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Counselling and Psychological Support for Mental Health Professionals in Wartime: A Neuroethical Perspective

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Abstract: *This article analyses a unique set of challenges faced by psychologists and psychotherapists during wartime – specifically, neuroethical dichotomies that threaten their professional and personal integrity. Central to the discussion are internal conflicts: between empathy and analytical thinking, humanism and the dehumanisation of the enemy, and the breakdown of moral codes under the pressure of war. The authors adopt a synergistic methodological approach, integrating neuroscience, ethics, andragogy, psychotherapeutic practice, and an analysis of current warfare. Within this framework, they propose a typology of neuroethical "splits," including burnout versus resilience and self-preservation versus self-sacrifice. These dichotomies form a new epistemological field that highlights the professional vulnerability of mental health practitioners. Building on this analysis, the article introduces a framework for neuropsychological support. It also presents five original models of co-counselling, namely, "Ethical Pendulum," "Neuroreset," "Moral Landscape," among others. Ultimately, the article demonstrates that the psychotherapist in wartime is not only a helper but also a bearer of the ethical front – someone who requires specialised support through neuroethical integration. As such, this study contributes to the emerging field of applied neuroethics in humanitarian contexts.*

Keywords: *supervision; empathy; neuroethical dichotomies; ethical pendulum; neuroreset; self-destruction; AI-assisted supervision.*

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1. Introduction

During armed conflict, the emotional and professional pressure affects not only the civilian population but also those who assist, including volunteers, medical workers, psychologists, and psychotherapists. Even though these specialists are trained to operate under stress, they are also exposed to traumatic events. Similar to their patients, they face ethical dilemmas and experience existential crises.

Several key factors determine the relevance of this particular problem. First, there has been a marked increase in professional burnout among specialists who support combatants. This is especially evident under conditions of instability, constant pervasive life-threatening danger, and the "enemy-as-human" factor (Krauss et al., 2021). Second, moral conflicts are growing in severity. These are often linked to the need to make difficult decisions in ethically ambiguous situations. Third, there is a growing demand for developing a structured and scientifically grounded system of psychological support for psychologists and psychotherapists themselves.

However, the authors of this article believe the deepest (existential) dimension of these challenges lies within the field of neuroethics. The experience of Russia's war against Ukraine shows that psychologists working in wartime face a core neuroethical dilemma. They must maintain a cognitive balance between analytical objectivity and empathetic involvement. At the same time, they are forced to confront moral dissociation, which threatens their sense of identity. This also increases the risk of dehumanising the enemy, who, despite everything, remains a human being.

A similar experience, supported by a comparative analysis of the Ukrainian methodology for psychological support during wartime, underscores its universality and alignment with global trends. For example, following the events of 11 September, the United States introduced integrative mind–body wellness skills programmes. These programmes integrate psychophysiological and cognitive regulation techniques and are designed for both veterans and civilian participants or witnesses (Kahn et al., 2016).

Similarly, an interdisciplinary approach was actively adopted in Israel during the first weeks of the conflict. This included joint therapy sessions and supervision groups for psychologists operating in crisis zones (Taubman–Ben-Ari et al., 2025).

These international models demonstrate the effectiveness of combining cognitive regulation, physiological recovery, and group support. These core elements are also embedded in the author's neuro-oriented methodology.

Some of these existential and neuroethical challenges are already being studied by Ukrainian scholars who have witnessed violations of human dignity and fundamental human values. Tsymbal (2023) explores the destructive impact of war on maternal instinct. Meanwhile, Shevchuk & Predmestnikov (2024) analyze the collapse of the moral and ethical paradigm under the conditions of hybrid warfare.

The work of psychologists during wartime has been studied since World War I. At that time, psychologists were responsible for conducting professional selection and determining the suitability and specialisation of combatants. However, the "inner world" of individuals was not the primary focus of intervention (Yerkes, 1918). By the mid-20th century, the role of psychologists in enhancing the moral resilience of combatants, and even in accelerating victory, became more apparent.

Zeigarnik & Rubinshtein (1987) examined the role of military psychologists in World War I. Their contributions to the rehabilitation of soldiers with traumatic brain injuries and mental disorders are highlighted. These studies underline the importance of military psychologists in restoring the cognitive and emotional functions of soldiers. Their work was essential in reintegrating soldiers into society and facilitating their return to active life. In this sense, military psychologists were instrumental not only in physical recovery but also in the psychological rehabilitation of servicemen.

