War II American veterans. The significance of the study is raised consciousness of the perceived influence of Christianity for a select group of American veterans. Raised consciousness can lead to increased knowledge and understanding, which can in turn lead to improved nursing practice.

Method

A qualitative method, with an ethnographic approach, was the chosen study method. The ethnographic approach, originating as the research methodology of anthropology that seeks to understand people from within their own culture, was chosen as the most appropriate for studying an American sub-culture. The informants of this study belong to a shrinking group of World War II veterans who define themselves as participative Christians, individuals who express the belief that Christianity is central to their lives, influencing all aspects of their lives. The research procedure consisted of obtaining a volunteer sample of participants willing to share life experiences of personally perceived Christian influence, using personal and telephonic interviews and written responses to guide questions as the data collection methods, concurrently collecting and analyzing data, and confirming findings with participants.

Sample

Purposive sampling, the conscious selection of subjects by the researcher, was used to identify the sample participants, or informants. These informants, identified as informants 1 - 4, were all volunteers for the study, and are each World War II veterans who claim a personal identity with Christianity, and an active role in their churches. Three of the informants were known to the author prior to the study, one was unknown prior to the study and recommended as a prospective informant by the author's Thesis Committee Chairperson. Demographic information for each includes:

1. Informant #1. 72 years of age, 5 years military service in the United States Navy and United States Merchant Marines, married nearly 50 years, religious affiliation is Baptist, retired Baptist pastor.

2. Informant #2. 78 years of age, 40 years military service in the United States Army, married over 50 years, religious affiliation is Evangelical Lutheran Church of America, retired from the United States Army.

3. Informant #3. 74 years of age, 3 years military service in the United States Army, married nearly 50 years, no stated religious affiliation (stated religious conviction is evangelical - non-denominational), retired high school counselor.

4. Informant #4. 77 years of age, 3 1/2 years military service in the United States Army, married 28 years, stated religious affiliation is Protestant (non-denominational), retired from the United States Postal Service.

Setting

The personal interviews (two) took place at the informant's homes in Helena, Montana. The telephone interviews took place with one informant in Prescott, Arizona, and with another informant in Auburndale, Florida.

Data Collection and Analysis

Instruments used for this study were the researcher as interviewer, standard interview guide questions for all informants, researcher-developed demographic form, audio-taped conversations with the participants who were interviewed in person, typed notes developed from the audio-tapes, two letters provided to the researcher in response to the mailed guide questions to the two informants in Prescott and Auburndale, and one audio-tape provided to the researcher by one informant that detailed a personal spiritual incident in the life of that informant.

The perceived influence of Christianity on the physiological, psychological, sociological, and spiritual dimensions of life, from the informants' perspectives, was derived after careful review of the audio tapes (from two of the informants), personal letters (from two of the informants), face-to-face discussions, discussions on the telephone, and validation of findings with the participants. Data collection, review, and analysis occurred simultaneously. The process included the following:

1. Informed consent was obtained prior to interviews. Interviews were semi-structured using guide questions to elicit personal experience and meaning from each informant. Two of the interviews were in person, two were conducted over the telephone.
2. The personal interviews were audio taped and later reviewed to identify significant words, statements, and phrases that might indicate themes or characteristics in regard to the personal perception of Christianity's influence in the lives of the informants. The informants that were interviewed on the phone also provided written responses to each question and these responses were reviewed in the same context as the audio tapes.
3. The researcher's typed impressions were reviewed with each informant for critique, validation, or correction.

Findings

Each informant defined religion in terms of a personal, positive, long term (over-50 years), and vibrant expression of their Christian faith. Common themes became apparent as informants reflected on the influence of Christianity on the physical, psychological, social, and spiritual dimensions of life. It appeared somewhat awkward or uncomfortable at times for the informants to speak of Christianity as influencing separate dimensions; rather, the overall tone of their answers revealed a belief that their religion was the binding force that weaves the separate dimensions into an inseparable whole. Several themes or common characteristics surfaced as the informants shared their thoughts about the perceived influence of Christianity in the areas of health (both physiological and psychological), social relationships, and spirituality.

Christianity and the Physiological and Psychological Dimensions

Initially, the informants were asked to differentiate between physical and mental health and how Christianity impacted each. Their responses made it clear that, in regard to overall health, the physical and mental could not be separated. As one informant stated:

"I feel there is no way to attempt to separate the emotional and physical."

