ARTICLE

Empathic care and healing the wounds of war in Ukraine

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This article analyses the religiously infused talk therapy provided by military chaplains to soldiers as they transition to civilian life. They offer a form of empathic care that centres on dialogue and existential engagement, which often begins in hospital and extends beyond physical healing. Proposals to treat the emotional distress soldiers experience include creating residential centres in monasteries and the use of a religiously oriented therapeutic idiom to 'work on the self' so as to hear and obey the 'voice of one's soul'. State-sponsored military chaplains harness religion for therapeutic purposes with the goal of transforming soldiers into high-functioning, religiously committed, patriotic, moral citizens dedicated to protecting a newly fortified sovereign country. This normativises a spiritual dimension to care, healing and understandings of the sources of wellbeing. More broadly, this injects religious practices and symbolism into secular social institutions and shifts the emotional tenor of public domains by mobilising the therapeutic qualities of religion for the purposes of social healing.

An undeclared war erupted between Russia and Ukraine in 2014 that produces a handful of casualties every day. This fails to stir emotions the way the tragic death of an individual or the statistics of mass violence would. Yet, the steady bleed of human and financial capital since 2014 amounts to over 13,000 dead, 1.5 million people displaced, and almost 10 per cent of Ukrainian territory laid to waste and ruin.[1] Political rhetoric pays tribute to the heroism of the armed forces, who are depicted as 'defenders', in memorial shrines, monuments and urban murals that illustrate the suffering and sacrifices of Ukrainian youth at the hands of 'enemies'. This is part of greater attempts to validate certain attitudes toward 'the aggressor' in an increasingly militarised society. For many in Ukraine, however, portraits of the enemy often match descriptions of their parents, friends and neighbours. At the same time, hardships driven by the war, and now the coronavirus too, thwart empathy for the enemy. Assertions of sharp differences in the emotional palette and morality of enemy-others

close 'domains of commonality', intensify alienation and impede reconciliation, not only between Russian and Ukrainian citizens, but among Ukrainians as well.

Military chaplains are among the most active agents responding to these social tensions. Their service rotates between the battlefront and the home front. Since the onset of war, the military chaplaincy has massively expanded and military chaplains are now official employees of the Department of Defence. The institutionalisation of chaplains in the armed forces has spurred the creation of additional chaplaincies in other secular public institutions. Clergy now serve in prisons, transportation centres, the National Guard, and the State Border Service. Legislation is in the making to formally incorporate the services of chaplains into a multitude of health care facilities as well. The integration of clergy from diverse confessional backgrounds into secular public institutions is happening in a country that, when it was part of the Soviet Union until 1991, lived through 74 years of state-sponsored campaigns to promote atheism. Since 2014, military chaplains have become among the mostly highly trusted members of society. In the first five years of the military chaplaincy alone, at least ten widely read books were written by or about them. They are consultants to political leaders and visible public intellectuals whose commentary is sought in the media on a wide variety of social, cultural and spiritual issues. As a result, there is little resistance to the increased presence of clergy in the public sphere and to their religious activism.

This article analyses the religiously-infused talk therapy military chaplains provide to soldiers as they transition to civilian life. They offer a form of empathic care that centres on dialogue and existential engagement that often begins in the hospital and extends beyond physical healing. Proposals to treat the emotional distress soldiers experience include creating residential centres in monasteries and the use a religiously-oriented therapeutic idiom to 'work on the self' so as to hear and obey the 'voice of the soul.' State-sponsored military chaplains harness religion for therapeutic purposes with the goal of transforming soldiers into high functioning, religiously committed, patriotic, moral citizens dedicated to protecting a newly fortified sovereign country. This normativises a spiritual dimension to care, healing, and understandings of the sources of wellbeing. More broadly, this injects religious practices and symbolism into secular social institutions and shifts the emotional tenor of public domains by mobilising the therapeutic qualities of religion to heal the wounds of war.

I have conducted ethnographic research in Ukraine since 1990, and specifically on religion, including the healing capacities of religious practice, since 2000. (Wanner, 2007) The data presented here are part of a larger ethnographic research project that began in 2014 and focuses on the processes by which religious practices and supernatural forms of authority and power are expanding into public domains since the outbreak of war. The enhanced presence of religiosity culminates in an affective atmosphere of religiosity that affects the pious and non-believing alike and fuses ever more tightly national and religious identities as organically related (Wanner, 2020). I conducted multiple in-depth interviews with six military chaplains in 2018 and 2019, three of whom were Orthodox Christian and three Byzantine Catholic, the two dominant faith groups in Ukraine.[2] They all served in combat as well as with wounded soldiers in hospitals. For background comparative purposes, I interviewed health care providers, a psychiatrist, two psychologists and three volunteers who provide clothing, bedding, warm meals and companionship, at a psychiatric hospital where treatment neither includes religiosity nor free, long-term, talk therapy offered by military chaplains or anyone else.[3]

Therapeutic encounters are usually dyadic and private. This obliges social scientists to rely on after-the-fact-retelling of conversations and discussions. Entrance to military hospitals is strictly controlled, and as a foreigner, I was not allowed to enter. Therefore, I focus on the discursive tactics and topics of inquiry during clergy-soldier interactions as expressed by military chaplains and analyse their proposals for improving the transition from combat soldier to productive citizen.