However, it became clear that military psychologists and psychotherapists, who are tasked with addressing the intangible humanitarian and deleterious effects of war on individuals, themselves became some of the most vulnerable and unprotected groups. Unfortunately, there is a

lack of research focusing on the challenges faced by military psychologists and psychotherapists, as well as their neurorehabilitation.

It is natural, therefore, that **the primary goals of this article** are as follows: first, to explore neuroethical issues (problems, challenges, achievements, and losses) in the context of war and other large-scale crises; second, to identify personal (subjective-identity, existential) and professional challenges faced by military psychologists and psychotherapists; and third, to develop an outline for neuropsychological support methods for psychologists during wartime, along with providing recommendations for mutual counselling and support.

The **presupposition** of a dichotomous principle is adopted, which correlates with "splitting" in neuropsychology. This phenomenon disrupts individuals through numerous cognitive inconsistencies, the breakdown of familiar beliefs, values, and even the personal core of psychologists, psychotherapists, volunteers, and others involved in military and quasi-military service professions. Achieving this will require the coordinated use of interdisciplinary **methods**. This approach involves applying methods from different scientific fields in a harmonious, complementary way, rather than in contradiction. In other words, this article aims to create *a synergistic methodology*, where each method works in unison with the others. This will strengthen the overall reliability and depth of the analysis, with neuroethical dilemmas at its core.

This **interdisciplinary approach**, which incorporates pedagogical, psychological, and neuroscientific methods, is driven by the complex impact of war on the human psyche. One major challenge is that psychophysiological methods, such as measuring cortisol levels in the blood, cannot be directly combined with narrative analysis of personal stories. This situation requires numerous extrapolations and complementary approaches that span neurophysiological, neuroethical, and humanitarian domains.

This discourse distinguishes methods for systematically reviewing literature that correlate thematically with neuroethical issues. These methods include subjective-existential analysis of the psychological impacts of war on psychologists, as well as neuropedagogical and psychological-methodological modelling of the support frameworks for psychologists and psychotherapists.

During the preparatory phase of writing this article, drawing on psychotherapeutic experience from Russia's war against Ukraine, it was decided to identify several key challenges faced by these professionals. These include the inability to emotionally distance themselves from clients, chronic workload, insufficient resources for self-care, and a profound sense of moral responsibility. This responsibility often leads to affective states of guilt or helplessness. This creates a dilemma: how can one help others without destroying oneself in the process?

The international relevance of this article lies in the global need to ensure the sustainability of professional support during various crises, including, but not limited to, hybrid wars, terrorist attacks, and humanitarian disasters. With the growing amount of conflicts worldwide, psychologists are increasingly working on the front lines – both literally and metaphorically. The lack of systemic support for these professionals highlights an ethical gap in existing mental health care approaches.

Unresolved issues, such as emotional burnout and the absence of clear ethical protocols in situations of moral ambiguity, clearly require interdisciplinary and intercultural collaboration. One of the most pressing concerns amongst these is neuropsychological exhaustion that results from the constant balance between empathy and professional distance. This situation creates opportunities for developing unified standards of ethical support for professionals in auxiliary roles and standards that can be adapted to various cultural and conflict contexts.

2. Neuroethics in the Context of War, Cataclysms, and Crises

Neuroethics, particularly concerning war and large-scale disasters, has been actively studied since the late 20th century. However, it has not been examined as thoroughly as it is today amidst

hybrid conflicts and the post-truth era. While the topic may seem new, the ontological and futurist outlines of 21st-century hybrid wars were long anticipated by prominent thinkers.

One such thinker is the British philosopher Russell (1915), who challenged traditional methods of legitimising war through legal or moral frameworks. Instead, he argued that war should be assessed based on the balance of good and harm it brings to humanity. In the context of current hybrid wars, his views take on a new dimension – one that is psychotronic in nature. Today, war is not only about physical destruction but also involves micropolitics and cognitive technologies aimed at influencing imagination, moral responses, and the information environment.

Hybrid aggression, manifested through disinformation, defamation, fake peace initiatives, and the moral inversion of values, demands that psychologists possess not only ethical intuition but also the ability to detect hidden contexts. This is where the core neuroethical challenge arises: maintaining cognitive clarity in a "war of meanings" and distinguishing truth from manipulatively persuasive falsehoods.

