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The Influence of Emotional Burnout on the Occurrence of Psychologist's Psychosomatic Diseases in the Conditions of War

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Abstract: *The article explores the theoretical basis of the impact of emotional burnout on the development of psychosomatic diseases of psychologists working in wartime conditions. Its objective is to examine the psychosomatic, psychological and neuropsychological aspects of emotional burnout among consulting psychologists. A review of literature from the past five years was conducted using multiple databases. The findings confirm that psychologists are highly susceptible to burnout due to prolonged interaction with numerous clients, requiring them to express emotions that may not align with their true feelings. In wartime, this challenge intensifies as psychologists face pathological stress from increased workloads, heightened emotional demands, and "psychological volunteering." Many neglect their own needs and personal lives to prioritise professional responsibilities. The study investigates the causes of burnout and its role in developing psychosomatic disorders. It identifies the psychophysical and socio-psychological symptoms of burnout and analyses the process using a five-stage model. Recommendations for burnout prevention are provided, emphasising physical and mental health maintenance, as well as the treatment of psychosomatic conditions. The article concludes that psychologists in military settings are at elevated risk of emotional burnout, which undermines emotional stability, self-esteem, and interest in work, reducing professional effectiveness. Burnout can also lead to physical health issues, such as sleep disturbances, immune deficiencies, cardiovascular problems, and other psychosomatic conditions, highlighting the urgent need for preventive measures.*

Keywords: *emotional burnout; psychosomatics; neuropsychological foundations of burnout; psychologist; risk factors; psychological assistance; martial law.*

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1. Introduction

The topic of the influence of emotional burnout on the occurrence of psychosomatic diseases among psychologists in wartime is extremely relevant. Military conditions bring significant psychological tension and stress, which can cause psychosomatic disorders in psychologists. These disorders, in turn, can significantly affect the level of emotional burnout, which jeopardises the effectiveness of psychological care. In this regard, research on this topic is important for the development of strategies for the prevention and treatment of emotional burnout among psychologists in the context of war.

Psychosomatic diseases are based on the principle of the unity of the physical and the psychological, which plays an important role in the approach to the treatment of patients in all areas of medicine. In the context of medicine, the term "psychosomatics" includes not only physical diseases, but also diseases in the development of which psychological and psychosomatic factors are important, as well as personality characteristics. According to research by scientists (Oliinyk, Chaplyk, & Timchenko, 2022), in psychosomatic disorders, biological factors determine the nature of the disease, while psychogenic factors play the role of triggering. Van Hoy A. and Rzeszutek M. (Van Hoy & Rzeszutek, 2023) noted that psychosomatic reactions can occur with the help of the first signaling system.

In their research, Lilia Koniaieva and Oleksandra Hurovych found that about half of psychologists-consultants show a high degree of emotional burnout. The most striking element of this syndrome among them was the resistance phase. This is manifested in an inclination to the wrong emotional response to clients, the lack of emotional interaction and connection with them, the loss of the ability to empathise, as well as fatigue, which leads to a decrease in professional duties (Koniaieva & Hurovych, 2022).

The problem of emotional burnout of psychologists is becoming more and more urgent in Ukraine due to the war, and in the world due to the consequences of the pandemic. Thus, in the study of Lin, Meron and Stamm (2023), it is indicated that during the pandemic, the workload on psychologists has increased significantly. In response to a survey in September 2022, 38% of US licensed psychologists reported that they were working more than before the pandemic. Faced with increased workloads, the percentage of psychologists who reported being unable to meet demand rose from 30% in 2020 and 41% in 2021 to 46% in 2022. Almost half (45%) reported experiencing burnout in 2022, with similar levels reported in 2020 (41%) and 2021 (48%). Their findings highlight the ongoing need to support psychologists as they care for their clients. Both individual-level and organisational-level interventions targeting key factors contributing to burnout may serve as potential treatment and prevention strategies (Lin, Meron, & Stamm, 2023).

Early studies of burnout focused on collecting descriptions of the symptoms associated with the condition. Most of these studies were empirical and did not attempt to establish a theoretically grounded definition. In a review on burnout Edú-Valsania, Laguía & Moriano (2022) indicate that regardless of whether the concept of burnout developed by S. Maslach and S.E. Jackson continues to remain widely recognised, in the scientific literature you can find other interpretations of this phenomenon. One of the examples is the reinterpretation of the approach of M. Salanova and others, who introduced several new elements into the burnout model: *exhaustion*, which is associated with crises in the relationship between the employee and his work; *psychic distance*, which includes a cynical attitude towards work itself and depersonalisation in relations with those with whom or for whom they work; as well as *professional inefficiency*, which manifests itself in the feeling of not being able to adequately fulfill duties and the feeling of incompetence at work (Edú-Valsania, Laguía, & Moriano, 2022).

Classical symptoms of burnout include affective reactions, such as gloominess; tendency to tears; fluctuating mood; exhaustion of emotional resources, as well as cognitive symptoms, such as feelings of hopelessness; rigidity of thinking; cynicism; alienation in relationships with colleagues and clients; and stereotyping. These symptoms are often accompanied by physical health complaints typical of stress, such as headache, nausea, dizziness, anxiety, and insomnia. Burnout

syndrome manifests itself in situations of constant stress, especially when a person finds himself in new, unfamiliar circumstances in which he must demonstrate high productivity (Shevchenko & Yermakova, 2021). In the context of global changes associated with the transition to remote work during the pandemic and the Russian-Ukrainian war, the problem of emotional burnout of psychologists is very relevant.

The article aims to study the psychosomatic, psychological, and neuropsychological characteristics of emotional burnout of a psychologist-consultant.

2. Methods

The literature for the last 5 years on this topic was analysed. Several databases were used to select relevant materials, including APA PsychNet, Google Scholar, Scopus, and Web of Science. During the search, the focus was placed on the following keywords "emotional burnout", "psychosomatics", "psychologist", and "risk factors", as well as their English equivalents "emotional burnout", "psychosomatics", "psychologist", "risk factors".

The method for determining the level of emotional burnout by V. Boyko and the test "Determination of mental burnout" by O. Rukavishnikov (adapted for the Ukrainian mentality and reality) were also used (Koniakhina et al., 2016).

3. The results

Life without emotions becomes pale and monotonous. A person's feelings can range from joy to anger, from surprise to disappointment, from grief to love, hatred, and admiration. In this context, negative emotions can accumulate in the body, which causes emotional stress and can lead to chronic stress. Over time, a person's emotions are exhausted, and he feels empty. This process can lead to emotional and professional burnout.

Boyko V.V. (Koniaieva & Hurovych, 2022) describes emotional burnout as a mechanism of psychological protection, in which a person excludes or limits his emotions as a reaction to psychological stress. A. Pines and E. Aronson consider emotional burnout as a condition that includes physical, emotional, and mental exhaustion. D. Dierendonck and W. Schaufeli (Assonov, 2021) believe that burnout includes two aspects: exhaustion (affective component) and depersonalisation (cognitive component). According to C. Maslach and S. Jackson, burnout consists of three parts: emotional exhaustion, depersonalisation and reduced achievement (Vivolo, Owen, & Fisher, 2022). As for B. Parman and E. Hartman, they consider burnout as a phenomenon that includes emotional exhaustion, depersonalisation of professional activity, depersonalisation of persons involved in professional activity, and a decrease in personal achievements (Assonov, 2021). Emotional burnout is also interpreted as a state of physical and psychological discomfort.