Religion as national cultural heritage

The nature and sites of talk therapy, as well as the appeal to military chaplains as dialogue partners and healers of emotional distress, reflect the cultural particularities of this region. Ukrainians have scorchingly low levels of trust in many state institutions. A 2019 Gallup poll found only 9 per cent of Ukrainians have confidence in their government. For the second year in a row Ukrainians expressed the lowest level of confidence in elected officials in the world, far below the 2018 median average for the governments of former Soviet states (48 per cent) and the global average (56 per cent).[4] The little trust there is goes, as it has in the past, to the armed forces (69 per cent) and to the Church (62.5 per cent).[5] Military chaplains are the ultimate beneficiaries of public trust. They embody access to military and divine power, hold positions within two institutional hierarchies that demand obedience and accountability, and they do a job that provides little, if any, financial incentives and yet imposes hardships that potentially include loss of life.

When they serve on the front, military chaplains do not carry weapons but they wear a soldier's uniform and usually a large, visible cross. Unlike their American and European counterparts, Ukrainian chaplains do not have ranks although they are part of the Department of Defence's 'Moral-Psychological Security Administration of the Armed Forces' (Upravlinnia Moral'no-Psykholohichnoho Zabeznechennia (MPZ) Zbroinikh Sil Ukraini). Clergy from all confessional traditions are allowed to officially serve in the military except those from the Ukrainian Orthodox Church–Moscow Patriarchate, as the Russian Orthodox Church is called in Ukraine. They are denied state support and must serve, as many others do, in a 'volunteer' capacity. The service of volunteers is financed by individual denominations or parishes, if it is financed at all. Volunteer chaplains do not receive the medical, pension or legal protections that chaplains employed at the Ministry of Defence do.

The authority invested in chaplains contrasts sharply with relatively low levels of formal religious practice in Ukraine, which has prompted some to call Eastern Slavs 'nominally Orthodox' or part of a 'church of the unchurched' (Billington, 2007; Kormina and Luehrmann, 2018). It would be a mistake, however, to assume that religion is unimportant.

Religious symbolism, objects and practices are appropriated as 'cultural heritage'. An Eastern Christian faith tradition, combining elements of Orthodox Christianity and Byzantine Catholicism, is present in the architecture and aesthetics that permeate public space and normativise religion as an organic part of culture, heritage and national identity (Wanner, 2020: 70–1). This fusion of national and religious identities with high levels of trust in clergy and the military makes for a populace that voices little objection to the presence of military chaplains and religious practices and symbolism in public institutions in a pluralist country that claims to be secular.

Like heals like: empathic care

The openness to military chaplains in the healing process stems from the perception that they offer a unique form of care that I call empathic. Claudia Strauss (2004: 434) succinctly defines empathy as 'a sympathetic affective response, based on awareness or imaginative reconstruction of another's feelings'. By 'sympathetic affective response', she means sympathy as a blend of commiseration and 'fellow feeling'. A sympathetic affective response in the course of dialogue and other forms of interaction makes possible the emergence of empathy by combining emotional and cognitive elements in an imaginative process of 'fellow feeling' (Strauss, 2004: 434; Hollan, 2008: 484). Jodi Halpern sharpens the imaginative component of an empathic encounter by suggesting that if a listener can consciously use non-judgemental associations – aware of the propensity to project one's own unacknowledged emotions, assumptions and understandings on to another – and provide a context for imagining the distinct experiences of another person, then an optimal degree of empathy that is neither 'detached concern' nor 'sympathetic merging' can result (Halpern, 2001: 68).

'Fellow feeling,' however, requires a two-sided willingness. One person must make an effort to understand and the other must be willing to be understood. Willingness to use one's imagination to see, hear and feel the other's experiences and perspectives is what makes the prospect of not only understanding another person's emotional state possible but also the *origins* of that state. Empathy is likely to be stronger, and the imaginative process on which it is based more accurate, when the two people perceive themselves as similar (Strauss, 2004: 435). Chaplains derive their authority and trust with soldiers precisely because they have to strain less to imagine their experiences, emotions and thoughts. First, they both have witnessed armed combat. Second, interactions with military chaplains are guaranteed to be a gender-specific form of care. All chaplains across confessions are men. Although women were admitted into combat units in 2016, the overwhelming majority of combat soldiers remain male, making this dyadic mode of encounter highly gendered. In contrast, medical and other forms of caregiving in Ukraine, and throughout much of the former Soviet Union, are highly feminised professions. Third, chaplains also share with the soldiers who engage them, at least an inclination to understand suffering and despair in spiritual, existential or mystical terms.