Russell (1915) noted that wars are often fuelled by old myths of national glory, prestige, and dignity. Under hybrid conditions, however, these myths go beyond justifying violence – they "neuro-programme" the moral responses of both society and individuals. A new norm is established, one in which evil is disguised as good.

In this context, the role of neuroethics professionals, psychologists, journalists, and educators extends beyond moral judgment. Their task is also to resist cognitive invasion. The battle is no longer over physical territory but over people's capacity for critical thinking, empathy, and the preservation of identity.

The neuroethical issue of identity loss as a result of war tends to emerge gradually and only becomes a subject of academic reflection over time. This becomes evident when considering that the Soviet-Finnish War and World War II are only now being acknowledged as 'neurocidal' catastrophes (Autti, 2022). Addressing these pressing challenges requires engagement with recent research on neurological ethics in the context of crises such as wars and cataclysms. One of the pioneers in this field is Moreno (2012). He poses a vital question: How can neuroscience support national security? One of his key observations is that war always involves the neurostimulation of soldiers for cognitive enhancement.

However, Moreno (2012) cautions against the ethical risks of treating the brain merely as an engineering problem, as this overlooks its role as the foundation of moral agency. He argues that the brain should not be viewed solely as a biological organ but acknowledged as a carrier of human dignity. This viewpoint creates important considerations not only for military medicine but also for psychotherapists working with veterans and other individuals affected by war. These professionals must adopt a neuroethical code that respects both the biological integrity and the dignity of the human mind.

Zohny et al. (2023) examine the concept of mental integrity in the context of neurotechnological interventions. They highlight the serious risks of bypassing rational processes, which can lead to one's alienation from one's mental state.

In conditions of hybrid warfare, where information and psychological operations are used as manipulation tools, military psychologists face an ethical dilemma. On the one hand, they are tasked with preserving the mental integrity of service members. On the other hand, they may be involved in practices that undermine that integrity, such as techniques that dehumanise the enemy or manipulate consciousness. These contradictions raise concerns about systemic violations of neuroethical principles. Using such methods not only harms individuals but may also distort the moral orientation of those working in military psychology.

Furthermore, in times of uncertainty, moral thinking often shifts from principle-based reasoning to utilitarian logic. People begin to act according to immediate effects or survival instincts, even when these actions conflict with their earlier ethical beliefs. For psychologists supporting those affected by war, this creates a complicated therapeutic task – not to judge but to

help individuals reintegrate their experience of moral compromise in a way that preserves their sense of self (Gaiseanu, 2019).

An approach that resonates in this context is that of Sherman (2011). The scholar focuses on moral injury during wartime as a distinctive phenomenon – one that may not involve physical wounds, but instead centres around broken ideals concerning goodness, duty, and identity. Sherman (2011) writes about shame, guilt, and the betrayal of one's values. These emotions are relevant not only to soldiers but also to professionals who provide psychological support. For Ukrainian psychologists, who often witness trauma and moral ambiguity daily, and sometimes experience it themselves, such an approach could help restore their professional identity through narrative and ethical reflection.

Thus, intrusion into a psychologist's inner world may appear subtle but can be disruptive, particularly when it occurs without consent or compromises one's moral autonomy. In today's reality of hybrid war, marked by widespread information assaults, psychological tactics, and technological manipulation, military psychologists must act as both mediators of trauma and defenders of personal integrity. They are the ones who must develop neuroethical protocols to support themselves and others in these extreme conditions.

3. Personal Neuroethical Dichotomies – "Splitting" in Psychologists and Psychotherapists

The studies above provide only a general overview of neuroethical challenges during war or disasters. In practice, these challenges are profoundly personal, individual, and existential, all that despite affecting large groups of people. In the context of war, where external threats to safety overlap with internal moral dilemmas, psychologists, medical professionals, and volunteers working with trauma survivors often find themselves in a vulnerable position, caught between empathy and professional effectiveness.

French & Jack (2015) explore the neuroethical dilemmas faced by soldiers, and at the same time demonstrate the broader cognitive mechanisms that shape human behaviour. These include the processes underlying empathy, its suppression, and the drives toward self-preservation and self-destruction.

Like soldiers, individuals working on the humanitarian front, including psychologists, psychotherapists, and paramedics, must continually shift between two cognitive modes: analytical thinking (assessment, decision-making, adherence to protocol) and empathic thinking (compassion, emotional support, and care). This constant switching is physiologically determined and emotionally exhausting. Excessive or chaotic immersion in either mode can lead to psychological destabilisation.