The syndrome of emotional burnout is not uncommon in Ukrainian society, especially during the psycho-traumatic challenges of the Russian-Ukrainian war. Often a person spends more emotions than he receives, causing his life to become gray and boring. An individual can feel indifference to people around him, who seem to offer nothing new. He can be aggressive or completely indifferent to others.

As for the professional burnout of psychologists, it is a state of exhaustion of nervous, mental, and physical resources that causes a strong reluctance to work. Professional burnout of psychologists can manifest itself in the form of depression, feeling tired and exhausted, lack of energy and interest, loss of ability to see positive results of their work with clients, negative attitude towards their work in general (Vivolo, Owen, & Fisher, 2022).

If the psychologist does not enjoy his work or it does not bring positive emotions, the risk of burnout increases. Unhappiness at work can be a source of chronic stress, which is a key factor in burnout.

Emotional burnout of psychologists occurs when negative emotions accumulate inside a person (constant concern for own safety and the safety of loved ones, an increase in the flow of clients who have undergone psychological deformation as a result of military operations, a constant

situation of uncertainty, etc.) without proper "release" or "discharge". This leads to the exhaustion of emotional, energetic and personal resources of the psychologist. As a result, the psychologist becomes indifferent to everything. Instead of compassion for clients and others, the feeling of empathy is deformed or disappears altogether, making the psychologist a "cynic". It also changes the psychologist's attitude not only to clients, but also to colleagues, family, when a wave of aggression and contempt falls on innocent people.

Unfortunately, emotional burnout syndrome is common among psychologists, but not all of them take the necessary measures to prevent or treat it. Also, many of them are not even aware of the presence of this syndrome, and attribute its symptoms to simple fatigue.

A psychologist's burnout syndrome can develop as a result of long-term interaction with a large number of people, requiring him to constantly show various emotions that often do not correlate with his internal state (Koniaieva & Hurovych, 2022). Especially in the conditions of the pathological and destructive effects of war on the personality in general and on the personality of the psychologist in particular, the psychologist sacrifices his personal needs for the sake of professional duties (in these periods the flow of clients increases and such an option as "psychological volunteering" appears), forgetting about his life and his family, which is an incorrect approach.

Scientists indicate the following reasons for emotional burnout of a professional in the "person-person" system:

– *high load* – constant stress and overload due to intensive work or a demanding schedule can exhaust the emotional reserve (Lin, Meron, & Stamm, 2023);

– *unfavourable socio-psychological climate* – unfriendly or conflictual relations with colleagues, injustice or lack of support can cause feelings of distance and dissatisfaction (Koniaieva & Hurovych, 2022);

– *lack of adequate remuneration* – insufficient recognition, material or moral reward for the work invested can lead to a feeling of dissatisfaction and infertility (Oliinyk, Chaplyk, & Timchenko, 2022);

– *a crisis of values* – a gap between personal values and the goals and objectives of the organisation, society, and country can create a feeling of disappointment and senselessness of the work performed (Popeliushko, 2021).

The consequences of burnout can be manifested both in psychosomatic disorders (a group of disease states arising from the interaction of mental and somatic factors and manifested as somatic manifestations of mental disorders or the development of somatic pathology under the influence of psychogenic factors), and in psychological changes, including cognitive, emotional and motivational-instructional changes of personality. People suffering from burnout usually have a combination of psychopathological, psychosomatic and somatic syndromes. Chronic fatigue, cognitive dysfunction, sleep disturbances and personality changes can often be observed. An anxiety or depressive disorder, as well as dependence on psychoactive substances, may develop.

Psychosomatic disorders can be caused by various factors, which include (Oliinyk, Chaplyk, & Timchenko, 2022):

– personal qualities of a destructive nature, that is, negative personal traits, such as perfectionism, tendency to stress, anxiety, low self-esteem, can increase the risk of developing psychosomatic diseases;

– difficulties in building interpersonal relationships, i.e. problems in relationships with surrounding people, including conflicts, insufficient support and negative relationships, can affect psychological state and health;

– psychological injuries manifested through the experience of traumatic events, such as violence, loss of a loved one, emotional or physical abuse, can lead to disorders that affect physical health;

– conflicts and conflict situations in personal life, work environment or social environment can contribute to the development of psychosomatic diseases;

– negative emotions, such as stress, anxiety, depression, anger, can affect physical health and contribute to the development of psychosomatic symptoms.

These factors can interact and reinforce each other, contributing to the development of psychosomatic diseases. Therefore, prevention and management of stress, improvement of relationships and maintenance of psychological well-being can be useful for maintaining the physical and mental health of a professional in the "person-person" system.

Scientists include the following as psychophysical symptoms of psychologist burnout:

– a constant feeling of fatigue, not only in the evening, but also in the morning;

– emotional and physical exhaustion;

– decrease in susceptibility and reactivity to changes in the external environment;

– general weakness, decreased activity and energy, deterioration of biochemical and hormonal indicators of blood;

– frequent unexplained headaches, constant disorders of the gastrointestinal tract;

– a sharp decrease or increase in weight;

– complete or partial insomnia;

– a constant stiff, lethargic state and a constant desire to sleep during the day;

– shortness of breath during physical or emotional stress;

– a noticeable decrease in external and internal sensory sensitivity: deterioration of vision, hearing, smell, touch, as well as loss of internal bodily sensations (Koniaieva & Hurovych, 2022).

Many scientists and practitioners refer to the socio-psychological symptoms of psychologists' burnout (Edú-Valsania, Laguía, & Moriano, 2022):

– indifference, boredom, passivity and depression;

– increased irritability to trifles;

– frequent nervous breakdowns, which can manifest in the form of sudden outbursts of anger or reluctance to communicate with clients, loved ones, isolation from others;

– a constant feeling of negative emotions for which there is no objective reason;

– a feeling of unfounded anxiety and increased nervousness;

– a constant feeling of excessive responsibility when working with clients and fear;

– a general negative attitude towards own life and professional prospects.

The psyche of a practical psychologist may not withstand due to constant stress, which causes emotional burnout. Stress, in a situation of war that has been going on in our country for more than a year, is a massive release of energy from the body aimed at solving the problems that have arisen. In stressful situations, a person often isolates himself and directs all his forces to overcome challenges, while the body tries to produce additional energy (Van Hoy & Rzeszutek, 2022).

However, when resources are exhausted, psycho-emotional and physical exhaustion awaits the psychologist in this situation. This is how his body signals the need for rest and recovery, which is practically impossible to do fully in the conditions of war. When such a state becomes permanent, then the psychologist will quickly exhaust all his resources, and the periods of exhaustion will last much longer.

In the future, if the psychologist does not take adequate measures to regulate the body's own physiological state, psychosomatic diseases and depressive disorders may develop. Somatic symptoms can occur as the final stage of psychosomatic disorders, while organs that have already been weakened by previous diseases suffer the most.