Themes that were prominent in discussions of health and Christianity were the themes of lifestyle; hope and faith (trust in God); and the belief in personal, miraculous healing.

Lifestyle. All informants believed that a lifestyle influenced by Christian faith was fundamental to their long life of health and well-being.

"The road to alcohol I was traveling would have resulted in an early death, I think. Besides that, my cigarette consumption was up to 3-4 packs daily. The chains of habit were strong and resistance weak. I have thanked God hundreds of times for the joy of deliverance and freedom." (Informant #1).

"My religion has kept me on the strait and narrow. Because of my Christian lifestyle I've avoided some of the risky behavior that could have been bad for my health. Church activities have kept my mind and body busy and sharp. Being a good Christian means being a good citizen - being involved - being educated about church matters. These are all positive factors for good health, both physical and mental." (Informant #2).

"As I became a Christian at an early age, I never developed some of the unhealthy habits of many young people. I'm sure that is one of the main reasons for my good health through the years." (Informant #4).

Hope. The concept of hope through trust was prominent throughout the interviews. Comments shared by the informants indicate that their trust in God provided a sense of hope, stability, and strength during the dark days of World War II, and remain the cornerstone for optimism for the future. Successful coping with crisis (and the corresponding benefits to health) was and is made possible through hope. Some of the comments shared by the informants include:

"I sleep well at night, knowing that my Heavenly Father is in control. The Bible says, "He is the God Who neither slumbers or sleeps". (Psalm 121:3-4). As I close my eyes at the end of a day to take my rest, I give thanks to the God who cares for me eternally. He gives peace and tranquillity for life and for the time when death will come. That brings the greatest mental health. As the songwriter said, "All is well with my soul". (Informant #1).

"Christianity gives me hope for the future and beyond. Without it, without God, I would simply be rushing toward an unknown void." (Informant #2)

"I can't imagine, looking back on my whole service experience, how I possibly could have survived as I did without that underlying faith, that knowledge that no matter what

came, as you corresponded with family and talked about the possibilities of things that might happen, to be able to share with one another the fact that you had a mutual hope for the future." (Informant #3).

"No matter how dismal the outlook was at different stages of the war, and at times it looked very dark ... you had to feel that God was in control of the ultimate result." (Informant #3).

"Christ was THE stabilizing factor at a time of tremendous unknowns." (Informant #3).

"Even though seriously wounded in action, and given little chance to survive, my Christian faith gave me peace and comfort, and complete trust that whatever happened I was in God's care." (Informant #4).

Miraculous healing. All of the informants expressed belief in personal, miraculous healing. Informant #1 commented on the power of prayer in his own life: "I am grateful for the privilege of prayer and hundreds of people who have remembered my health problems in their daily prayers. New studies are revealing that people who pray have a higher chance of recovery and better wellness. I have known that truth for many years. I give credit for the health I enjoy to a relationship with our Divine Father. He has His own plan for us and when we submit to His plan we live the best that we can."

Informant #2 allowed the author to listen to an audio tape that had been prepared to commemorate and preserve a cherished memory of an event that had happened fifty years earlier in the jungles of New Guinea. He has graciously allowed portions of the tape to be used in this study, as he feels his story is truly one of miraculous healing:

During the war, in the jungles of New Guinea, I experienced a crisis which had a huge spiritual impact in my life. I developed what was called Scrub Typhus, or Black Water Fever. With a temperature of 107.6, I was carried by stretcher through knee-deep swamp to a portable hospital located about two miles from my forward

outpost. My stretcher bearers were four native New Guineans, former head-hunters, barely four feet tall but with incredible strength and endurance - we called them "Fuzzy Wuzzies" because of their mass of thick fuzzy hair. I'll never forget the care these men took in carrying me to the "hospital", which was nothing more than a small clearing in the jungle with some canvas stretched between trees to try to keep the patients dry. There were no beds or cots; the sick were laid on the ground; there was no sanitation. In charge of this tiny Army hospital was one young Army doctor with about six helpers. I was there for just a short time when this young doctor asked me if I could understand what he was going to tell me. When I said I could, he told me that I had Scrub Typhus, that there was no treatment, and that my chance for survival was nearly zero. He told me if I had a cycle of malaria during this crisis, I certainly would not survive. My only chance he said was faith in God, and prayer. He would return to my bedside every day with that same admonition - faith in God and prayer were my only hope.

