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THE HISTORY OF THE BEGINNING AND PERMANENT FUNCTIONING OF HOSPITAL RELIGIOUS CHAPELS IN UKRAINE

The relevance of the study is due to the current active functioning of religious chapels at medical institutions, in particular, in Ukraine. Against the background of such tendentiousness, the attention of scientists is attracted by the features of the integration of religious practices into the processes of interaction with traditional medicine. In the course of the study, the origins of the beginning of the work of hospital chapels in Ukraine are analyzed, starting with samples such as a stone hospital for veterans in the Lviv region of the 17th century, in parallel with modern examples. In the course of the study, the processes of the emergence of the most famous hospital chapels in Lviv, Kharkov, Odessa, Nikolaev and Kyiv regions were considered. For objectivity, photographs of the first Murovany Hospital for Veterans (XVII century), the Alexander Hospital and the Mikhailovskaya Church attached to it (1901), the Mikhailovskaya Church at the beginning of the 20th century, compared with its current state are given. The history of the beginning of more than ten religious chapels at hospitals is analyzed. The connection between the programmed goals of the beginning of the chapels and their current mission and functionality is determined. The history of the creation and sustainable functioning of hospital religious chapels in Ukraine is viewed through the prism, against the background of the functioning of architectural objects, mutual tolerance and reasonable interaction between medical institutions and religious denominations. An analysis of the stated problems will allow a better understanding of the features of the current functioning of hospital chapels. The characteristics of the stated issues will help to expand the understanding of the features of the interaction between religion and medicine in modern times. The authors conclude that chapels fit well into the hospital world. Various Christian denominations interact peacefully with hospital facilities and provide spiritual support to patients. The dichotomy of the concepts of "faith-religion" and "science-medicine" are combined into one, creating a special world in which external contradictions do not matter. Therefore, the historical practice of placing chapels on the territory of hospitals has a long tradition in Ukraine and for centuries has formed a special culture and style of communication in its environment. With the proclamation of Christianity as a permitted, and subsequently the state religion (382), local dioceses organize medical care for the sick, especially poor citizens, under their patronage. One of the first large medical complexes was the famous «Basiliada» of Basil the Great, Bishop of Caesarea in Cappadocia.

Key words: hospital chapels, Ukraine, history of hospital chapels, beginning of hospital chapels in Ukraine.

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ІСТОРІЯ ВИНИКНЕННЯ ТА ФУНКЦІОНУВАННЯ ЛІКАРСЬКИХ РЕЛІГІЙНИХ КАПЛИЧОК В УКРАЇНІ

Актуальність дослідження зумовлена активним функціонуванням нині культових каплиць при медичних закладах, зокрема, в Україні. На тлі такої тенденційності увагу вчених привертають особливості інтеграції релігійних практик у взаємодії з традиційною медициною. В ході дослідження аналізуються витoki початку роботи госпітальних каплиць в Україні, починаючи з таких зразків як кам'яний лазарет для ветеранів Львівщини XVII століття, паралельно із сучасними прикладами. У ході дослідження розглянуто процеси виникнення найбільш відомих лікарняних каплиць у Львівській, Харківській, Одеській, Миколаївській та Київській областях. Для об'єктивності наведено фотографії першого Мурованського шпиталю для ветеранів (XVII ст.), Олександрівського шпиталю та прибудованої до нього Михайлівської церкви (1901 р.), Михайлівської церкви на початку XX століття порівняно із сучасним її станом. Аналізується історія виникнення понад десяти культових каплиць при лікарнях. Визначено зв'язок між початковими цілями каплиць та їх поточним призначенням та функціональністю. Історія створення та стійкого функціонування лікарняних культових каплиць в Україні розглядається через призму функціонування архітектурних об'єктів, взаємної толерантності та розумної взаємодії між медичними установами та релігійними конфесіями. Аналіз заявлених проблем дозволить краще зрозуміти особливості сучасного функціонування лікарняних каплиць. Характеристика заявлених питань допоможе розширити уявлення про особливості взаємодії релігії та медицини. Автори доходять до висновку, що каплиці добре вписуються у лікарняний світ. Різні християнські конфесії мирно взаємодіють із лікарняними установами та надають духовну підтримку пацієнтам. Дихотомія понять «віра-релігія» та «наука-медицина» з'єднуються в єдине, створюючи особливий світ, в якому зовнішні суперечності не мають значення. Тому історична практика розміщення каплиць на території лікарень має в Україні давню традицію та століттями формувала у своєму середовищі особливу культуру і стиль спілкування. З проголошенням християнства дозволеною, а згодом державною релігією (382 р.) місцеві єпархії організують медичне обслуговування хворих, особливо бідних громадян, під їх патронажем. Одним із перших великих лікувальних комплексів стала знаменита «Басиліада» Василя Великого, єпископа Кесарії Каппадокійської.

