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Sanogenic Dispositions of Thinking as a Prerequisite for Psychological Prevention of Emotional Burnout in Military Personnel

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Abstract: *The article presents a study that determines what emotional burnout and emotion are in general, and how we can help our subjects in overcoming emotional stress. A personcs life is coloured by various emotions, like an artist's painting. Someone uses only dark tones, while someone's life plays with all the colours of the rainbow. After all, emotions are our inner "magic box", thanks to which we are able to relive pleasant moments again and again, but at the same time repeat different negative experiences. It is well established that emotions exert a stronger influence on behaviour than rational processes. Therefore, in a stressful situation, many people find it difficult to make appropriate decisions. Many confuse emotions and feelings. Emotions originate in the oldest part of the brain – the limbic system. Feelings, on the other hand, are controlled by the neocortex – its youngest part. Following an action, individuals may initially experience anger, which may later be accompanied by feelings of shame. Empirical research was conducted in 2024 on the basis of psychological support centres and military units and involved 60 respondents with experience in combat operations. The cognitive sphere and the level of reflexivity were assessed using specialised psychodiagnostic instruments (mini-questionnaires). The findings demonstrated that 70.6% of respondents were theoretically familiar with the concept of reflection, whereas only 52.9% reported systematically applying self-analysis in practice. A high level of general awareness regarding the essence of sanogenic thinking was identified (82.4%). At the same time, a considerable lack of understanding of the underlying cognitive mechanisms was revealed: 88.2% of respondents failed to recognise the direct relationship between reflexive processes and the maintenance of mental health. In addition, 80.0% of military personnel confirmed an urgent need for training aimed at developing skills in sanogenic cognitive modelling.*

Keywords: *Emotional competence, sanogenic reflection, empathy, self-regulation, sanogenic thinking.*

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1.Introduction

Sanogenic thinking of a serviceman is the awareness of the interconnection between the mental and physical state. Military personnel who practice sanogenic thinking can monitor their thoughts, thereby avoiding negative, depressive, or stressful scenarios, and actively contribute to their psychophysiological health. In general, sanogenic thinking is part of a broader approach to maintaining mental and physical health. Sanogenic (healing) behaviour of a serviceman is interpreted as behaviour that supports health and well-being, as an active path of personal development, corresponds to the situation, and positively influences health and well-being.

Such scientists and psychologists as Hilman (2016), Yarosh (2018), Bandura and Cervone (1986), and others have examined sanogenic dispositions of thinking and the prevention of emotional burnout in servicemen.

According to Hilman (2016), *"there exists the opposite behaviour of a serviceman, which does not correspond to the situation and has a negative influence on the individual's life activity; such behaviour is called pathogenic."* Yarosh (2018) *"demonstrates that pathogenic and sanogenic consequences of a person's behaviour are connected respectively with unhealthy and healthy ways of life."* Bandura and Cervone (1986) *"indicate that individuals with the sanogenic thinking personality of a serviceman differ from a pathogenically thinking personality in the ability of the former to quickly return to a state of equilibrium in a potentially stressful situation without entering emotional stress."*

The purpose of the article is to determine the psychological features of sanogenic thinking as a form of positive thinking of servicemen; to describe its main principles; and to analyse the structural elements of sanogenic thinking and post-traumatic growth.

2. Psychological Features of Sanogenic Thinking as a Form of Positive Thinking

"Sanogenic" derives from the Greek word *"sanos"*, meaning *"healthy"*, and refers to the stimulation of positive emotions, feelings, and beliefs. It includes an emphasis on optimism, faith in one's own strength, rejection of harmful habits, self-support in difficulties, and the development of inner harmony in a serviceman.

Hilman (2016, p. 34) *"believes that sanogenic thinking of a serviceman is a type of thinking aimed at preserving mental health and contributing to achieving success in life."*

Since any behaviour of a serviceman is guided by thinking, it is also customary to divide it into two groups — pathogenic and sanogenic.

Pathogenic thinking, or thinking that generates illness, is conceptualised as habitual, automatic thinking shaped by cultural influences.

Sanogenic thinking of a serviceman, or thinking that generates health, is defined as *"thinking that reduces internal conflict and tension, allows one to control emotions, needs, and desires, and accordingly prevents illnesses"* (Lazarus & Folkman, 1984).