For the next twelve days I lay on the doorstep of death, often delirious, in great pain, and in fear. I believe I would not have lived if it were not for one of my stretcher-bearers - a "wonderful little heathen" - that I feel was my guardian angel. Whenever I awoke out of my sleep or delirium, this little man was there, cooling my forehead with a cool moss, helping me to drink, or trying to get me to eat some rice he had cooked over a small fire in a canteen cup. He had fashioned a mat out of reed and grass to help me keep dry, he kept me as clean as possible under the conditions, and he would rub my body with an unknown, strange smelling leaf that helped relieve my ever-present muscle pain. I was told later by some of the other survivors that he never left my side, day or night. Even though my guardian angel could speak no English, he would bow his head and nod in agreement with the doctor when he spoke of keeping my faith and praying. Each day, one of the patients who was able would lead us in

the Lord's Prayer; my fuzzy wuzzy angel would kneel, bow his head and speak softly in his own tongue - I know his prayers were for my recovery. Even though my life hung by a thin thread, and I was in and out of consciousness, this display of true spiritual reverence and devotion was burned forever in my memory.

After twelve days of fear, pain, and misery, I had a miraculous recovery. When I left, my angel - my little fuzzy wuzzy - dressed in his "lap lap" loin cloth and wearing a flower through the slit in his nostril approached me. With his almost toothless smile, he reached and pulled me down to his level and touched his nose and brow to mine - an expression of love and devotion. That gesture, along with the glint of tear and the fragrance of the flower has remained with me, undiminished by over 55 years, as my memory of being touched by an angel. For me, Christianity was reflected in the love and devotion of a small man, unknown to me but known by God, who cared for and prayed for a young stranger from a foreign land who needed a miracle.

In addition to this story, the informant provided the author with pictures that show the jungles that he fought and nearly died in, as well as a picture showing how wounded soldiers were carried to the "hospital" (appendix D and E.).

Informant #3 shared what he believes to be the miraculous healing of his wife after she suffered a cerebral hemorrhage: "The older I get, the more I rely on personal faith, and the more it helps with the handicap of slowing in later years. I believe in personal, miraculous healing. My wife had a cerebral hemorrhage in 1975. While she was in the hospital I was told she would never come out of her coma. Later, after she had come home, flat on her back for a month and too weak to lift her hands to play her beloved piano, we were told that she could not expect to live more than five years. That was 24 years ago - she's over 70 now and "going strong". Where medical science gave us no hope for her survival, our Christian faith gave us more than hope, it gave us healing."

Christianity and Social Relationships (Sociocultural Dimension)

The informants each expressed a perceived positive influence of Christianity and Christian behavior (as the informants understood that behavior) in regard to their relationships with others. There were two general themes that were expressed as the informants discussed these relationships:

1. The theme of shared beliefs was the basis for both strong family relationships and loving relationships with those outside the family:

"When Ann and I were married nearly 48 years ago, we agreed that each of us could never be #1 to the other. Christ would be #1, and our mate would always be #2. We found that the more we loved Jesus Christ, the more we loved each other - and in that order. Life for us has been a shared experience, dearly loving the same Savior, and having the same life objectives. Ann is, and always has been, my dearest friend." (Informant #1)

"Our Christian faith gives my wife and I a common bond. Our relationship could not be sincere without it." (Informant #2).

"As for my relationship with my wife and family, our shared belief gives us a mutual bond that helps us rise above all the petty little things that are bound to occur. We understand that we are still basically human, with human limitations. My wife and I have taken seriously the Bible's admonition, "Don't let the sun go down on your anger." I don't remember a time when we didn't settle any differences before the end of the day, and I believe that has been one key to a happy marriage of nearly fifty years." (Informant #3)

"Being a Christian has given me many years of sweet fellowship with others that love Christ." (Informant #4).

2. The second theme, broader in scope, was harder to identify as it was not explicitly stated. It was the theme that: relationships require (a) recognition that human conflict and differences are natural gulfs that separate people and (b) Christianity provides a means to bridge these gulfs.

"There are people we do not necessarily like or enjoy being with. But when they are congregational members or attendees, we have pastoral and personal responsibility to learn to love them and help them." (Informant #1).

"I had to pray for God to give me a loving, caring heart for the unkind, the abusers of their mouth, the abusers of alcohol and illicit drugs, the so-called Christians who were immoral, dishonest, wife and child abusers, who posed as something they were presently not." (Informant #1).