Ключові слова: *медичні каплиці, Україна, історія лікарняних каплиць, початок функціонування лікарняних каплиць в Україні.*

Formulation of the problem. The interaction of the religious plane with the medical plane has been an established practice characteristic of European civilization over the past centuries. In different periods, special ceremonies based on religious beliefs were even positioned as an alternative to medicine of that time. However, at that time this was due to the more insufficient development of the medical science itself than the practical significance of certain spiritual practices. In modern times, this connection

has acquired an interaction of a Platonic nature. The spheres of influence in the therapeutic plane are divided into traditional and alternative medicine. The latter also includes religious practices aimed at improving the health of patients. The main achievement of modernity in this context is mutual tolerance and reasonable interaction between medical institutions and religious denominations. A striking example of this kind of relationship is the presence of religious chapels at hospitals. Examples of such interaction have

already acquired tendentiousness, which is currently observed in Ukraine. The study revealed that it was the issue of the history of the beginning of hospital chapels in Ukraine that was not comprehensively studied. That is why the main task of the study is to analyze the history of the foundation of such objects, this will allow a better understanding of the features of their present sustainable functioning. The characteristics of the stated issues will help to expand the understanding of the features of the interaction between religion and medicine in modern times.

Analysis of recent publications. The issue of the history of the beginning and sustainable functioning of chapels among Ukrainian scientists in the publications of the last period is mainly not considered, because the historical plane does not border so closely with the present as other facets of this problem. However, the study of the history of the beginning allows us to analyze the causal relationships of the past, present and future. That is why the analysis of publications, contextually bordering on the stated issues, involves the study of the main works of scientists over a much wider time range than the last few years. The history of cooperation between the church and medicine was studied by A. Trofimlyuk, M. Chaban, S. Shevtsova, V. Gaponov, R. Didukh, M. Tsap, etc. Also viewed are studies of the issue of chapels, presented in the form of an emphasis on the architectural component of the chapels - A. Tseluykina, M. Vishlenkov, L. Azartseva, V. Levchenko, G. Levchenko, etc. Among foreign scientists, interest in this issue in the context of the concepts and methods of the sociological study of religion was shown by W. Cadge, P. Levitt, D. Smilde; the architectural component can be seen in the works – W. Cadge, B. Mann Wall, M Gál, etc. However, in the studies of these scientists, the problems of the history of hospital chapels are not directly investigated. The issue of hospital chapels in Ukrainian cities has not been comprehensively studied. That is why **the purpose** of the study is a historiographic review of the processes of the beginning and sustainable functioning of hospital chapels in Ukrainian cities.

Main results of the study. With the proclamation of Christianity as a permitted, and later the state religion (382), local dioceses organize medical care for the sick, especially poor citizens, under their patronage. One of the first major medical complexes was the famous «Basiliada» of Basil the Great, Bishop of Caesarea Cappadocia. The construction of the «Basiliada» began around 369. St. Basil personally supervised the work, gave advice to the builders, and worked himself. When the construction was completed, the saint took over the leadership of one of the departments of the hospital. The hospital

included a hotel for poor out-of-towners, a nursing home, a leper colony, a shelter for the poor, and other units. There were separate infectious corps. In the center of the hospital complex stood a temple. The hospital was built outside the city, and medical personnel permanently lived on its territory, who carried out not only Christian care for their neighbor, but also provided medical care. Here, even the fact that people during a long stay in the hospital mastered some profession or craft was thought out. The Orthodox tradition on the territory of Ukraine also adopted a similar experience, which we will try to trace in this article (Трофимлюк, 2017).

Along the Glinyanskaya road (now Lychakivska street in Lvov), a giant oak split, forming a niche where the inhabitants placed the icon of the holy martyr Lawrence. The inhabitants prayed to the icon, and soon it became known throughout the neighborhood, as people observed miraculous healings. When the tree finally fell, a wooden chapel was built from it to house the icon of St. Lawentry in 1536. By 1616, instead of a wooden chapel, the church of St. Levrentzia and Stephanie. She was taken care of by guilders of pottery, and church authorities. The church, known for its healing powers, prompted the construction of a small wooden hospital and a cross nearby.