In Ukraine, as well as in many other divided societies, perceptions of difference or similarity very often hinge on political views. For many Ukrainians, one of the most difficult aspects of the war is that many have family, friends and colleagues, especially those living in Russia, who condemn their political aspirations for change and do not recognise the strain the war has imposed. Loss includes shattered professional networks, broken relationships, and alienation among family members. This lack of 'communion', of 'fellow feeling', slides easily into a lack of empathy and intensifies feelings of isolation (Fassin and Rechtman, 2009: 18).

Empathy is socially mediated by moral landscapes that inform understandings of who is a victim, what constitutes trauma, and who is to blame. This influences how care is delivered and received. Galia Plotkin Amrami's (2016) research reveals, for example, notable differences in the responses 'secular' and 'religious' therapists offered to residents forcibly resettled from the Religious Zionist settlement project. Some therapists *felt* the pain of the displaced. Others *heard* their pain. The ability to offer empathic care for the plight of 'politically radical others' was decisively muted when the ideological views of therapists and clients were antithetical (Plotkin Amrami,

2016: 291). When there was a match between therapists' and clients' ideologically informed, politically motivated understandings as to the nature of the trauma that occurred and who suffered, therapists were able to express far more empathy toward those who appealed to them for help, and they could mobilise this empathy in the healing process.

Ukrainian soldiers turn to military chaplains, as opposed to psychotherapists or other medical professionals, for the same reason. A fourth reason predisposing soldiers to turn to military chaplains is that there is no guarantee that medical professionals will share their political views. 'Empathy by proxy" which might be what most psychotherapists could offer, shapes the intensity of the affective aspect of empathy in the therapeutic process (Favret-Saada, 2012). Not everyone in Ukraine supports the 'Anti-Terrorist Operation', as the war is called, nor is there universal agreement that current borders must be defended at all costs. Mental health professionals might not share the 'patriotic' convictions of soldiers. Moreover, women healthcare providers are excluded from the gendered 'brotherly' relations of solidarity and belief in the 'sacredness of military duty', which chaplains are charged to impart to soldiers during their service on the front.

In order to use empathic talk therapy to generate a response leading to a particular transformation, a sequence of trust, followed by a conscious decision to be willing to be understood, in an imaginative process of 'fellow feeling' must unfold (Strauss, 2004: 434). Trust allows reluctant dialogue partners to 'swap shoes' and permit another to view what they have done or experienced (Özyürek, 2018). When trust is derived from long-term presence and conversation, the likelihood is greater that imaginings and understandings of another's distress will be more accurate.

Finally, the empathic care chaplains provide constitutes a conscious rejection of inherited Soviet-era healing practices and those that predominate in a fee-for-service post-Soviet capitalist economy. In the Soviet Union, there was not a developed tradition of individuals turning to psychotherapy during times of anguish (Lerner, 2011; Raikhel 2016; Matza, 2018). Moreover, psychiatric drug therapy was often used punitively by the state against dissidents, critics and other non-conformists who refused to comply with state-mandated permissible forms of visible behaviour. Psychiatry to this day in Ukraine (and much of the former Soviet Union) is better known for its ability to *restrict* rather than to actually *manage* chronic mental illnesses.

Military chaplains bypass Soviet-era models that medicalise bodies and render the patient passive while medical experts heal (Rivkin-Fish, 2020). Similarly, they shirk neoliberal ideas of individual responsibility as essential to health transformations and reject explanations of 'low levels of *kul'turnost*' [literally, culturedness, but implying ignorance] as culprits for emotional and physical problems (Rivkin-Fish, 2005). They steer clear of Soviet-era attitudes of *khamstvo* (rudeness) as inappropriate for healing, just as they reject the new neoliberal 'service with a smile' tenor of paid care providers (Temkina et al, 2020). In sum, politicised understandings of distress, aggression and who deserves what kind of assistance, along with religion, religiosity and agnosticism, are highly variable factors that affect therapeutic care. The likelihood is far greater that military chaplains, who are exclusively male, and soldiers, who are overwhelmingly male, will have to try less than many medical professionals or psychotherapists to imagine the *sources* of their emotional distress. This translates into a perception that the empathic care military chaplains provide means talking with someone who will not only hear the pain but also feel it.

Being close by

The stated mandate of a chaplain is to 'be close by' (*buty poruch*). When military chaplains rotate out of the conflict zone, they provide care to wounded soldiers and counsel to the families of slain soldiers. Some also offer support for internally displaced persons and humanitarian assistance through the collection of goods and money to help the army. Above all, they remind the population that not only chaplains, but that war, too, is always close by.

Many people turn to religion when they wish to engender change that they feel powerless to realise on their own (Orsi, 2018; Lurhmann, 2020). The distinctions between 'secular' and 'religious' techniques and sites of healing have never been firm. Individual religious groups integrate a therapeutic culture with a religious way of life in their social service programmes, just as secular forms of therapy integrate notions of spiritual ecumenicism and higher powers. This is why, as Jarret Zigon (2011: 99) has written,

> Rehabilitation and therapeutic programs around the world are programs of self-transformation. Whether these are 12-step programs for alcoholics or drug users or psychologically focused therapeutic programs based on religious teachings, the goal is often to induce and follow through on a process of transforming the personhood of those undergoing treatment.