Consequently, moral burnout and PTSD in psychologists and volunteers should be understood not only as emotional exhaustion but also as a cognitive-ethical breakdown. This breakdown is caused by the dissonance between the desire to help and helplessness, between empathy and professional distance. To preserve their inner integrity, these professionals need a supportive environment that combines an ethic of care with a neuroethical understanding of human limits. At this intersection arises a new challenge: the development of a "humanitarian front code." Comparable to the military code of honour, it would serve as both a moral compass and a safeguard against dual self-destruction.

However, the situation is more complex than it appears. During the war, psychologists and psychotherapists are at the centre of not only humanitarian and clinical responsibility but also intense emotional and ethical tension. This often leads to a split in their professional consciousness – between psychotherapeutic ethical codes and the "unwritten rules of war." As Frey (2016) insightfully observed, "military practices often conflict with the psychologist's professional ethics, leading to a range of ethical dilemmas including multiple relationships, multiple agencies, and limited confidentiality" (p. 283).

Their professional practice, shaped by traumatic experiences, transforms. Boundaries between "normality" and "pathology" become blurred, and traditional frameworks of thinking are

no longer sufficient. In this context, there is a need to reassess one's sources of knowledge – what one considers reliable in understanding the psyche – when reality itself becomes fragmented, traumatised, and filled with existential uncertainty.

Psychologists must critically evaluate how they construct knowledge about the subject during wartime. They may, perhaps unintentionally, be reproducing colonial, biomedical, or reductionist approaches that fail to capture the complexity of war-related experiences.

One of the key neuroethical challenges lies in the relationship between neuroscientific models of trauma and the client's subjective experience. For example, the tendency to explain PTSD solely through mechanisms such as amygdala hyperactivation or dysfunction of the prefrontal cortex risks reducing multidimensional human suffering to a series of neural processes. This raises a crucial question: Does such an approach silence one's voice as a moral agent? And does it turn psychotherapy into a biology-based psychotherapy, a technical process stripped of empathy, dialogue, and contextual meaning?

Another ethical dilemma concerns the client's autonomy during war. Many people who do seek help experience frustration, psychological fragmentation, or a loss of faith in humanity and in themselves. Yet they still retain the ability to make moral choices, even if those choices are conditioned by the realities of war (Monroe, 2011). In a similar situation, psychotherapists must constantly balance the natural and human need to 'rescue' their client while recognising their subjectivity, even when that subjectivity is expressed through anger, despair, or a need for revenge. This creates a tension between neuroethical and psychological aspects in which compassion must not become paternalism, and scientific knowledge must not become moral justification.

Secondary traumatisation of psychologists is another crucial concern, raising neuroethical questions about their boundaries. Ontologically, they are placed in a situation where knowledge is no longer abstract but becomes embodied, affective, and ethical. They do not merely analyse symptoms, as they experience them alongside their clients.

This leads to difficult questions: how can one possess knowledge while remaining fully human? How can one confront the abyss without falling into it? And who has the right to define what constitutes "professional resilience" versus 'human vulnerability', when both exist within the same person?

Drawing on relevant discussions, a dichotomous classification of psychological traumas, a systematic analysis of existing sources, and the authors' own experience, fundamental neuroethical dichotomies have been identified. These dichotomies represent theoretical and practical dilemmas that challenge the work and well-being of military psychologists and psychotherapists (see Table 1).

Table 1. Neuroethical dichotomies faced by psychologists and psychotherapists in wartime

Dichotomy	Neuroethical essence
Burnout – the need to maintain professional readiness	Constant cognitive activation under emotional exhaustion causes a disconnect between the prefrontal cortex (responsible for self-control and planning) and the limbic response system. This disrupts emotional regulation and reduces empathic sensitivity.
Threat to personal life – saving others	Altruistic risk-taking creates a conflict between the survival system (hypothalamus, amygdala) and social neural networks (medial prefrontal cortex, TPJ). This leads to cognitive dissociation and neuroethical ambivalence when making decisions.
Ethically ambiguous situations and chaos – the need for clear decisions	Acting under moral uncertainty requires integrating emotional-intuitive and logical-analytical thinking. These two systems compete neurophysiologically, which can lead to mental instability and decision fatigue.
An imbalance between analytical objectivity and empathy	Shifting between the "executive network" (responsible for analytical functions) and the "social understanding network" (responsible for empathy) is energetically demanding. Prolonged activation of either system can result in exhaustion and cognitive collapse.
Need for integrity – moral dissociation	When a professional's actions conflict with their internal ethical core, areas related to shame and self-condemnation (e.g., ACC, insula) are activated. This creates a "moral split," where personal integrity is at risk of being destroyed.
Humanism as a neuroethical value –	The tension between humanistic values and the normalisation of dehumanisation in military settings forms a deep cognitive-ethical conflict. This threatens the ability to