On February 19, 1659, Jan Sobieski, the future monarch of Poland, officially appointed a church for the care and treatment of soldiers. The monks took care of the treatment. Sobieski, who was born in Olessk in the Lviv region, appropriated thirty thousand zlotys for the construction of a stone hospital for veterans. He transferred the income from the village of Bludov, three houses along Krakowska Street and several plots of land to the monastery for the maintenance of the hospital. The City Council, Archbishop Jan Tarnowski and the Latin Cathedral Chapter contributed funds for the construction of a monastery of the Hospitaller Brothers near the hospital.

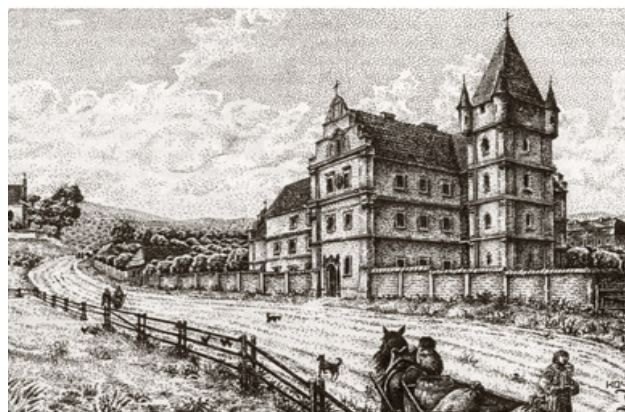


Fig. 1. Stone hospital for veterans in the Lviv region (XVII)

Construction of the new stone cathedral and hospital began in earnest with funding from Jan Sobieski. The work was disrupted by the Turkish invasion in 1672. The Turkish army attacked the fortification of the city from the side of the current Lychakivska Street, severely damaging the buildings under construction. Construction resumed in 1688 after the victory over the Turks in the Battle of Vienna under the leadership of the Polish king Jan Sobieski III, who commanded mainly Ukrainian Cossacks. The new construction was supervised by the king's trustee, Father Kazimir Gumnevich. The new plans were drawn up by the Royal Engineer Charles Benois and Captain Adolf Bay of Gdańsk. One hundred thousand zlotys were spent on the construction of the cathedral and the hospital with a new monastery building. Works from decorative stone were made by court craftsmen. Jan Sobessky III personally supervised the work.

The construction of the hospital complex was completed at the end of 1696, and it served the soldiers continuously for more than three hundred years. The patron of the hospital, Jan Sobessky, was not destined to see its completion, as he died prematurely. At the main entrance to the cathedral is the coat of arms of Sobieski. In the 18th century, when Poland participated in numerous wars, the hospital was actively used. Hospitallers treated the soldiers in the premises of the monastery (Військово-медичний клінічний центр Західного регіону).

The period (1765-1869) is characterized by the use of Ukrainian baroque forms. For Kharkov, a special feature is the placement of the house church in the same building as the hospital. Since the middle of the 18th century, state, municipal and zemstvo medical institutions have been built in the style of late classicism and are becoming more and more like a barracks. This was due, among other things, to limited budgets. In addition, during the period of classicism, the construction of hospitals was characterized by the use of samples of a large palace. The reason was the lack of preliminary projects of medical institutions. An important feature was the irregular schemes of master plans, the free location of buildings and structures on the site of the medical institution in accordance with the landscape. The location of the hospital church between the semi-detached buildings remains a local feature (Целуйкіна, 2015: 89).

By this time, hospital churches occupied a special place in the culture and Christian thinking of Orthodox Russia. The first such temple can be considered the house church of St. Paul the Apostle, consecrated on July 2, 1805 in St. Petersburg at a free hospital for the poor. Since that time, the construction of hospital churches continued throughout the 19th century.

During the reign of Nicholas I (1825-1855), the canons of mature classicism ("exemplary style") were finally established in Slobozhanshchina. The buildings of that time were dominated by impeccable proportionality, restrained decor, and laconism of geometric shapes. Columns - an obligatory attribute of classicism - are increasingly being replaced by flat pilasters. Examples of the application of the «exemplary style» forms in the architecture of medical institutions in Kharkiv are the first building of the Alexander Hospital (Karl Marx St., 25), the building of the Nikolaev Hospital (Moskovsky Avenue). Buildings in terms of approaching a rectangular shape. The symmetry of the overall composition, a clear division of floors by interfloor cornices, sparse ornamentation. Of the decorations in the building of the Alexander Hospital, lancet windows play an important role, which in their original form logically echoed the windows of the same shape in the chapel with a meadow dome located in front of the main entrance (not preserved). In the building of the Nikolaev Hospital, the decor of the windows is very simple - classic triangular pediments and shoulder blades.