It is noted that the mental acts of a serviceman may be accompanied by cognitive biases. Among them are attribution errors and the diversity of operations. The first type—attribution error—consists of assigning to a serviceman a characteristic that he does not have. The contrast error is associated with a simplification of the situation and the readiness to act according to stereotypical patterns.

The operation assignment error occurs when similar circumstances are recognised as identical, or different situations are interpreted as similar. When cognitive operations are selected unconsciously, such errors often remain unnoticed. The peculiarity of pathogenic thinking lies in its ability to reproduce these errors. Sanogenic thinking, on the other hand, gives the individual the opportunity to analyse and realise mistakes (Schwartz & Bilsky, 1987).

Another characteristic of the two styles of thinking in servicemen appears in their role in the emergence and development of the stress reaction and the type of influence this process exerts.

The pathogenic influence of a serviceman's thinking style is explained by the fact that pathogenic thinking prolongs stress and extends beyond the time of the stressor that caused it.

Sanogenic thinking, conversely, contributes to stopping the influence of the stress factor on the functional states of the serviceman, determining his recovery.

Sanogenic thinking also induces and maintains a state of psychological well-being in individuals. Therefore, the possibility of teaching sanogenic thinking, during which the principles of healthy thinking are mastered, is being considered. It is noted that learning occurs either in the process of perception (observation) of the desired behaviour or during its acquisition by the learner.

"identifies the following conditions for learning new forms of sanogenic behaviour of a serviceman:

1. the behaviour must be practically implemented to solve a certain vital task;
2. control over the correctness of its implementation is necessary;
3. a positive result is required."

A key mechanism for achieving sanogenic thinking of a serviceman is sanogenic reflection. Pathogenic reflection of a serviceman is also characterised as defensive reflection.

The characteristics of defensive reflection are directly related to personality traits, with higher levels of defensive reflection associated with more pronounced personality accentuations (Howard & Scott, 1965).

Sanogenic reflection plays a central role in sanogenic thinking. It is considered a key factor in optimising socio-psychological adaptation, enhancing stress resistance, reducing personality accentuations, developing emotional competence, and improving activity efficiency. Just like sanogenic thinking, sanogenic reflection is taught to servicemen.

Training sanogenic reflection in servicemen is conducted within the assimilation of reflective culture. As a result of special training, the degree of defensive reflection decreases while the amount of sanogenic reflection increases. Such training helps servicemen better understand the foundations of activity, manage their own states, and optimally take into account external and internal factors and conditions in their behaviour.

Thus, when reflection in emotionally distressing situations is directed at reducing tension, it is sanogenic in nature; when it focuses on maintaining and reinforcing negative experiences, it is pathogenic (defensive).

The direction of reflection is determined by the thinking style — sanogenic or pathogenic — developed in the serviceman's personality. As noted above, servicemen are taught sanogenic reflection and sanogenic thinking. The result of training is a transformation of personality and a tendency toward sanogenic behaviour.

The main methodological tool of mental self-regulation for people who want to optimise their emotional state is training in sanogenic thinking (French, Caplan, & Harrison, 1982).

Thinking in the concept of Ivashchenko, Shakhlina, and Lazareva (2016, p. 65) *"is considered from the standpoint of its influence on the quality of a person's life, including the quality of the emotional sphere."*

Emotions can be conceptualised as automated processes that, at certain moments, become activated and assume control over behaviour.

Our culture acts as the "programmer" — it sets the stereotypes of thinking, feelings, and actions.

A person who is unaware of these programmes only experiences and acts automatically.

For mental health, it is important not merely to suppress negative emotions; but to ensure that they do not intensify or become chronic. It is necessary not to forbid oneself to think, but to learn adaptive patterns of thinking. The basic principles of sanogenic thinking of a serviceman (according to Ivashchenko, Shakhlina, and Lazareva, 2016, p. 74) are presented in Table 1.

Table 1. Basic principles of sanogenic thinking of a serviceman

Principle	Description
Recognition of the Reality of Emotions	Awareness that emotions are the result of thinking; the need for constructive reframing of experience and for identifying ineffective mental strategies that cause suffering.
Principle of Appropriateness	Defines the alignment of thoughts and behaviour with the situation. Anxiety or excessive worry is inappropriate if it is based on irrational beliefs.
Principle of Introspection	Implies self-observation as a tool for reflection that helps to understand oneself better. At the same time, it is important to note that excessive self-observation may interfere with effective functioning.
Principle of Self-Awareness	Recognising one's own mental habits, evaluating behaviour in terms of its adequacy, and developing the ability for self-regulation and personal growth.
Principle of Scientific Grounding	Sanogenic thinking requires conscious learning; it is necessary to develop skills of controlling thoughts and emotions based on scientifically grounded approaches to mental health.