dehumanisation of the enemy	reintegrate empathic perception once returning to peaceful conditions.
Deontological code of the psychologist – rigid unwritten rules of war	The conflict between professional ethics and the strict limitations of the military context can lead to "neuroethical paralysis." This occurs when decision-making is delayed due to a mismatch between internal moral standards and external survival imperatives.

Source: the authors' own conception

The typology of neuroethical dichotomies reveals the spectrum of cognitive-emotional burdens that psychologists face in combat zones. It also opens the way for developing support models beyond traditional psychotherapy. These models would include neuroethical support, focusing on maintaining the subjectivity of the specialist.

The main conclusion at this stage of the article is the clarification of what constitutes a 'splitting' of professional identity. This division, between humanistic values, the deontological code, and the 'rules of survival', has both psychological and neurophysiological foundations. It stems from a conflict between distinct neural networks, such as those responsible for analytical reasoning and those involved in empathy.

Traditional psychotherapeutic models often fail to address these cognitive-ethical tensions. In the context of prolonged instability and uncertainty, such models require critical re-evaluation. A typology of key neuroethical dilemmas is therefore proposed as a basis for developing new, more adaptive models of support for professionals operating on the humanitarian front.

This approach allows for a more comprehensive understanding of the neurobiological effects of working in wartime conditions. It also highlights the need to establish a shared neuroethical space – one in which psychologists can continue to function while maintaining their moral, professional, and human integrity.

4. Framework Methodology for Psychological Support and Counselling of Psychologists during Wartime: A Neuro-Oriented Approach

Before engaging in methodological discussions and selecting specific technologies, it is essential to define the material and epistemological foundation. As previously mentioned, during wartime, psychologists and psychotherapists not only provide support to others but also find themselves at the intersection of humanism and survival. Their work, filled with neuroethical dilemmas, requires a rethinking of the very nature of support. The core of the authors' methodology is that the cognitive integration of empathy and rationality is a dynamic, rather than a static, process. Flexibility between these modes (analytical and social) is crucial for resilience. Jack et al. (2013) claim that these two cognitive modes neurophysiologically compete, but can be integrated through training that enhances "cognitive flexibility."

Thus, the guiding principles of the psychological support methodology for psychologists and psychotherapists during wartime are:

- *Neuroethical Mirror*. Developing the ability to reflect on one's cognitive modes (analytical, empathetic, detached) and recognise when each is activated.
- *Cyclical Regulation of Modes*. Implementing brief micro-recovery practices that switch between the "logical" and the "human" modes. This helps restore the natural neurocycle (Jack et al., 2013).
- *Empathy and Ethical Integration*. Group support (supervision, collegial circles) to normalise experiences, prevent moral isolation, and stimulate the oxytocin system (Andreasen, 2005).

The authors of this article believe that the methodology should follow andragogical principles: mindfulness, active participation, and individual responsibility. Psychologists are adult learners with their experiences in providing help, so support should be based on a dialogue of equality, rather than a top-down approach, following a rhizomatic model (Grus et al., 2024). Key educational components in this approach include self-learning, mentoring, and peer learning. The

most effective psychotherapeutic interventions (or mutual interventions) for psychologists and psychotherapists include:

●*Mapping Neuroethical Dichotomies* (personal navigational map). The therapist identifies which dichotomies are most active in specific situations. This allows them to develop a personal "ethical navigation system."

●*Model of "Suspended Consciousness"*. Creating a psychoeducational structure in which analytical objectivity and empathy alternate in a structured rhythm. This is similar to the alternating REM and non-REM phases of sleep.

●*Mediation of Internal Ethics*. Facilitating a dialogue with the "professional conscience" to restore personal integrity after ethical compromises. This can be done through written reflections, art therapy, and gestalt practices.

Based on the analysis and initial, unverified results from the partial implementation of the methodology described earlier, this article proposes original counselling technologies. These are specifically designed for psychologists and psychotherapists who have experienced destructive impacts on their neuroethical symptom complexes.