A distinctive feature is the location of the house church between the buildings of the Nikolaev hospital and the hospital. M.Kh. Gelferikh. Compared to Russian counterparts, this blocking is quite original. It should be noted that in St. Petersburg, Moscow and Odessa, churches on the territory of hospitals were built as separate buildings (Целуйкіна, 2015: 60). During the period of classicism, Kharkiv was characterized by medical buildings smaller in size than in the capital cities, with bright features of the classic style and the use of order compositions; auxiliary buildings are located without striving for the symmetry of the overall composition, they are less ordered, which is due to the adaptation of the estate for a medical institution with several buildings. Characteristic is the wider use of the enfilade layout of the premises of the main building in comparison with the capital's samples (Целуйкіна, 2015: 61).

In 1892, the hospital of the Kharkov petty-bourgeois society was established. It had a pronounced estate character and served persons belonging to the Kharkov philistinism. On 3 1888, a two-story building was built on Kholodnogorskaya Street (now Volodarsky Street), where the Kharkiv philistine almshouse was opened. This is a house that is very different in size and style from the surrounding buildings. It was built according to the project of Nemkin V.Kh. The composition is based on the principle of axial symmetry. The main façade is structured in three parts. The central volume is three-story (on the 2nd floor there was previously a house

church), the third floor is in stylized forms of ancient Russian architecture. The lateral axes of the main façade are emphasized by pilaster porticoes at the level of the 2nd floor and triangular pediments. The first floor of the house and the central part along the main axis are rusticated. The windows are framed with 68 profiled architraves with keystones. In the central part of the window are decorated with archivolts. The developed cornice that separates the second floor from the third is supported by baroque brackets. The main entrance to the building is located along the axis of symmetry, highlighted by an attached columned portico with a triangular pediment.

Characteristic for Kharkiv is the location of the house church at the level of the second floor in the center of the overall composition, right next to the building. During construction, it had a meadow dome and corner turrets above the central volume, but later the dome was not preserved (Целуйкіна, 2015: 68). So, under the influence of a group of urban factors, the features of the architecture of Kharkiv medical institutions during the formation of the city (1654-1765) are formed. Hospital chapels in Kharkov were located at churches and were in a single complex with places of worship. The church during this period plays the role of the center of the urban structure, which is associated with the location of the hospital, which is mainly located in the immediate vicinity of the church and also plays a socially significant role (Целуйкіна, 2015: 87).

On May 12, 1878, the Kharkiv Duma adopted the charter of the Oleksandrivska City Hospital and the «Regulations on Hospital Clinics of Kharkiv University in the Oleksandrivska City Hospital». From the following year, 1879, the clinics of the Imperial Kharkov University began to function in a one-story hospital building. There was a pharmacy at the hospital, which was stocked with the necessary medicines and materials in accordance with the catalog compiled by the senior doctor and the medical advice. The pharmacy was headed by a manager – a pharmacist. To help him, the senior doctor determined a certain number of pharmacy students. There was also a church attached to the hospital. Her priest, free of charge, fulfilled all the requirements, both for the sick and for the hospital workers (Робак та ін., 2016: 81).

In addition to cathedral, parish, cemetery churches, house churches were built in Kharkov at educational institutions, hospitals, various institutions and private homes. The active construction of such churches began precisely in the second half of the 19th century. and by the beginning of the 20th century there were more than twenty of them. The interior of the house churches of the Diocesan Women's, Real

and Commercial Schools did not differ in special property. In particular, in the house church of the Commercial School in the name of the Image of Christ the Savior Not Made by Hands, the artist N. G. Pestrikov performed murals. He also donated his academic painting «Jesus Christ and the Sinner in the House of Simon the Pharisee» to the church. Other examples are the Alexander Nevsky Church of the Psychiatric Hospital, restored in 1991-1993, built in 1907 according to the project of M. I. Lovtsov, and the St. Nicholas Church of the former Nikolaev Hospital on Moskovsky Prospekt, designed by V. Kh. Nemkin (1895) 1907) which has not been preserved (Вішленков, 2011: 81).