"I can't say I have loved everyone, but I have made it my aim to try to accept and help whoever God has sent my way." (Informant #1).

"Having a Christian demeanor will attract people to you, instead of pushing them away from you." (Informant #2).

"Christianity has made me much more empathetic. It helps me to be more sensitive to others. An understanding of the natural sin nature of all people - including Christians - and knowing that no one is perfect - helps me to better understand relationships. Faith helps me to understand, and to be understanding, of fellow human beings." (Informant #3).

The Spiritual Dimension

For the informants, their spirituality is accessed and expressed through their Christian faith. God to them is not unknown, but rather a personal, approachable, loving Being who is central and foundational to life. The common theme expressed by the informants was that of a spiritual relationship to a personal God:

"Without a personal relationship with Jesus Christ, I have no "religion"." (Informant #1).

"God hears and answers the prayers of His children. He is a personal God Who loves us individually with greater height and depth than any of us can realize." (Informant #1).

"Through Christianity I have an understanding of who God is. Without the tenants of the Church, without the Bible and a relationship to Christ, we are left alone to create a self-made, false God." (Informant #2).

"For me, my religion *is* my relationship to God. My belief in Christ as God's Son is belief in God, because according to my Christian faith, Christ is God, existing as the Son in the trinity of Father, Son, and Holy Spirit. Faith points me back to God in all aspects of life." (Informant #3)

"Jesus said, "I am the way, the truth, and the life, no one comes to the Father but by me." My Christian faith establishes and confirms my relationship to God." (Informant #4).

Concluding Remark on the Findings

Review of the answers provided by the informants to the interview questions indicate that Christianity is perceived as more than just another positive influence; rather, it is perceived as the foundation that supports each dimension of life, and that, for them, Christianity has been and remains central to wholeness and well-being.

Literature Review

A review of current literature revealed congruence with the findings and an overall positive relationship between religion and physiological health, psychological health, social relationships, and spirituality. Because of the age of the informants, literature addressing the association between religion and aging was also examined.

Religion and the Physiological and Psychological Dimensions of Health

Levin (1994a) reported that, "Statistically significant associations have been found linking religion and health variables in the areas of cardiovascular disease, hypertension and stroke, cancer (especially uterine cancer), colitis and enteritis, overall and site-specific mortality, general health status, physical symptomology, and self-rated health as well as

dozens of other illnesses" (p. 5). In a separate study, Levin (1994b) wrote that belief in God or religion as health-enhancing could be sufficient enough to produce salutary effects, similar to a placebo effect. Commerford & Reznikoff (1996) reported a long tradition of empirical research on the association between religion and physical health. In their study of nursing home residents, they found that those residents who reported frequent church attendance, both before and after entering the nursing home, had high self-esteem. They also reported that residents who attended religious activities less often than once a week were more depressed than the frequent church attendees (Commerford & Reznikoff, 1996).

In an ethnographic study of spirituality and chronically ill Christian elderly, Young (1993) identified the recurrent themes of hope, strength, comfort, and well-being. Prayer and Bible reading were the two most frequently used religious practices, with prayer providing the greatest amount of comfort. Survival through difficult times and empowerment to confront the challenge of living with chronic illness was theirs through faith and prayer. "Through prayer, they had power" (p. 301).

Other studies involving the practice of prayer include:

1. Forbes (1994) stated that prayer was used by respondents of her study in response to symptoms, and that prayer could be used as a therapeutic form of meditation.
2. Conco (1995) identified prayer as a way to establish connectedness between Christian patients and their caregivers.
3. Mickely and Carson (1995) noted that studies of patients who identify religious involvement as instrumental in coping with cancer or chronic illness show prayer to be the most commonly used religious activity.
4. Houlding and Wasserbauer (1996) reported that prayer was used as an active coping strategy by 72% of a sample of 165 older cancer patients.

5. Fehring, Miller, and Shaw (1997) concluded that prayer could be used as a comforting coping strategy for elderly people with cancer.

6. Hughes (1997) presented a case study in which prayer was used in the healing process after the diagnosis of cancer in a young mother.

These studies give evidence to support the findings from this study that prayer, as an avenue of petition and thanksgiving to God, is a source of comfort that stands apart from all others.

Religion and Relationships (Social and Spiritual)

In studies of residents of retirement housing facilities, Johnson (1995), reported a higher degree of friendships associated with higher religious commitment. For those residents, Johnson also found that religion served as a social resource, provided opportunity for activity, and created relationships that helped alleviate loneliness. His findings are consistent with statements made by the informants of this study that identify Christianity as a source of structure and stability in personal relationships.