Emotional burnout of psychologists may first manifest itself in somatic symptoms, and only later psychological disorders may arise. This can complicate the work of medical professionals, who will try to find the cause of problems, and increase the consumption of precious time for treatment.

Emotional burnout occurs when a psychologist is faced with loads that collectively exceed his ability to process them. This is similar to a fracture: the bone cannot withstand the force of a blow or fall.

If a person is in an uncomfortable position for many years, then over time he may develop back pain, and then there may be consequences similar to an acute injury. The psyche works through the integrity of the neural circuits that maintain the stability of emotional reactions, and when these circuits are disrupted due to stress, a person can lose usual internal supports (Boone et al., 2023).

It should also be noted that the neuropsychological basis of burnout is associated with profound changes in brain function that occur due to prolonged exposure to stress factors. The key mechanism that explains this process is the interaction between biological, cognitive, and emotional systems involved in responding to stressful stimuli. One of the main elements of this complex system is the hypothalamic-pituitary-adrenal axis, which plays a central role in the stress response. This system is activated in response to stress and triggers a chain of neurochemical processes that are initially aimed at mobilising the body's resources to adapt to adverse conditions.

When a person is exposed to short-term stress, this system works efficiently, providing a temporary boost of energy and focus. However, under conditions of chronic stress, the hypothalamic-pituitary-adrenal axis remains constantly activated, which leads to the accumulation of stress hormones such as cortisol. Elevated cortisol levels over a long period of time have a negative effect on brain structures responsible for regulating emotions, memory and decision-making. In particular, the prefrontal cortex, which is responsible for cognitive control, analytical thinking and planning, suffers. It gradually loses its ability to perform its functions effectively, which manifests itself as emotional exhaustion, decreased concentration and difficulty making decisions (McEwen, 2007).

In addition, chronic stress stimulates excessive activity in the amygdala, which plays a central role in shaping emotional responses, including fear and anxiety. In a state of constant stress, the amygdala begins to dominate the prefrontal cortex, which contributes to increased anxiety, emotional instability, and a tendency to negative thinking. These changes in neural networks create a vicious cycle, where stress fuels burnout, and burnout, in turn, deepens stress (McEwen, 2007).

Cognitive mechanisms also play an important role in the development of burnout. The constant feeling of burden and responsibility that accompanies many specialists, such as psychologists, creates chronic anxiety about their professional duties and work results. In this context, the brain experiences significant cognitive exhaustion, which further weakens the ability to emotional recovery. This is accompanied by a decrease in motivation, a feeling of powerlessness and a loss of meaning in the performed work (Berezhansky & Grylyuk, 2024).

In addition, chronic stress and the associated emotional exhaustion affect the function of the hippocampus, a structure, responsible for processing and storing memory. With prolonged exposure to cortisol, the hippocampus loses its ability to efficiently encode new information, which can lead to cognitive errors, reduced productivity, and memory impairment.

Ultimately, the neuropsychological mechanisms of burnout are a complex interplay of biological changes, emotional imbalances, and cognitive exhaustion that together create the basis for the development of this condition. Understanding these processes is important for developing effective strategies for preventing and overcoming burnout.

For psychologists working in military and civilian settings, the risk of professional burnout is significantly higher compared to other specialists, since their activities are associated with constant immersion in difficult, often traumatic situations. Daily work with clients who have experienced difficult life trials, including military actions, the loss of loved ones, physical or psychological trauma, requires not only significant emotional involvement, but also the constant use of cognitive resources. The emotional tension that accompanies this process is often exacerbated by the need to remain collected, objective and ready to provide support even in the most difficult situations. While maintaining high professional effectiveness, psychologists are forced to constantly balance between empathy for clients and the need to protect their own emotional state from exhaustion (Novyk & Mazur, 2021).

In such conditions, the use of modern technologies, in particular tools driven by artificial intelligence, opens up new opportunities for supporting the mental health of professionals. Artificial intelligence is able to offer innovative approaches to monitoring and managing psychological state, which help to identify signs of stress and burnout in a timely manner, as well as provide individualised recommendations for overcoming them. For example, specialised platforms can analyse physiological data, such as heart rate, stress level, or sleep quality, and based on these indicators assess the general condition of the body. This allows us to track not only the dynamics of changes but also predict the risks of burnout at the early stages when intervention can be most effective.

Additionally, artificial intelligence technologies can provide psychologists access to interactive programs to reduce stress and improve emotional regulation. Such programs can include adaptive relaxation techniques, breathing exercises, or cognitive-behavioural approaches that are customised to the needs of a particular user. For example, in case of strong emotional stress, a psychologist can use a program that conducts dynamic meditation or offers exercises to strengthen attention and concentration. There are several mobile applications, such as Memorado, Freedom, Forest, Lumosity, etc., that use artificial intelligence to train the brain, and develop memory, logic, attention, etc. The use of such applications helps to increase concentration and productivity, allowing users to stay focused on important tasks. It is worth noting that although these applications do not completely replace professional meditation or cognitive training methods, they can be useful tools for daily practice and maintaining mental health (Danilova, 2018).

The implementation of artificial intelligence is of particular note in military settings, where psychologists often work in an environment of increased risk and constant tension. Military personnel often face complex emotional experiences arising from participation in combat, loss of comrades, and physical and psychological trauma. In such cases, openness about their experiences may be accompanied by fear of stigmatisation or fear of losing their professional reputation. The use of technologies controlled by artificial intelligence allows for ensuring confidentiality and providing individualised psychological support in an interactive format.

Such platforms can include a wide range of tools for emotional regulation, including interactive self-reflection sessions, meditation programs, and modulated exercises using cognitive behavioural therapy methods. The use of artificial intelligence allows for the analysis of behavioural patterns and the level of emotional stress, which provides the opportunity to personalise recommendations and intervention programs. For example, Associate Professor of the O.O. Bogomolets National Medical University, Vadym Terentyuk, noted that virtual reality therapy in medical institutions of Ukraine is free of charge for military personnel and veterans, and the legislation on digital tools in healthcare is progressive: "Both the concept of the development of electronic healthcare from 2020 and the strategy for the development of telemedicine from 2023 contain instructions on the use of the latest technologies, including VR and artificial intelligence" (Ampilogova, 2024).

For civilian psychologists working in less extreme but still stressful environments, an important aspect is the implementation of workload management tools (Trello, Google Calendar, "My Tasks", etc.) and achieving a balance between professional and personal resources. Civilian practice often involves a tight schedule, a large volume of clients, and the need to maintain high concentration and emotional sensitivity throughout the working day. In such cases, artificial intelligence can serve as an effective assistant in planning working hours, analysing the level of workload, and creating recommendations for organising work. For example, specialised programs (Motion, Sidekick AI, MinimaList, etc.) can monitor the psychologist's schedule, warning about exceeding the permissible level of work without rest, and remind about the need to include activities for emotional and physical recovery in the schedule.

The neuropsychological approach emphasises the importance of maintaining the functional integrity of the brain, which largely depends on the state of cognitive and emotional systems. Regular rest, physical activity, and measures aimed at emotional recovery are critical to ensure the

normal functioning of the prefrontal cortex, responsible for decision-making, planning, and self-control (McEwen, 2007). Artificial intelligence can play a significant role in supporting this process, providing a timely diagnosis of signs of cognitive overload. For example, platforms for monitoring physiological indicators (Whoop, Oura Ring, Biostrap, HeartMath, Empatica Embrace2, etc.), such as cortisol levels or heart rate variability, allow for rapid response to changes in the state of the nervous system and provide individualised recommendations for intervention.