1869-1917, a significant number of private clinics of a highly specialized direction appeared. The planning of such medical institutions is characterized by the presence of a main entrance and stairs, as well as the placement of a built-in church, as a rule, on the second floor of the building. The planning organization of a medical institution consists exclusively of medical premises. An exception, important from a functionally architectural point of view, is the presence in the composition of the ophthalmological clinic named after L.L. Girshman, in addition to the premises providing the direct treatment process, separate premises for the development, manufacture and repair of specialized equipment and tools (Целуйкіна, 2015: 92).

In the 19th century, on the territory of Ukraine, for many state institutions, educational institutions of all levels of the education system, it was the norm to have a house church. Religious buildings of various types (churches, chapels, etc.) were built in quarters of military units, in hospitals and educational institutions of various departments (Левченко, Левченко, 2015: 9). House churches contributed to the unity of the family, the preservation of the Orthodox faith, the acquisition of inspiration within one single social group, united by family ties. House churches, by decision of the Holy Synod, were organized at charitable institutions, hospitals or monastic cells to observe the necessary church services of their residents, who were not able to comply with all the necessary requirements in parish churches (Левченко, Левченко, 2015: 27). As for the operation of hospitals for the mentally ill, in 1869, a religious library for priests and all comers was created at the Kharkov provincial zemstvo hospital. The sick had the opportunity to confess to the priest of the church in the hospital. The presence of consciousness was obligatory, otherwise they were not communed (Альков, 2014).

The Archangel-Mikhailovsky Church, located in the complex of the Nikolaev City Hospital, designed by

the architect M. M. Sokolov, is a vivid representative of the rational direction of architecture. In 1876, the city authorities decide to build a large city hospital. In the late 1880s, the architect Sokolov, on behalf of the City Duma, developed a project for a hospital and a church attached to it, founded on April 18, 1890. When developing the hospital project, he provided for the construction of a hospital church on its territory. The construction of the temple was carried out from 1890 to 1894. The main compositional axis of the hospital complex, which became a continuation of Posokhovsky Lane, was closed from the south by the administrative building, from the north by the hospital church.

The temple was consecrated in the name of the Archangel Michael, his name was well suited for the hospital church, since this archangel is considered the savior of all troubles, sorrows and evil spirits. In everyday life, the temple was called the temple of the «Red Cross». St. Michael's Church was built at the expense of one of the trustees of the hospital, the merchant Platon Mikhailovich Troyankin. The church was built of brick in the Byzantine style and decorated with intricate brick decor, repeating the motifs of ancient Russian architecture. The temple was completed by a massive light drum with a dome, complemented by decorative heads at the corners of the quadrangle, and a two-tier hipped bell tower towered above the narthex.

The church was closed until the 1930s. In 1930 – 1931, an independent Medical Institute was organized on the basis of the Medical Faculty of the State University, which received the former Nikolaev City Hospital as a clinical campus. In 1941 – 1943, the medical institute was badly damaged. By 1949, basically, all buildings were restored, except for the church building. The distorted building existed until the early 60s. Today, on the site of St. Michael's Church, there is a multi-storey clinical building with a faceless facade (Петрусенко, 2020).

St. Michael's Church at the Alexander Hospital is the oldest hospital chapel in Kyiv. In 1893, on the territory of the hospital, a place was consecrated for the construction of a church in honor of St. Michael, the first Metropolitan of Kyiv. As a sign of respect for his heavenly patron, this construction was started by an honorary citizen of the city of Kyiv, philanthropist Mikhail Degterev at his own expense.

The domes of the church rested on strong walls more than two and a half meters thick, it had a different oak iconostasis, parquet flooring, steam heating, and a wide granite staircase in front of the entrance. On June 30, 1895, the consecration of St. Michael's Church took place. Mikhail Degterev devoted the last years of his life to serving God. He was the head of the temple. He died on December 21, 1898 and was buried in the family tomb in the left annex of the native church in honor of the righteous saints Zechariah and Elizabeth.

In 1901, according to the project of the architect V.N. Nikolaev, the right annex was completed on the western side of the temple for symmetry, and subsequently a two-tiered stone bell tower. At the same time, a major overhaul was being carried out in the temple, accompanied by the replacement of wooden floor beams with metal ones with a drainage device around the church. All work on the expansion and repair of the church was carried out at the expense of the widow Elizaveta Degtereva, who died on June 4, 1902 and was buried in a crypt under the northern extension of the temple.