For the Christian, the Bible offers the hope of spiritual relationships, and promises for a future where there will be no loneliness: "Let not your heart be troubled; believe in God, believe also in Me. In My Father's house are many dwelling places; if it were not so, I would have told you; for I go to prepare a place for you. And if I go and prepare a place for you, I will come again, and receive you to Myself; that where I am, there you may be also." (John 14:1-3).

Religion and Aging

Berggren-Thomas and Griggs (1995) wrote that, "...the aging process is an important step on the spiritual journey -- a step with great potential for spiritual growth" (p. 8). For the older adult, the value of the spiritual dimension often increases, and that spirituality is usually expressed through religion, religious practices, and religious behaviors (Fehring,

Miller, & Shaw, 1997). All informants in a qualitative study by Young (1993) reported increased importance of religion with aging. Young wrote:

With age came the realization that life is not forever. An awareness of the world and the people in it occurred as a result of living and growing older. In old age there is more time to think about life and the future. Children have left home and retirement from work occurs. In addition, chronic illnesses may immobilize a person or make activities difficult or impossible. All these factors lead to more time to reflect on life, death, and an after life. Spirituality was taken more seriously in old age, therefore as a source of strength and comfort. (p. 302).

Literature Review Summary

There is a body of literature that supports a positive correlation between religion and positive holistic health, particularly for the elderly. While there is strong evidence that religion has a positive influence in the physiological, psychological, sociological, and spiritual dimensions of life, there apparently is little evidence for the opposite. Koenig (1997) wrote, "There is simply no solid research that supports a negative influence on mental or physical health for church attendance, prayer, scripture reading, or devout religious commitment, particularly when these occur in the context of an established Judeo-Christian tradition" (p. 101).

Conclusion

The personally perceived meaning of Christianity and the impact of Christian faith as shared by participants of this study support and are congruent with findings in the literature review in regard to the positive impact of religion and religious participation. Themes of hope, healing, comfort, guidance, strength, social support, and spiritual fulfillment were identified by the informants as they shared their understanding of what

Christianity has meant for them, in a holistic sense, through times of world turmoil, personal crisis, future uncertainty, and day-to-day living.

More nursing research, both qualitative and quantitative, is necessary for a broader and richer understanding of the phenomenon of the impact of religion in the lives of individuals. Ethnography and ethnonursing, methods of qualitative research described by Leininger (1985), may be well suited to examine the meaning of religion for various groups or cultures, and the implications for holistic nursing care. Ethnographic means "portrait of a people". What better way to form a caring/healing strategy than to have a self-portrait of the people cared for?

Religion and health have been the focus of numerous research studies, including nursing research, and a strong, positive correlation between the two has been identified, as has been done in this study. For the author, that is sufficient reason to seek improved understanding of the religion/health relationship, and determine how that improved understanding can be used to better serve the health care consumer.

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Appendix A

Interview Guide Questions

1. What does being a Christian mean to you now?
2. What did Christianity mean to you during the war years?
3. How has being a Christian influenced your physical health?
4. How has being a Christian influenced your mental health?
5. How has being a Christian influenced your relationships with other people?
6. What does the Christian religion mean to you in regard to your relationship to God?
7. Describe your life without Christianity.

Prior to using the guide questions, there will be a warm up time that will include questions about church attendance, church activities, family life, war experiences, etc.

Appendix B

Demographic Form

Age:

Sex:

Religious Affiliation:

Years of Military Service:

Branch of Service:

Have you ever received medical care at a VA hospital? (yes or no)

Appendix C

Informed Consent for Research Procedure

Study Title: A Holistic (Multi-Dimensional) Consideration of the Impact of Christianity in the Lives of Four World War II Veterans.

Investigator: Gary L. Buchanan, Student Nurse, Carroll College, Helena, MT

Mr. Buchanan is a nursing student studying the perceived influence and impact of Christianity in the lives of four World War II veterans (**research purpose**). Although the study will not benefit you directly, it may provide information that will add to nursing knowledge in regard to spiritual needs and care of the American veteran (**potential benefits**).