Thus, the use of AI-driven tools creates unique opportunities for integrating modern technologies into psychological practice. This not only contributes to improving the quality of work but also helps psychologists effectively balance professional responsibilities and personal life, maintaining emotional stability and a high level of professional effectiveness, which is critically important in both military and civilian settings.

Let's consider the process of emotional burnout of psychologists, based on J. Greenberg's five-stage model of emotional burnout (Assonov, 2021).

1. *The initial stage of emotional burnout.* This is the moment when the psychologist experiences great success in his work (the flow of clients increases as a result of growing anxiety, uncertainty, internal and external anxiety, etc., which Ukrainians feel during the war and hostilities, the psychologist becomes a highly sought-after specialist) and this causes a feeling of euphoria, often described as a "delusion of success." During this period, the psychologist tends to work even harder, hoping to repeat his success or even surpass it, even if this happens to the detriment of his personal life, recreation, or friendship. This stage of burnout can also be described as the "capture" stage when the psychologist is so enthralled with his new work or idea that he is fascinated, and absorbed by it, he is focused only on his project. It is also a time when a person's immune system is mobilised and hardly gets sick. The psychologist experiences a feeling of flight as if he is "flying" and not walking. This could be observed in the first months of the war, when the mental state of the Ukrainian population was characterised by shock, fear, confusion, cognitive dissonance, etc. During this period, psychologists took on the role of "guides", "preventors", "correctors" of the mental state of the population of Ukraine, through posts and educational videos on social networks, group or personal free advisory, corrective and therapeutic assistance to their own social environment, injured military personnel and immigrants.

2. *The second stage of burnout, known as the "work stage" or the "stage of energy deficit",* is characterised by the continuation of the intense work rhythm, although the psychologist already feels fatigued and has a high level of exhaustion. At this point, extra rest can help reduce fatigue. However, if there is no additional motivation or stimulation in the work, the psychologist may feel a loss of interest in his work. This is the stage when the psychologist can quickly restore his working condition, for example, by drinking a cup of coffee or tea. Emotions are muted, and the sharpness of sensations and the freshness of experiences are smoothed out (Vivolo, Owen, & Fisher, 2022). A psychologist can notice that despite the external normality of circumstances, he feels boredom and inner emptiness. There may be misunderstandings with clients, and the psychologist may begin to speak disparagingly of some of his colleagues. Also, friends and relatives may be offended that a person spends less time with them.

3. *The third stage of emotional burnout, known as "exhaustion",* occurs when the psychologist continues to work hard, but the joy of work that was present in the first stages is absent. Work becomes slower and the same tasks take much longer than before. Accumulated fatigue muffles emotions, and it becomes almost impossible to maintain a working state, for example, with the help of strong coffee or tea. The body needs rest, but even if weekends or vacations fail to return a person to working conditions, a feeling of chronic fatigue arises.

At this stage, the mood deteriorates, the psychologist becomes irritable, this irritation often exceeds the reason that provoked it, and it becomes more difficult to control negative emotions in communication with other people, and conflict increases. Positive emotions disappear, a person can become distant in relations with family members, and his emotional spectrum becomes narrowed when almost nothing brings satisfaction or pleasure (Popeliushko, 2021).

During this period, the brightness of emotions is lost, and the emotional background becomes muffled, they say, immersed in anesthesia. Antipathy begins to seep into the presence of customers, sometimes reaching uncontrollable manifestations of irritation. This behaviour of a psychologist can be an uncontrolled response to excessive communication that goes beyond the safe limits of the body. The person may still maintain respectability and certain ambitions, but the eyes no longer sparkle with interest, and the coldness of indifference is increasingly felt in the soul. Optimism and the desire to make long-term plans disappear, and the sense of life's values becomes muted. A person becomes indifferent to everything around them, even to their own life (Voloshyna et al., 2022).

Relationships with loved ones also deteriorate, but it is not just quarrels – it is a deep emotional alienation that narrows the possibilities for restoring emotional energy.

Indeed, within this process, the psychologist may not notice how you move away from loved ones, becoming a distant figure for them. His condition may manifest as anxiety and dissatisfaction, and he may say more and more: "Leave me alone!!!".

A psychologist in this situation may begin to feel that he is undervalued, despite all his efforts and contribution to work. The lack of feedback and recognition of his contribution can cause feelings of dissatisfaction. Conflicts with colleagues may become more frequent, and he may begin to envy and compete with those who, in his opinion, are more successful.

In the third stage of burnout, the psychologist will experience a violation of the balance between what he gives and what he receives. This balance is essential to maintaining his physical and emotional health. As much energy as he puts into work, he should get back as much – in the form of rest, hobbies that he likes, and detachment from thoughts about work.

4. So, *in the fourth stage of burnout, which is known as "crisis" or "devastation",* the effects of prolonged stress are manifested at the level of physical health. A psychologist may begin to experience a variety of physical symptoms, such as insomnia, loss of appetite, heart or stomach problems. The immune system becomes weakened, which can lead to constant ailments and diseases.

In addition to physical manifestations, prolonged and severe depression may occur. Breaks in relationships with loved ones and divorces are not uncommon at this stage. In relation to work, emotional experiences decrease. It may become easier for a psychologist to work, but this work is done mechanically, without a sense of satisfaction or the presence of emotions. This indicates that the psychologist at this stage has already lost emotional connection with work, his emotional burnout has already occurred (Vivolo, Owen, & Fisher, 2022).

This stage of burnout is very difficult and may require serious support and treatment. It is important to turn to other psychologists or psychotherapists ("a psychologist for a psychologist") for help and recommendations for restoring physical and emotional well-being.

In the fourth stage of burnout, the psychologist simply "sits" at work, he tries to finish sessions, training, therapeutic or correctional classes as soon as possible and may even use vacation or take sick leave. Work becomes an unpleasant obligation, and no pleasure is gained from it.

At this stage, there may be a strong desire to change the type of activity or even consider the possibility of stopping work. Work becomes a burdensome obligation, and the attitude towards it turns into a negative one. Sympathy and understanding for other people are lost, and interest in them disappears. A feeling of cynicism and indifference arises (Savchenko et al., 2022).

This indicates that at this stage the psychologist has already lost contact with his clients, colleagues, and others. Emotional burnout has reached such an extent that perception and reaction to social situations become absent or only emulated.

It is important to seek professional help and focus on the process of restoring physical and emotional well-being, as well as to review working conditions and develop self-defense strategies to further prevent burnout.

At the fourth stage of emotional burnout, the psychologist feels neglect towards his clients and believes that these clients themselves deserve their problems. This leads to the professional

unfitness of the psychologist. Additionally, if personal relationships with family, friends, and oneself outside of work are not maintained over an extended period, these relationships do not develop. The psychologist feels a lack of comfort and security, except at work itself. At this point, work becomes a source of negative emotions, and the more work there is, the more feelings of emptiness and loss arise.