Many mental health professionals agree that religion can be therapeutic because it allows a patient to forge purpose in life events via a system of meaning (Petersen and Roy, 1985: 51). Because chaplains enjoy broad popular trust, moral authority and have a foothold in the secular world, soldiers turn to them when seeking relief from loss, grief or anger. They use healing techniques grounded in religious worldviews and therapeutically apply spiritual practices to bring about a desired transformation of an emotional, bodily or moral nature. This validates religious expertise as a means to invoke otherworldly forces to heal and transform the individual. I focus here specifically on three ways military chaplains help soldiers establish purpose in the course of their interactions so as to remake a sense of moral personhood after serving in combat: by forging ongoing commitments to country; by addressing existential questions; and by learning to listen to one's conscience.

Andriy Zelins'kyi, a priest and deputy head of the Military Chaplaincy of the Ukrainian Greek Catholic Church, is now and one of the chaplaincy's main architects. He told me that one of the greatest surprises of his life was Russian support for armed conflict in Ukraine. Although born and raised in Western Ukraine, he spent two years living in a monastery in Russia. After years of working in a military hospital in Western Ukraine, he was the first chaplain to volunteer to officially accompany the Ukrainian armed forces into combat in Eastern Ukraine. He, like many of his friends who were soldiers, previously thought a war between Russia and Ukraine was unimaginable and he shares their feelings of shock and betrayal. Zelins'kyi is among the most vocal clerical voices interpreting how the chaplain's mandate to be close by should be realised.

The Ukrainian Greek Catholic Church, with five million adherents in Ukraine, has publicly recognised the therapeutic value of working with veterans and the Church's responsibility to do so. In 2019 they announced an intention – albeit with no details – to have every diocese in the country have a Church-sponsored rehabilitation centre

for veterans.[6] Zelins'kyi explains the point of 'being close by' as, 'If the task of the military is to win the war, the task of a military chaplain is to triumph over the war by achieving victory over the consequences of war in the human heart.'[7] This means not just providing 'spiritual counselling' to soldiers on the front, but also support on the home front when they reenter civilian life. The official responsibilities of military chaplains, as Zelins'kyi sees them, illustrate the interpenetration of religion and national culture and the blending of religious sentiments with national allegiance.

Andriy Zelins'kyi's interpretation of the mission of being close by centres on commitment and building leadership capacity. He works to develop the next generation of patriotic leaders. The term 'patriot' describes someone who cares about the country, about something greater than him or herself. In Ukraine, there is a significant degree of cynicism, an indifference to public engagement in favour of self-enrichment, and suspicion of people in power. This is why military chaplains are instructed to cultivate 'high patriotic feelings and the spirit of combat among servicemen on the basis of the moral and spiritual potential of the religious and cultural heritage of the Ukrainian people'.[8] This integrates a non-denominational religiosity and an ecumenical form of spirituality into understandings of the cultural heritage of Ukrainian people. Zelins'kyi refers to this as the 'Kyiv tradition', a term that merges into one the various denominations prevalent in Ukraine, all of which draw on an Eastern Christian liturgical, doctrinal and aesthetic tradition. In the same spirit of unity and solidarity, chaplains are also expected to familiarise soldiers with the 'history of the national, cultural and religious formation of Ukrainian statehood', which anchors religion in the foundation of Ukrainian statehood. Finally, using the familiar Soviet-era 'brotherly' trope to emphasise the unbreakable kin-like bonds of solidarity, chaplains are expected to foster 'brotherly relations among servicemen on the principles of solidarity, humanity and a sense of the sacredness of military duty'.

In other words, the Ukrainian Greek Catholic Church, and Zelins'kyi as its most public advocate in military matters, advocate overcoming the disorienting, demoralising and isolating consequences of combat in post-service life by developing meaningful, ongoing commitments to country and to compatriots conceived in terms of kin relations. This is intended to retain the possibility of prolonging meaningful service, foster social solidarity and curb feelings of isolation, and secure a sense of being a moral person. Perhaps most important of all, along with the state, chaplains such as Andriy Zelins'kyi (2015; 2016) use their moral authority to theologically position soldiers as 'defenders'. This comes close to absolving them of moral transgression for acts they might have perpetrated while fulfilling higher commitments to protect the homeland and their 'brothers'.

Healing the soul

Ivan became a believer in 2014, and then in quick succession a priest and military chaplain. He initially joined the Ukrainian Orthodox Church–Kyiv Patriarchate, a national breakaway church, and, once a Ukrainian national church was formally recognised in 2019, he switched to the Orthodox Church of Ukraine. When I asked what motivated him to become a military chaplain, he explained quite flatly, "The development of correct Christian values is a question of national security." In other words, his choice of profession and confession were driven by political convictions that graft onto religion. Rather than Zelins'kyi's conceptualisation of what the chaplain's

mission of being close is, Ivan's daily life illustrates what it means to have a chaplain literally close by in a hospital.