The study procedures involve no foreseeable risks or harm to you or your family (**potential risks**). The procedures include: (a) Participating in an audio-taped interview with Mr. Buchanan that will center around your perception of how Christianity has influenced your life, and (b), Completing a demographic data sheet (explanation of procedures). Participation in this study will take approximately 1-2 hours (**time commitment**). You are free to ask any questions about the study or about being a participant, and you may call Mr. Buchanan at 443-5336 (home) if you have further questions (**offer to answer questions**).

Your participation in this study is voluntary; you are under no obligation to participate (**voluntary consent**). You have the right to withdraw at any time (**option to withdraw**).

The study data will not be identified by name. Your identity will not be revealed while the study is being conducted or when the study is completed. All study data will be collected by Mr. Buchanan, stored in a secure place, and not shared with any other person without your permission (**assurance of anonymity and confidentiality**).

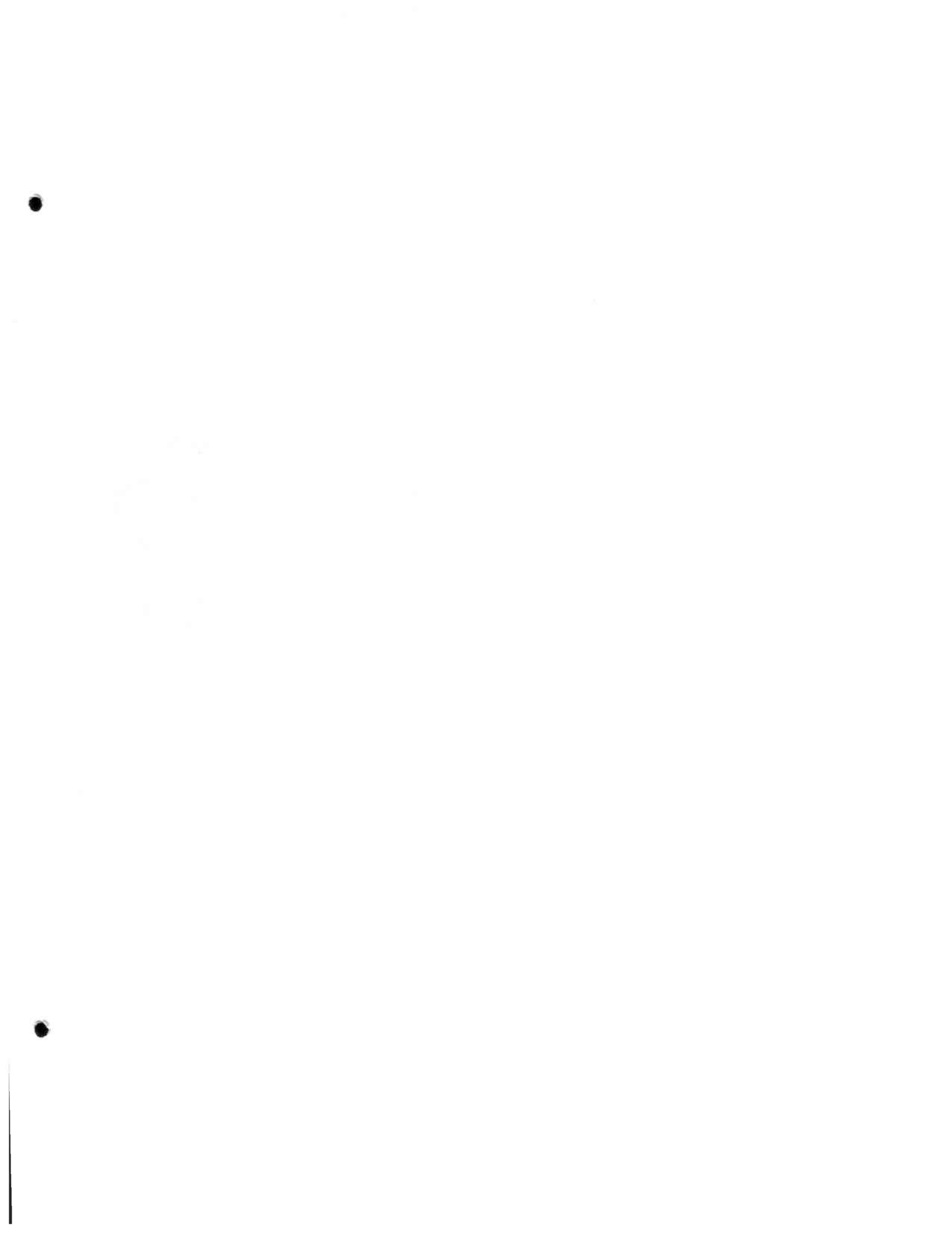
I have read this consent form and voluntarily consent to participate in this study.