In the early stages of counselling military psychologists, it became clear that the counselling process in such (military) conditions must be grounded in the principle of cognitive parity. This involves balancing rational analysis and empathetic involvement. Regular interventions should aim to restore neural flexibility (executive-social mode switching), prevent moral detachment, and avoid burnout. Preliminary conclusions suggest that an effective support system for military psychologists must be both intersubjective (through ethical-narrative co-presence) and neurophysiologically sound. It must also address the vulnerable areas of the psyche that split under the pressure of existential uncertainty and moral ambivalence. This approach requires the modelling of adaptive rotations, neuroethical supervision, and recovery strategies for interpersonal ethical connections. These elements will form the core of maintaining professional integrity on the humanitarian front.

Below are five original counselling (mutual counselling) methodologies that should be included in the toolkit for psychologists and psychotherapists working with war victims:

●*Ethical Pendulum Model*. This technique involves micro-analytic monitoring of the internal state between two poles: analytical and empathetic. The psychologist documents their cognitive activity and emotional involvement daily (or after difficult interventions), noting which side of the pendulum they are on. The goal is to prevent cognitive collapse from staying in one mode of thinking for too long (Jack et al., 2013).

●*Neuroethical Intervision of "Mirror Recognition"*. This group-based method involves paired or triadic mutual counselling, focusing on identifying "blind spots" related to ethical burnout. The emphasis is on reactions that specialists begin to consider "normal" in conditions of dehumanisation or moral fatigue. The intervision follows a structured protocol, which includes narrative reconstruction of the situation, empathic mirroring, and an ethical counterview.

●*Neuroreset Protocol*. This periodic "ritual" aims to restore the executive and emotional systems of the brain using sensory-body and cognitive-ethical practices (e.g., breathing techniques, visual representation of moral values, and working with the "professional self" image). The goal is not only to induce bodily relaxation but also to restructure neural circuits that hold moral tension.

●*Moral Landscape Model*. The psychologist creates a visual map of their ethical experience. They mark points of moral conflict, compromise, self-betrayal, and islands of internal integrity. This methodology integrates a narrative-gestalt approach with cognitive-visual construction. Its goal is to regain orientation in the zone of moral turbulence.

●*Neuroethical Dialogue Supervision*. This supervision focuses not on clients but on the ethical dichotomies the specialist experiences, such asguilt–innocence, survive-help, and closeness-distance. It is a dialogue between the "logical self" and the "ethical self," moderated

through metaphors, verbal reconstructions, and bodily reflection (similar to Sherman's (2011) ethical reconstruction protocols).

For clarity, systematic organisation, and to illustrate the correlational links between the methodologies, goals, mechanisms, and dichotomies ("splits") that require therapy or correction, these methodologies were summarised in Table 2.

Table 2. Counselling methodologies in the system of correlational relationships

Name	Goal	Key mechanisms	Resolved dichotomy
Ethical Pendulum	Preserving cognitive balance	Monitoring switching between modes of thinking	Analytics ↔ empathy
Mirror Recognition Intervision	Preventing ethical alienation	Empathetic mirroring, structured listening	Integrity ↔ dissociation
Neuroreset	Releasing moral and physical tension	Sensory and cognitive relaxation	Exhaustion ↔ professional endurance
Moral Landscape	Navigating ethical identity	Narrative mapping of moral experience	Confusion ↔ self-acceptance
Neuroethical Dialogue	Restoring ethical subjectivity	Dialogical supervision, body-language integration	Ethical conflict ↔ inner order

Source: the authors' own conception

The theoretical and methodological contributions of this article must be supported by the validity of multiple experimental implementations. At present, within the framework of everyday professional practice, an example can be provided to illustrate the potential for hardware-based diagnostic applications.

A pilot research project conducted at the Crisis Counselling Centre in Kyiv in the spring of 2025 involved qualitative observation of the implementation of a neuroethical mentoring model. This project engaged a group of eight practising psychologists working with military personnel and displaced persons.

One participant, a 36-year-old crisis psychologist named Iryna, reported experiencing a "chronic state of emotional detachment and affective deafness" that accumulated after each rotation. As part of the neuroethical intervention, she was offered a micro-supervision session incorporating psychophysiological feedback. During the session, her narrative account of a complex case was recorded alongside biofeedback monitoring.