(according to Ivashchenko, Shakhlina, and Lazareva, 2016, p. 74)

The conditions of modern society and individual functioning highlight the continued relevance of sanogenic thinking principles for military personnel. They function as a kind of therapy that is necessary for a favourable and comfortable life for service members.

3. Structural Elements of Sanogenic Thinking and Post-Traumatic Growth

The methodological basis of the study of the development of sanogenic thinking in military personnel, its structural elements, and the manifestation of its characteristics was provided by the scientific works of representatives of the activity approach in psychology, particularly Yarosh (2017, p.29). According to him, "the characteristics of sanogenic thinking become apparent when the satisfaction of personal needs encounters a certain obstacle in the form of established behavioural patterns." In this context, the development of sanogenic thinking within family relationships is influenced by the specifics of children's psychological development, reflected in their tendency to satisfy needs through habitual patterns.

Given these circumstances, a comprehensive analysis of scientific approaches to understanding the essence of the formation of sanogenic thinking in military personnel, manifested in everyday life, and the consideration of the specific category of subjects in the studied process made it possible to identify the main components characterising the development of sanogenic thinking in military personnel: a)motivational, b)reflective, c)emotional, and d)operational, aimed at implementing the main functions of health-promoting thinking:

a) Activation of self-determination processes, mobilisation of values and motives that guide behaviour, alignment of the individual value system with life priorities and cognitive goals; facilitation of strategic goal-setting through the utilisation of personal resources; optimisation of emotional experiences and stabilisation of the motivational domain

b) Awareness of problematic situations, selection of criteria for evaluating alternatives, integration and structuring of future-oriented representations, construction of self-image, and evaluation of the adequacy of psychological resources in relation to normative demands

c) Reduction or regulation of negative emotions, authentic expression of affect, modulation of psychophysiological responses to social stimuli, and emotional regulation

d) Selection and formulation of specific goals, methods, and conditions for achieving life objectives, implementation of behavioural strategies, self-attitude, and maintenance of psychohygiene.

Focusing on the identified functions of sanogenic thinking in military personnel, it is logical to assume that the internal conditions determining the possibility and quality of their implementation are individual psychological characteristics such as reflexivity, prognostic ability, expressed cognitive motivation, social-perceptual abilities (social intelligence), insight, internality, responsibility, etc. Thus, in assessing sanogenic thinking, one should take into account not only

societal values but also one's attitude toward them, as well as the planned and applied methods of internalising them into the inner world.

In this regard, it is advisable to assess the health-promoting thinking of military personnel (Baker & Williams, 2001):

a) At the level of motives (evaluating the dominant motivational reasons that influenced the choice in a problematic situation);

b) At the level of knowledge (evaluating the completeness, adequacy, and differentiation of the subject's knowledge about themselves, their place in the family community, circumstances, and factors of the choice made and the implementation of the decision);

c) At the level of emotions (evaluating the feelings expressed; emotional reactions and states experienced by the person regarding the future and the choice made, its outcomes, as well as evaluative judgments concerning various subsystems of the social environment and oneself);

d) At the level of mental action (evaluating manifestations of the internal activity of the person's mental processes, mediated by preparation for the choice and implementation of the decision caused by the problematic situation).

The first component characterising the development of sanogenic thinking in military personnel is the motivational component, which determines the presence of meaning and the significance of cognitive activity, leading to the activation not only of learning motives but also of incentives to be a successful member of the family collective. Individuals with characteristics of pathogenic military thinking are distinguished by inconsistency of motives (high motivation to achieve success and low motivation for protection, or vice versa), whereas individuals with characteristics of sanogenic thinking have balanced motivation for both protection and success (Leary & Downs, 1995).

The process of sanogenic thinking in military personnel is associated with the ability to engage in reflective self-determination in problematic situations and the practical implementation of the chosen course of action. In this context, reflection plays a crucial role as a process that enables individuals to evaluate situations and identify appropriate solutions in difficult circumstances. Reflection (intellectual and personal) is understood as the ability of the subject to identify, analyse, and relate their qualities and actions to the social situation. The object of reflection can be activity, the person themselves, or other people. The level of development of reflective processes—reflexivity—is considered as "the ability of the individual to perceive and accept the complexity and contradictions of the external world, intrapersonal structures, and consciously build their life activity".