Understanding own condition and the negative impact of work on other aspects of life is very important at this stage. A psychologist needs support if he wants to get out of this circle of negativity. Proper management of emotional burnout, including finding a balance between work and personal life, and support from loved ones and professional specialists can help restore psychological and emotional stability (Koniaieva & Hurovych, 2022).

5. At the fifth stage of emotional burnout, which is called "breaking through the wall", physical and psychological problems reach a critical point and can lead to the development of serious diseases that threaten a person's life. At this stage, accumulated stress and exhaustion reach their maximum level, and the body becomes very vulnerable.

Physical health gradually deteriorates, and serious health problems such as heart disease, gastrointestinal disorders, insomnia, and immunodeficiency conditions may appear. The psychological state is also subject to acute deterioration, and prolonged and severe depression, anxiety disorders, and other mental illnesses may develop.

At this stage, the psychologist's emotional burnout becomes critical and requires immediate intervention and treatment. It is important to contact fellow mental health and medical professionals who can provide the necessary help and support. The development of dangerous diseases at this stage indicates the serious consequences of emotional burnout and the need to take urgent measures to restore human health and well-being.

To confirm the above propositions, an empirical study of psychologists' emotional burnout in wartime conditions was conducted. For our study, the method for determining the level of emotional burnout by V. Boyko and the test "Determination of mental burnout" by O. Rukavishnikov, adapted to the Ukrainian mentality and reality (Koniakhina et al., 2016) were used. 54 psychologists from Kyiv and Khmelnytskyi aged 25 to 47 years participated in the experimental study. The study was conducted from June 2024 to September 2024.

According to the method of determining the level of emotional burnout by V. Boyko, all respondents were combined by the number of points scored, both in individual phases and in the total number of points scored. The sample of psychologists was divided into three groups depending on the level of formation of the phases of the syndrome. The first group included those psychologists whose burnout syndrome was fully formed in at least one of the phases. This was determined by a final score equal to or higher than 61. This category included 10 people, which is 18.53% of the total number of participants.

The second group included psychologists whose burnout syndrome was in the stage of formation in at least one phase. For this criterion, cases were taken into account when the final score in a certain phase was in the range of 37 to 60. 26 people were in this group, which is 48.16% of the sample.

The third group included psychologists whose burnout syndrome had not formed. This means that the final score in any of the phases did not exceed 36. 18 people were in this category, which is 33.31% of the total number of respondents.

Thus, the results show that the largest proportion of psychologists, almost half, belongs to the group in which burnout syndrome is in the stage of formation. Despite this, a significant number of people, about a third, do not have signs of the syndrome, while in a minority, which is slightly less than a fifth, the syndrome has already formed in at least one phase.

Table 1 presents the results of studies on the degree of psychologists' emotional burnout.

Table 1. Results of diagnostics of the level of emotional burnout of consulting psychologists using the method of V. Boyko

	1 stage of burnout		2 stage of burnout		3 stage of burnout	
	%	*number*	*%*	*number*	*%*	*number*
Traumatic circumstances	3.7	2	11.1	6	3.7	2
Expanding the scope of emotional economy	7.42	4	18.52	10	14.8	8
Inadequacy in emotional response	7.41	4	18.54	10	14.81	8

The data analysis in Table 1 shows that in the "tension" phase, among representatives of both the first and second groups, the most common symptom is "Expansion of the sphere of saving emotions". This indicates that psychologists of these groups are significantly affected by psychotraumatic factors. As a result of such influences, there is a gradual accumulation of tension, which manifests itself over time in the form of despair and indignation.

The situation, which these psychologists perceive as insoluble, creates favorable conditions for the further development of burnout syndrome. In this context, the dominance of the specified symptom demonstrates how profound the consequences of constant stressful effects on the emotional state are. Constantly being in a state of tension can cause emotional exhaustion and reduce the ability to interact effectively both in professional activities and everyday life.

The data are more clearly shown in Figure 1.

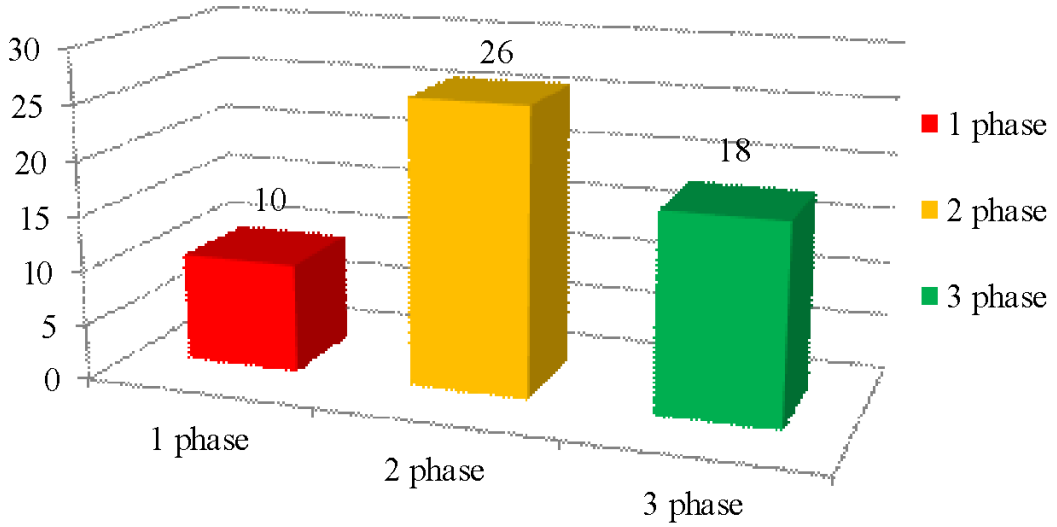

Figure 1. Number of psychologists by phases of emotional burnout

The study shows that the feeling of "self-dissatisfaction" occurs only in a small part of psychologists of the first and second groups, accounting for 5.2% and 2.6%, respectively. This indicates that the majority of the psychologists studied are not prone to deep dissatisfaction with themselves in their professional activities or due to specific circumstances at the workplace. At the same time, 45.4% of psychologists in all three groups have this symptom at the initial formation stage. This indicates the beginning of the "emotional transfer" mechanism when the accumulated energy of emotions is directed not to the outside world, but to own personality. This state manifests itself in excessive internalisation of duties, increased conscientiousness, and an increased sense of

responsibility. Such emotional processes contribute to increased tension and can become a trigger for psychological protection in the subsequent stages of burnout syndrome.

The symptom of "being trapped" is common among the representatives of the first two groups, where it was formed among 25.4% of psychologists, and the same number of psychologists have it in the process of formation. This symptom indicates a feeling of intellectual and emotional stagnation or a dead end, which may be a consequence of organisational shortcomings, monotony of daily tasks, or other factors. In the third group, similar manifestations are not recorded at all, which indicates the absence of this symptom among representatives of this category of psychologists.

As for the symptom of "anxiety and depression", it was formed in the first group in a significant part of the studied psychologists, reaching 22.4%. This indicates that these people are in a state of high tension, which is expressed in the experience of both situational and personal anxiety, as well as in disappointment in professional activities. Such a state signals the beginning of resistance to stress factors and the formation of emotional defense. In the second group, this symptom is expressed to a lesser extent and is observed among 20.6% of psychologists. In the third group, the symptom of "anxiety and depression" is absent in its established form, and its appearance is observed only in a small number of individuals (about 5.1%).