Although he received a very abbreviated theological education, as a military chaplain, Ivan regrets his lack of training in psychology. During visits to wounded soldiers in the hospital, he fills his days by discussing mystical, theological and philosophical issues that loosely fall into four categories of existential concern: death and its aftermath; how to navigate a post-service life that is devoid of rigid structure, a ready-made community of like-minded men and a sense of urgent mission; the estrangement one might feel from a prior life and even family and friends; and the sensations of feeling adrift that these new circumstances breed. Soldiers who might have killed raise poignant theological questions: is there is life after death? Does hell exist? Does everyone answer to a higher power? For those afraid of being killed, other questions arise: what happens to the body when a person dies? What happens if there is nothing left of the body?

Ivan brings this kind of existential and mystical searching into everyday life as a means to promote calmness and a release from despair. He reasons that skilful direction of this kind of talk opens an indirect route to exposing fears and anxieties. Other rehabilitation programmes also stress dialogue (*obshchenie*) as a means to engender transformation. Jarret Zigon also observed the use of dialogue at an Orthodox Church-run drug rehabilitation centre as a means to constitute 'moral personhood'. He characterises this talk as 'sociality' and notes the fundamentally communal nature of this process (Zigon, 2011: 180–1). Eugene Raikhel's (2016: 259, 277) study of 12-step programmes in St Petersburg reveals that the *po dusham*, or intimate tenor of dialogue, promoted by these recovery programmes is one of the reasons they are considered 'compassionate' forms of healing. Both the Orthodox Church-sponsored and 12-step addiction programmes feature former drug addicts and alcoholics as conversation partners with those in addiction recovery, reflecting a similar dynamic to chaplain-soldier interactions of 'like healing like'. Psychotherapists, similarly, undergo their own analysis to more fully appreciate the experience of divulging private information. This helps them empathically understand the therapeutic process. However, it does little to help them experience empathy in the original sense of the word – *Einfühlung*, or 'feeling into' another's emotions – based on shared experiences.[9]

Ivan believes the fundamental 'meaning of life' questions he discusses with soldiers should precede any interactions with psychotherapists and psychiatrists because they go to the heart of establishing who a person is after combat. In his view, psychotherapists handle 'logistical' matters, such as how to get along with others and build relationships. Both are necessary to recovery and reintegration, but the goals of each are different. The goal for chaplains is transformation, which calls for forward-looking dialogue, away from a prior life or what occurred in the past. Ivan posits that in a medicalised therapeutic setting, the goal is more restorative. 'Curing' someone means returning him/her to a previous state whereby he/she is able to resume a previous life, temperament and disposition. Such a therapeutic goal looks back to the sources of distress and attempts to overcome them using medicalised expertise, which usually gives the patient a more passive role.

After long conversations with the director of the main psychiatric hospital in the same city and with a psychotherapist who was formerly employed there, it was made clear to me that the purpose of the care this hospital provides is to protect: protect patients from themselves, protect them from exploitation by others, and to protect

greater society from unstable individuals who might engage in drug use, criminal activity and other anti-social behaviours. In other words, the restorative treatment this hospital provides (and others) aims to return the patient to their 'true selves' and to restore the social order by eliminating undesirable behaviours (Carroll, 2019: 87). Moreover, the bureaucratic authority of medical experts engaged in fee-for-service treatment puts the burden of healing on the medical professional.

At this hospital, there are two groups of volunteers who offer assistance to patients. They bring clothing, bedding, and warm meals. One group is connected to the Orthodox Church and the other is a small group of highly committed, secular women who come every week. While the director is grateful for their assistance, he insists that the only thing his hospital needs to be more effective is more diagnostic equipment and more therapeutic drugs, which only the state can provide. He barely mentions the value of talk therapy that chaplains are so eager to provide and the companionship that the volunteers strive to offer.

Military chaplains, in their quest to help a soldier successfully transition to civilian life, have one other advantage when it comes to engaging in dialogue. Some soldiers, either because of physical or emotional impediments, can literally not speak. Can empathy be initiated and empathic care offered if emotional states yield silence? Shoshana Felman and Dori Laub (1992) have argued that the very essence of trauma, and indeed its defining characteristic, is that trauma eludes articulation. Some soldiers are not willing to be understood and are not willing to engage in dialogue and others are not physically able.

Although words, behaviours and gestures are scripted in a ritual context, they nonetheless constitute a form of communication, a therapeutic technique, that can provide a starting point for dialogue when words fail. Chaplains can easily slide into ritual practice as a form of connection and communication through liturgy, prayer, confession, and partaking communally in other ritualised behaviours. I saw a military chaplain's use of ritual as a means of communication most visibly in Lviv among the families of slain soldiers. They meet collectively once a month with a military chaplain from the Greek Catholic Church at the cemetery where their sons are buried. There is little conversation, discussion or exchange among the families. There is, however, robust collective recitation of prayers. The families know the prayers by heart and recite them together, along with performing the requisite gestures of piety and devotion in unison, such as crossing themselves and bowing heads at the appropriate times. Few words are shared but the ritualised gathering amounts to a collective expression of shared grief. Regularised attendance suggests that this demonstration of 'fellow feeling' of empathic understanding of devastating loss is soothing.