According to Woltz (2005), "self-determination is directly related to the reflective mode of human existence; self-determination is a complete reflective form of a person's connection with the world, ensuring conscious personal action." The integration of reflective functions into action positions the individual as an active evaluator of their own behaviour.

An essential factor determining the characteristics of the formation of sanogenic thinking is the emotional component. Among the numerous related concepts (self-respect, self-acceptance, emotional self-attitude), clear distinctions are often lacking. There is also no unambiguous interpretation of the terms "self-attitude" and "self-esteem," their interrelation, hierarchy, and subordination. There are two approaches to defining the place of self-esteem and self-attitude within the structure of the emotional component (Khatsaiuk et al., 2021).

On the one hand, a military person's self-esteem is understood as a component of the emotional aspect of self-awareness, an evaluative attitude toward oneself; on the other hand, it is singled out as a special function of self-awareness, not reducible to any one of its components. Self-attitude is also understood as a central component of self-awareness, functioning as a regulatory system expressed through processes of self-reflection, emotional experience, and self-directed behaviour.

A military person simultaneously combines three integral systems of self-awareness: the organism, the social individual, and the personality. These are interconnected through a certain

level-based organisation, where each level has its own features. In terms of content, the relationship between levels of self-awareness and levels of mental health can be represented as follows (Ovcharuk et al., 2021): a) Illness of the organism (psychophysical health) limits the person as a social individual, affecting the individual-executive level of mental health; in other words, personality development is conditioned by the development of the individual;
b) Each level of a person's self-awareness has a specific system of interconnections and relationships (organism – environment, social individual – social activity, personality – internal activity);
c) At the level of the organism, external influence is assessed in terms of pleasant or unpleasant sensations; at the individual level, self-attitude depends on the attitude of others and the nature of interaction with them.

Thus, the emotional component of personality includes self-attitude and self-esteem. Self-esteem, as an evaluative aspect, enables individuals to assess the personal significance and value of experiences. Overall self-esteem is formed taking into account private self-assessments of specific views of oneself. Based on self-evaluative activity of self-awareness, a person develops either a positive or negative self-attitude, with a positive self-attitude being one of the signs of sanogenic thinking (Sarancha et al., 2021).

The emotional component of a military person can be represented as the sum of feelings such as self-respect and self-compassion. This integrative nature of global self-attitudes toward primary emotional components implies that certain aspects may remain stable, while others may increase.

Accordingly, components of self-attitude function as compensatory mechanisms that maintain a stable emotional state of the personality, which may ultimately be one of the indicators of sanogenic thinking in military personnel. Adequate understanding of the objective world and the resolution of arising tasks is carried out through various mental operations, which constitute different interrelated and mutually integrating aspects of the mental process (Yalom & Leszcz, 2005).

The operational component reflects orientation toward internal standards and norms of self-efficacy assessment in cognitive activity. The significance of this quality is determined by the high uncertainty of initial conditions, which often accompany the decision-making process, requiring active involvement of personal experience, especially in situations characterised by time constraints, high intensity of actions, and dynamic events. Independence underlies the operational foundation of mental processes. Furthermore, independence, or striving for it in cognitive activity, is a motivating factor.

The development of sanogenic thinking in military personnel is determined by the level of cognitive complexity of mental processes, defined as the ability to interpret social behaviour across multiple dimensions, and by stability, understood as the consistency of self-representations over time (Lazarus, 1966).

Stability is manifested in the consistency of the system of self-assessments of the personality. Cognitive complexity/simplicity of mental operations is expressed in the degree of their segmentation according to hierarchical levels or their degree of differentiation. A cognitively complex system contains many constructs, ensuring significant differentiation in the perception of phenomena and promoting greater consistency of internal thought processes. A cognitively simple system contains few constructs, and perceptual differentiation is weak. Thus, the degree of cognitive differentiation of mental operations serves as an indicator of the stability, coherence, and consistency of the studied process.

In studies by Hilman (2016, p.45), it was "established that the acquisition of techniques for identifying general properties (through comparison of different objects) in children occurs in parallel with mastering the ability to derive concepts of general and specific, significant and insignificant features; in this process, all mental operations – analysis, synthesis, comparison, and generalisation – are actively applied."