As a result, the "tension" phase was fully formed among 27.4% of the psychologists studied. Another 30.2% of respondents are at the stage of forming this phase, while 42.4% of people have no manifestation of this phase at all. These results reflect the varying degrees of emotional tension among the psychologists studied.

In the "resistance" phase, the most pronounced symptom is a phenomenon that can be described as "expanding the sphere of emotional economy". This manifestation was recorded among 40.74% of the psychologists studied. A similar form of protection is manifested outside the boundaries of professional activity, in particular in interaction with close people, such as relatives or friends. In the workplace, such psychologists try to adhere to established norms and standards of behaviour but in the home environment, they may show a tendency to alienation or even aggressive rejection of the environment.

The second most frequent manifestation in this phase is a symptom characterised as "inadequate emotional response". Its presence was detected among 40.72% of respondents. This group consists of 7.4% of people in the first group, 18.51% – in the second, and 14.81% – in the third. The occurrence of this symptom indicates that the specialist is gradually losing the ability to distinguish between moderate emotional self-control and selective, but inadequate emotional response. As a result, the economy of emotions turns into a distorted form, which significantly limits the emotional response in work contacts. A person considers such behaviour acceptable but his interlocutors often notice something completely different: emotional coldness, indifference, and lack of respect for the individual.

The third most pronounced symptom is one that can be described as a "reduction of professional duties". This manifestation was recorded among 25% of psychologists of the first and second groups (in particular, 22.4% of them belong to the first group, and 2.6% – to the second). In the third group, the symptom was detected in 17.6% of psychologists, among whom 5% belong to the first group, 7.4% – to the second, and another 5.2% – to the third. Such behaviour indicates a desire to reduce or simplify professional tasks that require significant emotional costs.

The least pronounced among the manifestations in this phase is the symptom characterised as "emotional-moral orientation". It was detected in 17.6% of psychologists, and all of them belong to the first group. At the same time, this symptom was formed in 22.4% of psychologists in general, among whom the distribution is as follows: 5.1% fall into the first group, 7.2% – into the second, and another 5.1% – into the third. Psychologists who manifest this symptom are characterised by a tendency to depend on their own mood and personal preferences, which affects the quality and performance of their professional duties.

In the "exhaustion" phase, the dominant symptom can be defined as "personal detachment". This manifestation occurs in 27.4% of the respondents, who belong exclusively to the first group.

However, the formation of this symptom is observed in almost the same number of workers in general – 25.3%. Among them, 7.6% belong to the first group, 12.6% – to the second, and 5.1% – to the third. The main sign of this symptom is a gradual loss of interest in the client with whom professional interaction is carried out, which is clearly manifested during communication.

Another significant manifestation in this phase is a symptom associated with "psychosomatic and psychovegetative disorders". Its presence was detected in 25.2% of respondents, among whom the majority belong to the first group (22.4%), and the rest – to the second (2.8%). In general, this symptom was recorded in 30.2% of psychologists, which also includes only representatives of the first and second groups. In the breakdown, 12.6% belong to the first group, and 17.6% – to the second. It is worth noting that in the third group, this symptom was not observed at all, which allows us to conclude that it is specifically dependent on the characteristics of the first and second groups of psychologists studied.

The symptom, which was called "emotional deficit", was detected in 22.4% of respondents. Among this group, the majority – 20.1% – belong to the first group, and the remaining 2.3% – to the second. In the third group, this symptom did not manifest itself. Its essence lies in the emergence of a psychologist's feeling of his own inability to provide emotional support to the subjects of professional activity. Such people begin to lose the ability to understand and empathise with their clients or colleagues. This causes internal discomfort, the increase of which becomes obvious when positive emotions appear less and less often, and negative ones – more and more often. Manifestations of this state can include irritability, rudeness, or even offensive behaviour, which are clear indicators of the deepening of the "emotional deficit".

The least pronounced symptom among those analysed is "emotional detachment", which was recorded in 17.6% of respondents, all of whom belong to the first group. In general, the symptom was formed in 30.2% of psychologists, among whom 17.4% are representatives of the first group, 10.2% – the second, and 2.6% – the third. This symptom is manifested in the almost complete exclusion of emotions from professional activities. Psychologists who experience this state demonstrate indifference to both positive and negative circumstances. Events that would previously have caused an emotional response now remain emotionally neutral for them. Such behaviour indicates a serious loss of emotional involvement in the professional process, which can affect not only the psychologists themselves, but also their environment.

In general, we can say that the "exhaustion" phase as the final stage of the emotional burnout syndrome was fully formed in 27.4% of respondents. Another 22.7% of psychologists are in the process of developing this condition. At the same time, 49.9% of psychologists do not show signs of this phase, which indicates their relative resistance to emotional burnout.

Analysing the overall picture, we can conclude that the largest number of psychologists studied is in the second phase of the emotional burnout syndrome – the phase of "resistance". It is important to note that for half of the respondents who are not prone to emotional exhaustion, conducting the targeted corrective work can play a key role in overcoming the negative manifestations of the syndrome. This will allow a significant part of psychologists not only to cope with existing difficulties but also to prevent the deepening of crisis states in the future.

According to the method "Definition of mental burnout" by O. Rukavishnikov, it was found that the distribution of consulting psychologists by the level of emotional burnout index values indicates the presence of five main groups. The first group includes four respondents, making up 7.42% of the total number, and is characterised by extremely low values of the emotional burnout index. This group demonstrates a high level of resistance to professional burnout, which may be related to both their personal qualities and the characteristics of working conditions.

The second group also includes four psychologists, who make up the same 7.42% but they have low values of the emotional burnout index. Although these psychologists show certain signs of stress, they are still able to effectively perform their professional duties without a significant impact of emotional stress on their activities.

The third group also includes four respondents (7.42%), who demonstrate an average level of emotional burnout index values. This category is a kind of transitional stage between resilience and a tendency to emotional exhaustion, which indicates a certain vulnerability of these psychologists to professional stress.

The fourth group was the largest, comprising 36 respondents or 66.62% of the total. These psychologists are characterised by high values of the emotional burnout index. This group is characterised by a significant level of emotional stress, which, probably, has a serious impact on the quality of their professional activities and general well-being. This indicates the need for urgent measures aimed at supporting their emotional state.

The last, fifth group consists of six respondents, or 11.12%, who demonstrate extremely high values of the emotional burnout index. This category requires the most attention because the psychologists included in it are in a critical state of emotional exhaustion, which can significantly complicate their professional activities and harm both themselves and their environment.

Table 2 presents the results of a study of the degree of consulting psychologists' emotional burnout.

Table 2. Results of a study of consulting psychologists using the method "Determination of mental burnout" by O. Rukavishnikov

	Very low values	Low values	Average values	High values	Very high values
% psychologists	7,42	7,42	7,42	66,62	11,12
Number of psychologists	4	4	4	36	6

Thus, the analysis of the distribution of consulting psychologists by the level of the emotional burnout index indicates that a significant part of the specialists ended up in the group with a high level of this indicator. This situation is alarming and indicates the serious emotional pressure that psychologists are exposed to in their professional activities. Constant contact with clients who need emotional support, as well as the need to maintain empathy and a deep understanding of other people's problems, create conditions for the accumulation of stress, which can lead to burnout.