Healing the soul of individual soldiers, a responsibility chaplains take seriously, relies heavily on building a relationship through dialogue and establishing comradeship. Soldiers would often ask Stepan Sus, a former military chaplain with the Ukrainian Greek Catholic Church who was recently named the youngest bishop in the entire Catholic Church worldwide, what the point was of repeating prayers. He likened prayer and inner struggles to exercise and building physical strength to confront the challenges of war. Just as bodies grow strong through strength training, a person's conscience grows robust with the repetition of prayer. "In the Church, you are making your soul. You are examining your soul. You teach yourself how to survive, how to deal with challenges, how to look at many things," he says. He counsels soldiers that one of the intended results of prayer and partaking in ritual is to hear a strong voice

of the soul. "We need to hear our soul to be ourselves. We need to hear what we want and what we need," he says. Thus, he suggests that prayer and contemplation are a means of 'working on the self' (*pratsiuvaty nad soboiu*) to foster self-knowledge by amplifying the voice of the soul to be one's conscience and guide behaviour. These are tactics used to remake a sense of self as a moral person capable of functioning in the social world after participating in combat.

Eastern Slavs often use 'the soul' as a referent to what animates a person's inner world, their emotions, intuitions, values, sensations and dreams (Pesman, 2000). Sharing one's *dusha* (soul) is a form of intimacy, precisely because it makes a person vulnerable. Even in a secular therapeutic context, *dusha*, is used to orient a person to the social world to make beneficial decisions. In Tomas Matza's study of psychotherapeutic techniques used in St Petersburg, Russia, a counsellor makes an analogy to life as a DVD filled with different movies. The challenge is to choose one. This counsellor tells Matza, "We can't understand our path because we look from the mind – only our *dusha* can point the way to happiness … only *dusha* can see the disk" (Matza, 2018: 182). This therapist encourages clients to rely on their souls to select a movie. Matza, (2018: 183, 196) argues that psychosocial explorations of soul, much like what chaplains propose, are not only intended to result in greater self-knowledge, but also in 'a kind of social communion' to generate 'harmonious relations'.

Hearing the voice of one's soul is only the first step. One must also learn to obey that voice. A key aspect of a chaplain's service, much like a therapist's, is building an ongoing relationship with soldiers to help them use the voice of their soul to regulate behaviour. The main difference is that chaplains can also encourage participation in collective religious practices (confession, liturgies and ongoing prayer) as supplementary means of hearing the voice of the soul. In other words, the chaplain's dyadic discursive forms of healing find parallel expression in temporally regulated, collective, performative religious acts.

Sites of healing

Just as religion has been secularised into a national cultural heritage, healing has historically had a prominent religious component (Wanner, 2012). In the UK, the inclusion of chapels in healthcare facilities is receding. Even when there is a chapel in hospital or other public institutions, it is increasingly used as a multipurpose room (Beckford and Gilliat, 1998). In contrast, in the US, many hospitals have a clear religious affiliation and openly incorporate the aesthetics and symbolism of that faith tradition in prayer space and chapels. Public facilities, such as the Veterans Administration, strive for an interfaith atmosphere in the spirit of pluralism, which means that their worship spaces are often neutral or even bland (Cadge, 2013). Chapels in healthcare facilities in Ukraine represent another model altogether. It is now common to build or convert a space for prayer in hospitals, rehabilitation centres and other medical facilities.[10] These worship spaces openly appeal to a broad, yet distinctive, Eastern Christian faith tradition. They do not reflect a particular Orthodox jurisdiction and do not exclude Byzantine Catholics or other Christians. The sacredness of the space in medical facilities is communicated by stylised icons hung on the walls, candles, something of an altar in front, and ample room to sit quietly in prayer or meditation. They often incorporate a Ukrainian folklore aesthetic, which is characterised by *rushnyky*, or traditional embroidered cloths, draped around

the icons and naive depictions of Ukrainian folk elements on the walls, such as sunflowers and *kalyna*, a native berry. Increasingly, these ecumenical places of worship are oriented every bit as much to those who work at the facility as they are to those convalescing there.

The main psychiatric hospital, where the medical professionals and volunteers I interviewed work, is on the grounds of a former 19th-century estate. A wealthy family bequeathed their estate to the church and built a psychiatric hospital there in honour of their daughter who was mentally ill. During the Soviet period, when visible religious practice was outlawed, the religious buildings of the estate were repurposed into medical facilities. There is much discussion as to whether all or part of the property should be returned to the Church. Ivan thinks not only should the grounds be returned but that they should be used for the therapeutic rehabilitation of veterans. He advocates that each soldier be given a six-month transition period in a monastery before reentering civilian society. A monastery, he argues, offers ideal conditions to recreate oneself (*perestraivat'sia*).