With the development of cognitive activity, solvable tasks and problematic situations become more complex, and in distinguishing distinctive and general features of several objects, children strive to group them into different clusters. According to the researcher, the subjects then apply a mental operation such as classification. In performing classification, children examine the presented objects and identify the most significant components, using mental operations of analysis and synthesis, subsequently making generalisations for each group of objects forming a whole class. Such a complex mental operational process allows classification of objects based on a significant feature.

The presented facts allow us to assume that all mental operations are closely interrelated and contribute to the formation of sanogenic thinking in military personnel, which implies the integrated application of all operations. Only their interdependent use facilitates the development of health-promoting thinking as a whole. A number of psychological studies have confirmed that the comprehensive application of mental operations such as logical analysis, synthesis, comparison, generalisation, and classification constitutes a powerful foundation for sanogenic thinking.

Sanogenic thinking can be a useful tool for improving mental health. It can help develop positive thinking, enhance well-being, and cope with symptoms of mental disorders. Meditation within the framework of sanogenic thinking is a type of meditation focused on positive thoughts and feelings. It is based on the idea that one can use one's thoughts to influence both physical and mental health.

4. Research Methodology

4.1. Participants

The empirical base of the study consisted of n=60 respondents who, at the time of data collection, were either serving on active duty or undergoing rotation and recovery. The mean age was M=34.2 years (SD=6.8; age range: 21–49 years).

Inclusion criteria:

1. Status of active military personnel with direct participation in combat or operational military service during periods of military engagement (2022–2024).
2. Placement in psychological support centres or military units where monitoring and psychological assistance programmes were implemented.
3. Voluntary informed consent to participate in the study.

Exclusion criteria:

Presence of acute psychotic conditions, severe post-concussive disorders, or cognitive impairments in a decompensated state that could prevent adequate comprehension of questionnaire items.

4.2. Research Procedure

Empirical data collection was conducted in 2024. Considering the specific characteristics of the sample and operational conditions of military units, a mixed data collection format was applied: a) paper-based questionnaires (65% of responses, collected in person during visits to psychological support centres) and b) secure electronic forms (35% of responses, distributed via closed communication channels in units with limited physical access). Participation in the mini-questionnaire survey was voluntary. Prior to data collection, all participants received a detailed explanation of the study's purpose and procedures. All responses were anonymised, with no personal identifiers (name, military unit, or rank) recorded. Data were subsequently aggregated for statistical analysis.

4.3. Methods and Instruments

For the initial assessment of the cognitive-reflexive sphere of military personnel, a specialised mini-questionnaire was used to evaluate: 1) level of reflexive skills (awareness, analysis, and differentiation of one's thoughts and actions); 2) degree of awareness regarding the concept and principles of sanogenic thinking; 3) understanding of the integrative relationship between reflexive processes and cognitive self-regulation under stress conditions; and 4) subjective need for mastering techniques of sanogenic thinking among military personnel.

4.4. Data Analysis

Mathematical and statistical processing of the obtained empirical data was performed using IBM SPSS Statistics (version 26.0).

Given the structure of the instrument, the following methods were applied:

- *Descriptive statistics*: frequency distributions and percentage analysis to assess levels of awareness regarding reflexivity and sanogenic thinking. For demographic characteristics, arithmetic mean (M) and standard deviation (SD) were calculated.
- *Inferential (correlational) analysis*: Spearman's rank correlation coefficient (r_s) was used to examine statistically significant relationships between structural components of sanogenic thinking (motivational, reflexive, emotional, and operational) and subjective indicators of emotional resilience and post-traumatic growth. This choice was justified by the ordinal nature of the data. The level of statistical significance was set at $p \leq 0.05$.

Within this study, the interrelation between the structural elements of sanogenic thinking and post-traumatic personal growth under conditions of military crisis was empirically analysed.

The aim of the study was to examine the relationship between the structural elements of sanogenic thinking and post-traumatic growth in individuals who had experienced the consequences of war.

The study was conducted throughout 2024 at psychological support centres and military units. It involved 60 respondents. The mini-survey began with a relatively simple question regarding reflection, which is an integral part of the system of sanogenic thinking. Through reflection, a person reconsiders their actions, analyses them, and only then classifies them as either "positive" or "negative." Experts note that military personnel demonstrate a decline in reflective skills. Increasingly fewer service members are able to adequately evaluate their experiences and actions.