More clearly, the data are shown in *Figure 2.*

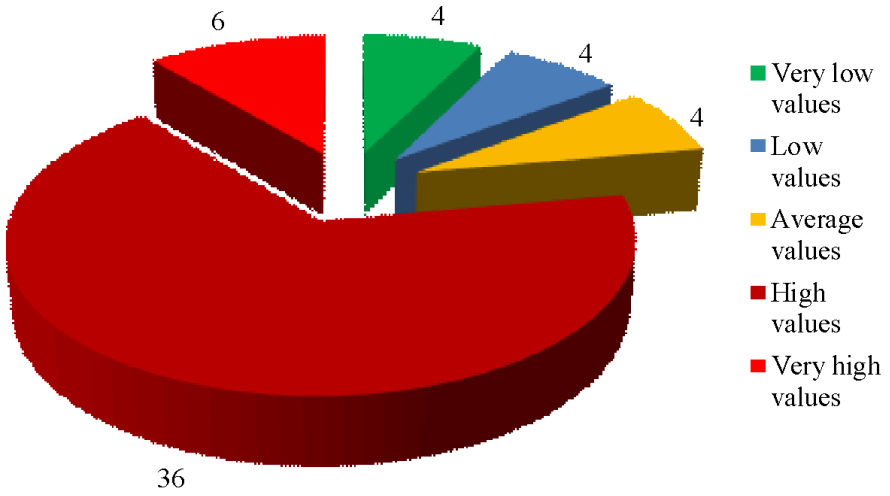

Figure 2. Number of consulting psychologists by phases of emotional burnout

The predominance of consultants in the group with a high level of emotional burnout indicates the need for a systematic approach to preventing this phenomenon. In particular, it is worth paying attention to the organisation of working conditions that could provide specialists with

regular opportunities for rest and recovery. It is also important to implement psychological support programs for consultants themselves, which will allow them to process their own emotions and reduce the level of accumulated stress.

It should also be noted that reducing the level of emotional burnout has a direct impact on the quality of psychologists' work. Exhausted and emotionally overloaded specialists cannot always provide their clients with the necessary level of support, which, in turn, can affect the effectiveness of counseling or therapy. Therefore, ensuring the emotional well-being of consultants is not only a matter of their resilience but also a critically important aspect of professional ethics and work efficiency.

Thus, the results obtained indicate the importance of implementing comprehensive measures aimed at reducing the level of emotional burnout among consulting psychologists. These may include stress management training, regular supervision, creating a favourable working environment, and encouraging the use of own resources for emotional recovery. The implementation of these measures will contribute not only to increasing the resilience of specialists to professional challenges but also to improving the quality of their work, which will positively affect the results of client counselling.

The results of the empirical study also demonstrate that the prevention of psychologists' psychosomatic diseases and related conditions needs the most attention. It is much easier to prevent a disease than to cure it. Experts agree that most diseases have their roots in early childhood. Each case requires an individual approach, including adjustment and training of willpower.

Some specialists note that to prevent psychologist's professional burnout, it is necessary to follow such recommendations as (Koniaieva & Hurovych, 2022; Popeliushko, 2022; Vivolo, Owen, & Fisher, 2022; Van Hoy & Rzeszutek, 2022; 2023):

– it is necessary to distribute the workload, i.e. more efficiently plan and distribute work tasks, which in turn will help to avoid overload and reduce stress;

– to switch to different types of activities (providing variety in work helps to reduce monotony and fatigue);

– to treat conflicts more constructively, that is, the development of constructive communication skills and the resolution of conflicts with clients and colleagues will contribute to the improvement of the psychologist's working environment;

– adhere to realistic expectations, this involves accepting the fact that no one can be perfect in everything (stable assistance to each client, solving the client's problem in the fastest possible period, following all the latest psychological technologies and mastering them, etc.), will help the psychologist to reduce excessive pressure and requirements for himself.

The presence of signs of a psychologist's psychosomatic diseases can negatively affect his professional activity. Therefore, it is important to avoid overloading and safety violations during mental work (counselling, therapy, correction, etc.). It is necessary to observe regular breaks between sessions (and in some cases especially to increase the rest time between consultations), to ventilate the working space, to say "NO" to "toxic" clients immediately, and not after several sessions. These simple measures will help reduce the risk of developing psychosomatic diseases and improve the overall health of the psychologist.

In addition, it is important to ensure a balance between work and personal life. Regular rest, hobbies, and maintaining close relationships with family, friends, and oneself will help a psychologist maintain emotional balance during wartime and maintain mental and physical health. Prevention of psychosomatic diseases requires a comprehensive approach, which includes understanding the importance of emotional well-being and self-protection, as well as maintaining healthy habits and a daily routine. In wartime, this approach will undergo deformation, as it is difficult to take into account the uncertainty and extremity of wartime.

Prevention of psychologist's psychosomatic diseases through the work with the body is extremely important. Insufficient physical activity of a psychologist and a sedentary lifestyle can contribute to the development of neuroses, psychoemotional disorders, and psychosomatic diseases.

Therefore, it is important to review motor stereotypes and change them if necessary (Vivolo, Owen, & Fisher, 2022).

The gradual introduction of exercise can be an effective approach. For example, start walking more or visit the gym. It is important to explore preferences and find types of physical activity that bring pleasure. Regular activities that bring joy have the greatest potential for benefit.

It is also important to avoid chronic muscle tension and blocks, which can negatively affect the general condition of the body. This can be achieved through regular remedial massage or muscle relaxation exercises that can be done on your own. It is important to listen to your body and pay attention to signs of tension, doing everything possible to remove them and relax.

In general, maintaining physical activity and a healthy state of the body for a psychologist during the war is an important aspect of psychosomatic diseases' prevention. Regular exercise and proper movement will help maintain energy, reduce stress, and improve overall well-being.

Working with the psyche is also extremely important for maintaining psycho-emotional health and disease prevention. Inner awareness and understanding of own feelings are key components of this process. The more a psychologist is developed in these aspects, the better he is able not to accumulate negative emotions (Koniaieva & Hurovych, 2022).

Many people believe that establishing the cause of an illness is enough but the real result comes only when a person is aware of all the ideas, attitudes, structures, and states that make up the diagnosis. For this, it is important to think over the algorithm for solving each item.

It is known that the psychological component has a significant impact on the disease, and sometimes it can be the main cause. Although medication can have some effect, it is temporary in nature. Therefore, it is necessary to "dig deeper" and clarify the state of mind. For this, cognitive behavioural therapy is an excellent approach. A psychologist can master it on his own or work with his "own" psychologist or psychotherapist. This therapeutic technique allows to identification of maladaptive thinking patterns that can be the cause of psychologists' psycho-emotional disorders. Regular work on yourself will help gradually change these patterns, replacing them with more healthy and adaptive ones.

It is important to remember that working on the psyche is a process that requires time, perseverance, and self-discipline.