Fig. 2. Alexander Hospital and St. Michael's Church, 1901 (Олександрівська лікарня та Михайлівська церква, 2021)



Fig. 3. St. Michael's Church at the beginning of the 20th century (Олександрівська лікарня та Михайлівська церква, 2021)

In the pre-revolutionary period, the Mikhailovskaya Church became not only an Orthodox church, but also a special social center, in which a charitable brotherhood functions. Members of the brotherhood helped the sick and needy people of Kiev with medicines, money, employment, clothing, and were engaged in raising orphans. After the October Revolution, the church was plundered, and in 1930, on Easter, the Komsomol members of the Pechersk region almost completely destroyed, only the foundation and the basement of the temple were preserved. The neighboring buildings of the church office and the refectory were turned into the party committee of the hospital.

The temple was restored during the years of independent Ukraine. In 1998, permission was granted to excavate the ruined temple. During the excavations, many church shrines were found: lampadas, a metal cross, window bars, and so on. In the left annex, a staircase was dug up, which led to the tomb of M. Degtyarev. In the early 2000s, the temple was rebuilt according to the drawings of Vladimir Nikolaev, which were found in the archives.

At present, St. Michael's Church is a typical Orthodox church, but with a stricter charter than in other parishes. Here, the Divine Liturgy and two times of prayer are performed daily. This is due to the fact that the temple is located in the central city hospital. Seven priests and two deacons serve in the church. The service takes place in an adapted wooden temple, as well as in a new building built on the ruins of a former temple, a complete copy of the destroyed one. At the temple there is a center of the Orthodox book and a refectory for the sick and all comers (Олександрівська лікарня та Михайлівська церква, 2021).



Fig. 4. St. Michael Church (Олександрівська лікарня та Михайлівська церква, 2021)



Fig. 5. St. Michael's Church, general view (Олександрівська лікарня та Михайлівська церква, 2021)

The peculiarities of the functioning of religious associations in the Soviet period was that church institutions were destroyed and confiscated. In particular,

the hospital chapel, which was located on the territory of the Vashkivets district hospital in the Chernivtsi region, was ordered to be dismantled for auxiliary material by the decision of the district council No. 592/22 of June 24, 1952. In the Poltava region, the first wave of destruction of churches was in 1929-1940. The second wave was in the 1960s. House churches (at educational institutions and hospitals) were destroyed without exception, the decoration was burned, and what contained precious metals was melted down. All bells were removed and sent for scrap. In total, by 1917 there were about 800 churches in the region. By the end of the 1960s, about 50 of them remained, and only because at one time they were adapted for clubs, schools, village councils, warehouses, etc (Логвин та ін. 2021).

In order for a person to have no obstacles to come to the temple, the churches were traditionally within walking distance for the inhabitants of the village, each urban area, it was quite easy to get to the temple. The temple was the city-forming center around which the infrastructure was formed. In special cases, chapels were built right inside the building. Such permission was given to respected persons with a high position or exceptional merit, and at the same time, due to age or illness, they were not able to visit parish, cathedral or monastery churches. Also, the chapels of the house were in hospitals, almshouses, orphanages and educational institutions.

During the construction of such temples, the peculiarities of the institutions and people located in them were always considered. For example, in the hospital temples located in the hospital building, access was provided both for those who can move independently and for those whose mobility is limited. There are hospital temples, in which large windows are arranged for the sick on the second floor, directed to the temple. Thanks to them, it was possible not to waste energy on moving and to participate in services, being near your own ward, without embarrassing anyone and without creating a risk of infection.

Before starting the design of such a hospital church, the necessary data was usually collected, including information from the customer about the number of parishioners with limited mobility and their needs. This approach is relevant if there are specialized institutions for parishioners with limited mobility (including disabled people) in the area of the temple: homes for labor veterans, neuropsychiatric boarding schools, orphanages for disabled children, correctional boarding schools, special schools for the disabled, etc. This is also true for areas with a high concentration of older people or for churches that serve special target groups of parishioners with limited mobility (Чистый, Зальцман, 2015: 43).

Conclusions. In the conclusions, we once again emphasize the idea that a place for worshipping God in a hospital often causes a feeling of the intersection of two opposite worlds. On the one hand, the physical world of humans and medicine, and on the other hand, the spiritual world, which is expressed through a particular religion. For the skin from the worlds of religion and medicine, certain aspects of behavior, communication and special sets of objects are characteristic. Based on what was stated in the

above article, we see that the chapels fit well into the hospital world. Instead of contradicting each other as two opposite worlds, we see that the dichotomy of the concepts «faith-religion» and «science-medicine» are combined in the chapels creating a special world in which external contradictions do not matter. Therefore, the historical practice of placing chapels on the territory of hospitals has a long tradition in Ukraine and has created its own traditions, culture, and style of communication over the centuries.

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