There is precedent for what Ivan proposes. Faith-based healing initiatives also collaborate with secular non-governmental organisations in monasteries or other religious buildings, where, along with medical personnel, spiritual advisers work with people in need (Wanner, 2007; Zigon, 2011). Many people in Orthodox countries believe monasteries are the sites of spiritual energy that heal and rejuvenate. As a result, they visit monasteries to address emotional, psychic and physical pain (Kormina, 2019). Monasterial life is dedicated to prayer and contemplation and its affective atmosphere is not 'of the world, but in the world'. Arriving in such a 'betwixt and between' liminal space would be a radical break from the rhythm of life on the battle front and would create confusion (*smushchenie*) for the soldier, Ivan maintains. This 'confusion' could be advantageously used to dislodge the instincts fostered by combat to destroy and kill, and give the soldier an eye-of-the-storm moment to reorient to new circumstances and find a new purpose with religious supports in place. Just as monks perform self-sustaining agricultural work, Ivan advocates that the soldiers should also engage in 'peaceful, but creative' labour therapy. This emphasis on productive labour, a secular endeavour, in a monasterial centre of prayer where working on the self might allow for the development of a more robust sense of conscience represents a radical departure from what is currently offered to soldiers. They are now given compensation for their service, which most use to buy a house or car.[11] This rarely leads to establishing post-service work with social meaning (*sotsial'noe znachenie*), which Ivan finds so important to rolling back the meaninglessness and sense of isolation that many returning soldiers tell him they experience. Among the difficulties of reentry, soldiers describe the challenge of learning to relax vigilance and coming to terms with how much of a stranger they have become to their own families. It is not difficult to imagine that there are soldiers who could benefit from a prolonged stay at a halfway house of sorts, surrounded by empathic dialogue and understanding for the challenges of rewiring actions and reactions, emotions and behaviour, as part of a greater process of remaking the self. These forms of therapeutic religiosity rest on a far more holistic perspective to healing that includes counselling on emotional, logistical, professional, existential and religious issues, moving far beyond psychotherapy's emphasis on managing feelings.[12] Essentially, this amounts to a state-sponsored born-again experience for soldiers, the goal of which would be for chaplains and psychotherapists to work together to help soldiers discover a new

purpose in life through dialogue, use labour to realise that purpose, contemplation to give the purpose meaning, and a conscience (the voice of the soul) to stay the course and fulfil the purpose. This is the proposed means of remaking the moral personhood of soldiers, by turning them into patriotic, religiously sensitised, productive citizens after combat.

One key distinguishing factor emerges among ethnographic studies of therapeutic healing and personhood that are conducted in Russia versus in Ukraine. In Russia social scientists have argued that processes of healing amount to remaking personhood in a mode conducive to a neoliberal economic order that stresses forms of subjectivity that include individual responsibility, discipline and a certain work ethic (Rivkin-Fish, 2005; Lerner, 2011; 2020; Raikel, 2016; Matza, 2018). In Ukraine, the emphasis of such programmes has been different. Since independence the fragility of the Ukrainian nation-state has been widely acknowledged, prompting some to refer to Ukraine as an 'unexpected nation' (Wilson, 2000). Therefore, healing has intersected much more prominently with assertions of citizenship-based rights that reflect the needs and struggles of the nation-state, more so than promoting a neoliberal economic order, although these dynamics are in play as well.

Groups in need of healing in Ukraine annex treatment by mobilising claims to a 'citizen's right to health', which brings them into close contact with the state. Adriana Petryna (2002) speaks of 'biological citizenship' as a byproduct of obtaining healthcare through appeals to a bureaucratised state medical system that assesses suffering and allocates requisite entitlements for compensation in response to the Chernobyl nuclear accident in 1986. Sickness (real or manipulated) links citizens to their state. Similarly, Sarah Phillips' (2010) study of the disability movement's quest for access to public space in Ukraine claims a right to a 'mobile' form of citizenship. Disability activists use understandings of relatedness, social responsibility and shared citizenship to claim the rights of citizenship that include mobility and healing. In contrast, Jennifer Carroll's (2019) study illustrates the limits of citizenship regimes. Public perceptions of the moral inferiority of HIV-positive, intravenous drug users justified the use of drug addicts as 'boundary objects' to mark exclusion from participation in the Maidan protests of 2013–14 (2019: 109). The political crisis made clear that drug users held a diminished form of citizenship that subjected them to limited participation in governance and civil society. Here again we have military chaplains as state employees using religion within state institutional structures to craft certain kinds of citizens. Chaplains use empathic care to help soldiers transition from 'defenders' in combat of the homeland's borders to 'veterans' who are committed, engaged, patriotic, religiously sensitised citizens in a newly fortified, sovereign nation-state. The fragility of the Ukrainian state, paradoxically, imposes itself to a greater extent onto notions of moral personhood.

Winning the peace

Increasingly in conflict regions, it is not the war, but winning the peace that is the true challenge, whether we speak of undeclared wars and the slow drip of violence as in Eastern Ukraine, simmering conflicts in Israel, or more conventional wars in Afghanistan. As a result, chaplains have been deployed to a variety of secular institutions in Ukraine to offer empathic care and therapeutic forms of religiosity to soldiers and their families who experience grief, rage and vulnerability. Well over

one million people have been displaced from the warzone and resettled in other parts of Ukraine. 'Othering' one's own compatriots and foreclosing on the possibility of imagining their thoughts and feelings is a means to deny them empathy, a dynamic frequently found in divided societies.