Research shows that the group represents a most optimal social space for the development of sanogenic reflection, as the initial form of human activity is collaborative activity.

During the survey, it was found that 70.6% were familiar with the concept of "reflection," while the remaining 29.4% were not. Respondents provided the following interpretations of the term "reflection":

1. "Analysis of one's experiences";
2. "Comprehension and analysis of one's actions";
3. "Comprehension and analysis of personal experiences";
4. "Sharp reactions to things";
5. "Evaluation of one's actions";
6. "Self-analysis";
7. "Studying oneself."

While these definitions are agreeable, they are not exhaustive, as they are too brief to convey the full meaning embedded in the concept of "reflection." To determine whether this knowledge is consistently applied in practice, the following question was posed.

Approximately half of the participants reported engaging in reflection (52.9%), while one-third expressed uncertainty regarding its importance but did not deny its presence (35.3%); the

remaining participants were divided between those who did not engage in reflection and those who did not consider self-analysis important, possibly due to unfamiliarity with the concept.

Additionally, questions addressed the relationship between sanogenic thinking and reflection, and their combined effect. Among the respondents, 82.4% were familiar with the concept of "sanogenic thinking," which is a positive indicator. This suggests that an informed individual is able to follow this system, thereby improving and, to some extent, simplifying their life. However, based on responses to the final question, the outlook is less optimistic: 88.2% of respondents were unaware of the connection between the concepts of "reflection" and "sanogenic thinking." This may indicate that those who expressed familiarity with sanogenic thinking do not fully understand the significance and necessity of reflection within the concept. Regarding the necessity of sanogenic thinking for military personnel, 80% of respondents responded positively.

During the preparation of this article, the authors used artificial intelligence tools (including ChatGPT) to formulate certain fragments of the text, edit the language style, and improve clarity of presentation. All scientific conclusions, interpretations, and final editing were performed solely by the authors, who bear full responsibility for the content of the publication.

5. Limitations

The main limitation of this study is the relatively small sample size (n=60). This restricts the generalisability of the findings to the broader population of military personnel exposed to prolonged combat stress. In addition, the use of a brief screening instrument (mini-questionnaire) limits the depth of causal analysis. A more detailed examination of cognitive components would require the application of standardised and validated psychodiagnostic instruments for assessing sanogenic thinking. Furthermore, the potential subjectivity of respondents in self-assessing their condition should be taken into account. This is particularly relevant given the anonymous questionnaire format.

6. Conclusions

The significance of this article lies in demonstrating that sanogenic dispositions of thinking are important for the psychological prevention of emotional burnout, particularly among military personnel. They help individuals effectively cope with stress and difficulties because a person with such dispositions has more developed adaptive mechanisms, allowing them to better manage stress and challenges encountered in life; maintain a positive attitude toward life, as a person with these dispositions finds positive aspects even in difficult situations and does not lose faith in themselves or the future; and preserve a balance between work and personal life. Individuals with these dispositions do not prioritise work above all else but allocate time for rest and fulfillment of personal needs.

The article demonstrates that various methods can be used to develop sanogenic thinking in military personnel, including psychological counselling and psychotherapy, which facilitate understanding of underlying difficulties and promote the development of adaptive attitudes toward the self, the world, and one's role within it; self-education, as individuals can independently study materials on sanogenic dispositions of thinking and practice various techniques aimed at their development; and participation in support groups, which can help individuals receive encouragement and inspiration from others, as well as learn about different ways to address problems.

7. Prospects for Further Research

Prospects for further research in this direction include a substantial expansion of the empirical sample. This should involve military personnel from different branches of the armed forces, as well as individuals with varying durations of exposure to combat zones. Such an approach will allow for a more differentiated analysis of cognitive self-regulation patterns. The next step involves shifting from brief screening procedures towards the use of comprehensive, validated

psychodiagnostic instruments. This will enable a deeper assessment of individual components of sanogenic thinking (motivational, reflexive, emotional, and operational). In addition, it is planned to strengthen the statistical methodology by applying more advanced inferential techniques. These should include detailed correlation analysis (using Spearman's or Pearson's coefficients, depending on data distribution) and regression modelling. This will make it possible to identify more clearly the relationships between levels of sanogenic reflexivity and the dynamics of emotional burnout.

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