Participant's Signature: _____ Date: _____

I have explained this study to the above subject and have sought his understanding for informed consent.

Investigator's Signature: _____ Date: _____

Copy to be provided to participant

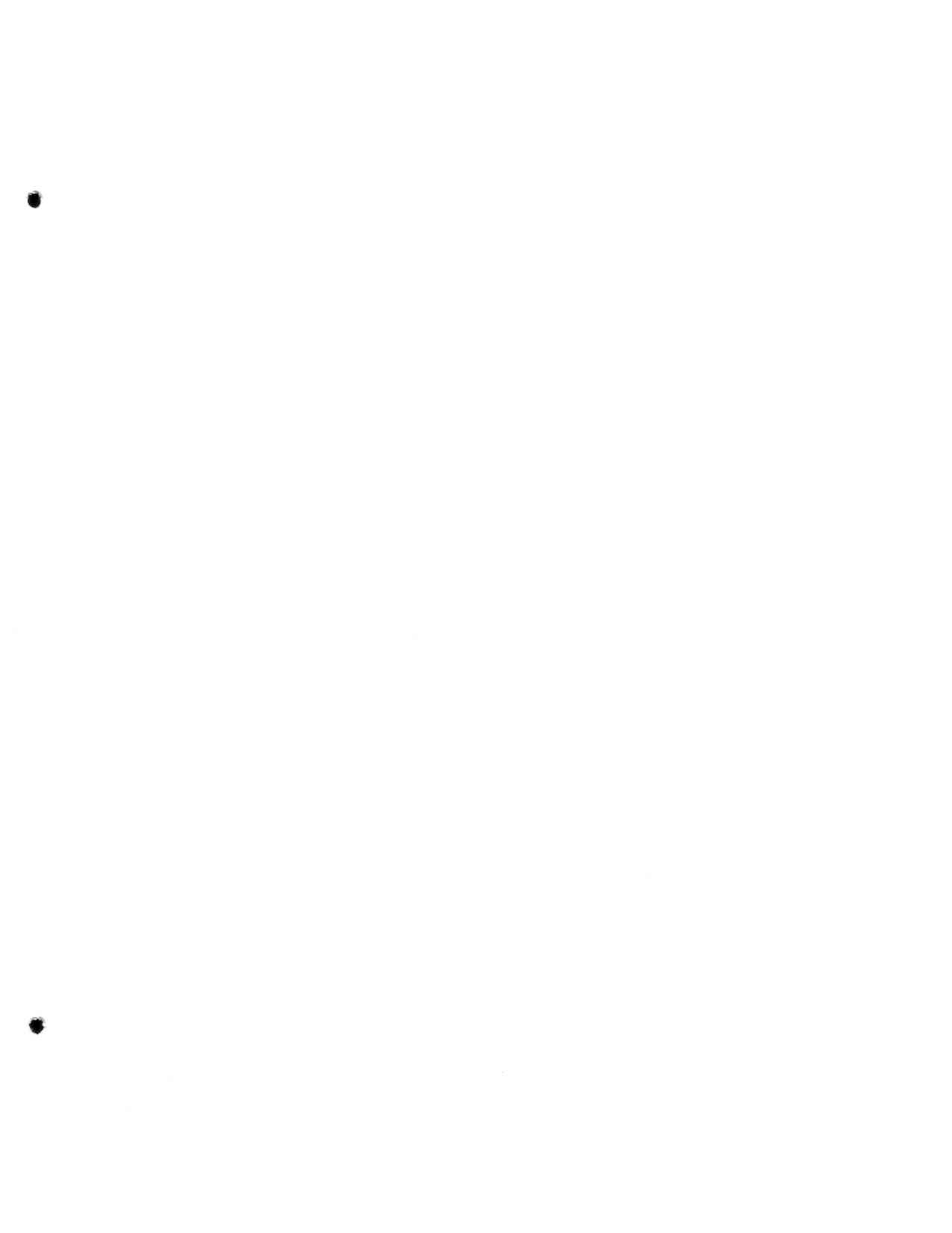


Appendix D

The Jungles of New Guinea During World War II

"The enemy was often just yards away"





Appendix E

Guardian Angels in New Guinea During World War II?