Empathy is a key emotion that can expand domains of commonality by setting in motion an affective response to the perceived suffering of others. The reverse process, which could be ignited should there be insufficient empathic care, is the cultivation of indifference to suffering. Indifference atomises members of a society and impinges on a person's ability to feel compassion. The emotional tenor of public domains, should they curry suspicion, cynicism and anxiety, can foreclose on the domains of commonality and impede empathy for others.

As violence rages on in Eastern Ukraine in a contained, uncontrolled zone, there is a growing tendency in Ukraine (and elsewhere) for religion to become instrumentalised, appropriated as cultural heritage, and integrated into secular, public institutions for political purposes. The use of therapeutic forms of religiosity and religious concepts to bring about empathic care falls to chaplains and portends a growing role for institutional religion. Religious leaders who wield moral authority, especially military chaplains, can either use it to condemn violence and stimulate empathy for the suffering it yields, or use it to legitimate violence by refusing empathic engagement with neighbours who have been 'othered'. Military chaplains straddle these dual potentialities and confront a war of bombs and guns on the battlefront that becomes a struggle to heal from the wounds of war on the home front.

Notes

1 OSCE Thematic Report, Civilian Casualties in the Conflict-Affected Regions of Eastern Ukraine, https://osce.org/files/f/documents/f/b/469734.pdf.

2 Byzantine Catholics use an Eastern-rite in their liturgies, which are quite similar to that of Orthodox Christians. The main difference between the two is that Byzantine Catholics recognise the Roman Catholic pope as their supreme authority.

3 All interviews were recorded with the exception of two. Some interlocuters were interviewed multiple times. I have used pseudonyms except in the instances of military chaplains who are public figures.

4 Gallup (2019) World-Low 9% of Ukrainians Confident in Government, https://news.gallup.com/poll/247976/world-low-ukrainians-confident-government.aspx

5 Razumkov (2020) Citizens' Assessment of the Activities of the Government, http://razumkov.org.ua/napriamky/sotsiologichni-doslidzhennia/otsinka-gromadianamy-diialnosti-vlady-riven-doviry-do-sotsialnykh-instytutiv-ta-politykiv-elektoralni-oriientatsii-gromadian-liutyi-2020r
Ukrinform (2020) Volunteer Organizations Most Trusted Institution in Ukraine, www.ukrinform.net/rubric-society/2598710-volunteer-organizations-most-trusted-institution-in-ukraine.html

6 Armiiainform (2019) Every Dioceses of the Ukrainian Greek Catholic Church will Create a Rehabilitation Center for War Veterans, https://armyinform.com.ua/2019/11/u-kozhnij-yeparhiyi-ukrayinskoyi-greko-katolyczkoyi-czerkvy-stvoryat-reabilitaczijni-czentry-dlya-uchasnykiv-bojovyh-dij/?fbclid=IwAR2-7-VPxsPFL4RSGKtswiK0Fm22sYNQu41h5noWEROv_4_mHJ706mdZ2TaE

[7] Hromadske (2020) On the Art of Being Close By, https://hromadske.ua/posts/pro-mistectvo-buti-poruch-ateyistiv-v-okopah-ta-rankovi-probizhki-rozmova-z-kapelanom-zelinskim

[8] Religious Information Service of Ukraine (2015) Buty Poruch [Be Close By], https://risu.org.ua/php_uploads/files/articles/ArticleFiles_64910_Buty-poruch-kapelany.pdf

[9] Waldram (2015: 294) cautions against anticipating that all non–medical healers pursue transformative goals via personalised caregiving that includes time-intensive relationships built on empathy and compassion. Q'eqchi healers in Guatemala, he argues, use the spiritual realm to restore health in a transactional relationship where even interpersonal problems are medicalised, pathologised, and treated as if there is a specific cause and cure.

[10] The former Ukrainian Minister of Health from 2016–19, Dr Uliana Suprun, a US citizen, was the first to advocate placing chaplains in these hospital chapels.

[11] American military chaplains offer soldiers the 'Battlemind Program,' before being deployed and before being discharged, to psychologically prepare them for what they are about to encounter. The workshop for returning soldiers rarely lasts more than one day and focuses on interpersonal relationships and marital counselling. It is widely considered to be inadequate (Finley, 2011: 105–6).

[12] Julia Lerner (2020) uses the term 'therapeutic religiosity' to describe a blend of 'therapeutic culture' and 'psychological logic' that forms an assemblage of therapeutic language and a religious way of life among migrants and recent converts from the former Soviet Union to Israel. She argues that migrants use 'therapeutic religiosity' as part of their quest for happiness, yielding a neoliberal subjectivity that has a specific emotional palette conforming to the needs of a neoliberal social and political order (2020: 2). In contrast, in this instance psychological language does not overtly mix and affect religion. Rather, as is more common, chaplains use religious practices, sites and rhetoric for therapeutic purposes.

Conflict of interest

The author declares that there are no conflicts of interest.

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