Treatment of psychosomatic diseases really requires a comprehensive approach. Since symptoms can change under the influence of stress, it is important to consult a specialist to rule out organic diseases (Assonov, 2021). Once organic causes have been ruled out, it's time to focus on lifestyle and mindset.

When assessing lifestyle, a psychologist should pay attention to factors that can contribute to stress, such as regular lack of sleep (as a result of nightly threats of rocket attacks and drones), unhealthy diet, insufficient physical activity, and rest. Employing self-help strategies such as relaxation exercises, meditation, regular physical activity, and scheduling time for rest can be helpful (Boone et al., 2023).

If independent methods do not help to overcome stress and the symptoms of psychosomatic diseases, it is recommended to consult a psychologist or psychotherapist colleague. They can help identify and develop an individualised treatment plan based on an understanding of the psychological factors that contribute to the disease. Psychotherapy can include different approaches, such as cognitive-behavioural therapy, psychodynamic therapy, or interpersonal therapy, depending on the individual's needs and problems.

4. Discussion

The contention that "psychosomatics" can create a vicious circle, where illness reinforces feelings of helplessness, and helplessness, in turn, contributes to the development or exacerbation of illness remains controversial. In this case, it is extremely important to empirically verify the genesis, development process, classification criteria, parameters, and types of this circle. The

process of overcoming should be focused on the application of an active strategy of overcoming life's difficulties as an individual.

In the case of psychosomatic diseases, drug treatment is often necessary but it is worth noting that antidepressants alone do not solve the problem. Psychotherapy (psychoanalysis, CBT, logotherapy, hypnotherapy, etc.) is the basis for correction of psychosomatic conditions but this process can take a long time. To speed up recovery, psychologists recommend combining psychotherapy with elements of massage and physical exercises.

In the minds of people who are far from medicine, psychosomatic disorders can cause disrespect or seem frivolous, and patients – are just simulants. However, it is important to understand that psychosomatic illnesses are real problems that require adequate understanding, support, and treatment.

General attention to mental and physical health, regular self-examination, and taking the necessary measures to support psychological well-being can help prevent or reduce the risk of psychosomatic diseases.

It is the right attitude to the disease, awareness of its neurotic nature, and timely help from a psychologist or psychotherapist that can help get rid of the disease that has troubled a person for many years. Illnesses that are psychosomatic in nature are often associated with emotional stress and stress, which, in combination with military operations and their impact on the psyche of the psychologist-consultant, greatly accelerate the process of the emergence of the "psychosomatic circle".

Therefore, in stressful situations (experienced by every resident of Ukraine, during the 16 months of the war) and under the influence of emotional burnout (overloading of the psychologist by clients – "victims" of the Russian-Ukrainian war), a person may feel the need to withdraw into himself and direct all his energy to overcoming difficulties. However, when resources are exhausted, the body signals the need for rest and recovery. If these recovery states do not occur and are repeated regularly, then the psychologist-consultant becomes exhausted more quickly, and the periods of exhaustion become longer. As a result, without adequate measures to regulate the physiological state of the body, psychosomatic diseases, and depressive disorders may develop. Somatic symptoms in this context act as the final link in the scheme of psychosomatic disorders.

There is also a question for every Ukrainian in this difficult time for our country about the importance of realising and implementing rest, restoring and maintaining psychological well-being to preserve the body's own resources and prevent the development of psychosomatic diseases. In this aspect, collaboration with professionals such as a psychologist or a psychotherapist can help understand and overcome mental factors that affect physical health.

5. Conclusions

Emotional burnout can have a significant impact on the physical and mental health of psychologists, especially in wartime environments where they are exposed to stress, violence, distress, and trauma of their clients. This condition can contribute to the emergence of psychosomatic diseases.

Emotional burnout occurs as a result of long-term emotional and psychological stress, which can be associated with excessive exposure to human suffering, the horrors of war, constant domestic and professional stress, excessive responsibility, and an extraordinary amount of work. This negative state can lead to the depletion of emotional reserves and a feeling of powerlessness, which can affect physical health.

Psychosomatic diseases are physical manifestations of psychological problems and stress. In the conditions of war, when psychologists work with stressful situations, psychosomatic symptoms can be aggravated due to constant stress, emotional strain, and the inability to restore energy and internal reserves.

The main conclusions regarding the influence of emotional burnout on the occurrence of psychosomatic diseases of a psychologist in war conditions are:

1. Psychologists working in military settings are at increased risk of emotional burnout due to high levels of stress, emotional strain, and awareness of the suffering of their clients.

2. Emotional burnout can lead to a decrease in emotional stability, a decrease in self-esteem, and a loss of interest in work, which complicates the effectiveness of psychological practice.

3. Emotional burnout can have physical consequences for psychologists, including sleep problems, decreased immune systems, gastrointestinal disorders, cardiovascular disease, and other psychosomatic manifestations.

4. It is important that psychologists working in military settings take care of their physical and mental health, engage in self-defense, and use self-regulation strategies such as meditation, exercise, psychotherapy, and peer support.

5. Organisations that provide psychological care in wartime conditions must take into account the risks of emotional burnout and provide adequate conditions for the self-protection of psychologists, including psychological support, periodic leaves, and stress management training.

Given these findings, it is important to create an enabling environment for psychologists working in war settings to prevent emotional burnout and reduce the risk of psychosomatic illness. Support from colleagues, access to psychological support, and self-care can be effective strategies for maintaining the psychologists' physical and mental health in such challenging environments.

Prospects for further research on the impact of emotional burnout on the occurrence of psychologist's psychosomatic diseases in wartime may include the following aspects:

1. A detailed study of the relationship between the level of emotional burnout and the occurrence of specific psychosomatic diseases. Understanding which physical manifestations may be associated with emotional burnout will help develop more precise and specialised approaches to prevention and treatment.

2. Study of risk factors that can increase the impact of emotional burnout on psychosomatic diseases in war conditions. These can be factors such as the duration of the military conflict, the intensity of violence, the level of support, and access to psychological help. Understanding these factors will help to identify the main aspects that should be addressed to improve the health of psychologists.

3. Development and evaluation of effective strategies for the prevention and treatment of emotional burnout and psychosomatic diseases among psychologists in military conditions. This may include self-care programs, stress management skills training, psychological support, and other interventions aimed at reducing the impact of stress and restoring psychophysical well-being.

4. Study of the role of the psychosocial environment in increasing the risk of emotional burnout and the development of psychosomatic diseases among psychologists. This includes analysing the organisational culture, workload, level of support from colleagues and management. Understanding these factors will help create a more supportive environment for psychologists working in war settings.

5. Research of the effectiveness of individual and collective strategies for resisting emotional burnout and psychosomatic diseases, in particular, taking into account the peculiarities of the psychological support of people in military conflicts.

6. Research into the specifics of the neurobiological mechanisms of burnout, such as dysregulation in the hypothalamic-pituitary-adrenal axis or changes in brain regions such as the amygdala or prefrontal cortex.

7. Research into the potential of AI in monitoring and managing stress and burnout.

These lines of research will help to gain a deeper understanding of the problem and develop more effective prevention and support strategies for psychologists working in war environments to preserve their physical and mental health.

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