Analysis of skin conductance and heart rate variability, correlated with the narrative interpretation, enabled the identification of moments of emotional overload that had not been cognitively processed. According to Iryna, "the ability to view my reactions not as weakness, but as a signal to pause" marked the beginning of a more ethical self-attitude in her professional practice.

Such cases underscore the importance of integrating neuroethical approaches as a vital component of professional support during wartime. This is especially true for supervision practices enhanced by technological assistance.

5. Conclusion

War and large-scale catastrophes create a pathological existential environment where traditional ethical categories split, and the neuropsychological structure of individuals faces dual erosion: informational-cognitive and moral-existential. Military psychologists find themselves in situations in which professional action protocols conflict with humanistic imperatives. Neuroethical strain becomes just as dangerous as physical strain. The main neuroethical challenge is to maintain the integrity of consciousness and identity in the constant presence of external aggression, internal doubt, and emotional resonance with traumatised clients.

Psychologists in wartime are not only professionals but also participants in the same catastrophe as their clients. This causes a split between analytical functionality and emotional

vulnerability. The main issues include burnout, moral dissociation, ethical ambivalence, blocked empathy, and the loss of subjective autonomy due to the pressure of "unwritten" military rules. These conditions create cognitive-ethical dichotomies, which become a field for secondary traumatisation of the psychologist as a helping subject.

While working with war victims, psychologists and psychotherapists experience profound neuroethical dichotomies that generate a complex moral-cognitive tension. The core of this experience includes *fatigue versus effectiveness*, where the need to remain professionally engaged conflicts with the exhaustion of empathy resources; *self-preservation* ↔ *self-sacrifice*, when the survival instinct conflicts with the imperative to help others; *chaos* ↔ *structure*, where ethical ambivalence opposes the need for clear, sometimes harsh, decisions; *analytical reasoning versus empathy*, manifested in switching between executive and social brain networks; *integrity* ↔ *splitting*, where working with others' traumas causes moral erosion of personal identity; and *humanism* ↔ *dehumanisation*, where universal human dignity conflicts with the practice of adaptive dehumanisation of the enemy. These dichotomies are not just ethical dilemmas. They are neuroethical knots where affective, cognitive, and cultural-moral imperatives intertwine, determining the quality of care and the value of the professional's integrity.

The main (and currently preliminary) result of the article is the proposed methodology. It relies on the dynamic principle of cognitive equilibrium between social and analytical thinking modes, which has a neurophysiological foundation (Jack et al., 2013). Support is provided through micro-switching practices, narrative restoration of subjectivity, and supervisory-ethical reflection. Cyclical regulation, empathy-ethical grounding, and a reflective map of neuroethical "splits" help avoid neuropsychological collapse and preserve professional integrity.

Mutual counselling should adhere to psychological parity, not hierarchy. The five proposed models, namely, "Ethical Pendulum," "Mirror Intervision," "Neuroreset," "Moral Landscape," and "Neuroethical Dialogue", serve the functions of self-correction, cognitive regulation, intersubjective reinforcement, and moral cleansing through reflection. They create a meta-space for professional dialogue, where the psychologist not only provides help but also restores themselves in a community of specialists who understand the language of the body, trauma, and dignity.

Thus, neuroethics for psychotherapists in wartime extends beyond stress, technology, or pharmacology. It is about the right of both the professional and the person to be the subject of their pain. It is about making moral and professional choices in the face of destruction and the challenges of knowledge. In extreme circumstances, that knowledge must be both precise and humane. At the intersection of neuroscience, philosophy, and psychotherapy, a new epistemology of trauma is currently emerging. It sees the individual as an integrated whole, even in fragments.

6. Research Limitations and Prospects for Further Research

Unfortunately, the methods and modes of counselling and mutual support for psychologists to address neuroethical "splits," as presented in the article, are currently at the pilot implementation stage. They require systematic experimental interventions in the near future.

Still, the most promising areas for further research include 1) developing international models for psychological rotation and recovery for psychologists and psychotherapists in conflict zones; 2) integrating neurotechnologies for monitoring emotional exhaustion into professional routines; 3) implementing digital supervision protocols with a neuroethical focus; and 4) creating a global neuroethical framework that considers both cognitive limits of endurance and cultural concepts of empathy, responsibility, and professional honour.

Further exploration of this topic should not only strengthen the professional resources of specialists in crises but also support the development of new ethical paradigms. These paradigms could help ensure human dignity and integrity in the face of wartime or post-war stress. Such an approach aligns with the values of current bioethics, human rights, and the development of global mental security.

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