вість досягнення успіху, висока пошукова активність та ін. Вони реально оцінюють свої кар'єрні можливості, спираються на розуміння своїх сильних і слабких сторін щодо свого професійного й посадового зростання.

3. За результатами кореляційного аналізу виявлено значущі позитивні взаємозв'язки між аутопсихологічною компетентністю та більшістю показників локусу контролю, що свідчить про вагоме значення відповідальності та саморегуляції на шляху професійного зростання офіцера.

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PSYCHOLOGICAL PROBLEMS OF POST-TRAUMATIC STRESS DISORDER

The probability that a stressor will cause disorder, is dependent no its suddenness, unpredictability, duration, frequency and premeditation (i.e. injury is purposely inflicted by other people), the physical damage it causes to the victim or its family, how it threatens vitality, provides isolation, is in conflict with the concept of the Self, physically or psychologically degrading or detrimental to the community to which the victim belongs, or its support system. However, none of the stressors cannot cause post-traumatic stress disorder (PTSD) among all people without exception, and vice versa, some at first glance - moderate traumatic events (such as job loss, accident, illness or divorce) can sometimes lead to the development of PTSD. Currently, for example, it is unknown how to determine the ability of a small traumatic stressor, when it lasts for several weeks and to assess whether it would be different if its effect continues for several months or years. Similarly, the perception of the traumatic event is very individual and often entirely dependent on some small details, to which that person has an idiosyncrasy. Currently, the only indisputable conclusion arrived at by all the researchers in this field, is that in some cases, to the development of PTSD symptoms individual perception as a traumatic stressor factors are not as important as his "objective" stressors.

It is also essential to the development and course of PTSD and traumatic factors have, but now this area is much less investigated. In some cases, what happens to a person after the injury affects him even more than the actual injury. One can identify the factors that contribute to preventing the development of PTSD and soften its development - among them are: immediately started therapy which gives an opportunity to actively share their experiences, early and long-term social support, restore a sense of belonging to society (if it has been lost) and security, participation in the therapeutic work with these victims of trauma, lack of re- traumatization, avoidance of activities that interrupt or disturb therapy (e.g., long-term involvement in legal actions which inadvertently encourage the sick role of the victim and reduces the relevance of therapy).

Currently, there is no single universally accepted theoretical concept of an explanation the etiology and mechanisms of the beginning and development of PTSD. There are several theoretical models, among which are: psychodynamic, cognitive, psychosocial, and psychobiological approach and multi-factor theory of PTSD.

Psychodynamic, cognitive, and psychosocial models belong to the psychological models. They have been developed through the analysis of the basic laws of the adaptation of victims of traumatic events to normal. Studies have shown that there is a close connection between the ways out of the crisis, ways to overcome post-traumatic stress (and the elimination of all possible avoidance of any reminders of the trauma, absorption in work, alcohol, drugs, the desire to enter a support group, etc.) and subsequent success adaptation.

Nowadays, many people experience a state of PTSD. This is due to various factors, including the participation in hostilities. In this context it becomes clear relevance of the chosen theme.

Research in the field of post-traumatic stress developed independently of stress research, and until now, these two areas have little in common. The central position in the concept of stress, proposed in 1936 by Hans Selye, is a homeostatic model of self-preservation of the body and the mobilization of resources to respond to the stressor. All effects on the body, he subdivided into specific and non-specific effects of stress stereotypes that manifest in the form of the general adaptation syndrome. This syndrome in the development goes through three steps: 1) reacting an alarm, 2) a step of resistance, and 3) a step of exhaustion. Selye introduced the concept of adaptive energy, which is mobilized by the adaptive adjustment of the homeostatic mechanisms of the body. Its depletion is irreversible and leads to aging and death of the organism.

Psychiatric manifestations of the general adaptation syndrome referred to as "emotional stress" - i.e., affective experiences that accompany stress and lead to adverse changes in the human body. Since emotions are involved in the structure of any targeted behavioral act, it is the emotional first aid is included in the stress response when exposed to extreme and damaging factors. Results in activation of the functional autonomic systems and their specific endocrine provision regulating behavioral responses. According to modern concepts, emotional stress can be defined as a phenomenon that occurs when comparing the requirements of the individual, with its ability to cope with this demand. In case of a lack of human strategies for coping with a stressful situation (coping strategies) there is stress, which is coupled

to the primary hormonal changes in the internal environment of the organism causes a disturbance of its homeostasis. This response is an attempt to deal with the source of stress. Coping includes psychological (which includes cognitive, i.e., cognitive, and behavioral strategies), and physiological mechanisms. If attempts to cope prove ineffective, the stress continues and may lead to pathological reactions and organic damage.

In some circumstances, instead of mobilizing the body to overcome the difficulties of stress can lead to serious disorders.

Repeated or long duration of affective reactions due to the prolonged life difficulties excitement can take congestive stable form. In these cases, even when the normalization of the situation stagnant emotional arousal does not weaken, but rather constantly activates the formation of the central autonomic nervous system, and through them upsets the activity of internal organs and systems. If the body are weak links, they are basic in disease formation. Primary disorders, emotional stress arising in various structures of the brain neuro-physiological regulation, lead to a change in the normal functioning of the cardiovascular system, gastrointestinal tract, the change clotting disorders of the immune system.

Stressors are usually divided into physiological (pain, hunger, thirst, excessive physical activity, high and low temperature, etc.) and psychological (danger, threat, loss, deception, resentment, information overload, etc.). The last ones, in turn, are subdivided into emotional and informational.

Stress becomes traumatic when the result of the impact of the stressor is mental health, by analogy with a physical disability. In this case, according to the existing concepts, disrupted the structure of the "self ", a cognitive model of the world, the affective sphere, neurological mechanisms that govern the processes of learning, memory system, emotional ways of learning. As a stressor in such cases are the traumatic events - extreme crises that have powerful negative consequence, life-threatening situation for yourself or significant others. Such events are fundamentally violate an individual's sense of security, causing the experience of traumatic stress, psychological consequences are varied. The fact that the experience of traumatic stress for some people is the cause of the onset of the future of post-traumatic stress disorder (PTSD).

Post-traumatic stress disorder (PTSD) - is non-psychotic delayed reaction to a traumatic stress, which can cause mental health problems in almost any person. Identified the following four characteristics of injury that can cause traumatic stress:

1. Event realized what had happened, that is, one knows what happened to him, and because of what he deteriorated psychological condition;

2. This condition is caused by external factors;

3. Experienced destroys normal life;

4. The incident event causes fear and a sense of helplessness or powerlessness to do anything about it.

Traumatic stress - the experience of a special kind, the result of a special interaction between man and environment. This is a normal reaction to abnormal circumstances, a condition that occurs in a person who has experienced something out of the ordinary human experience. Range of phenomena that cause traumatic stress

disorder, is quite wide and covers many situations where there is a risk of his own life or the life of a loved one, or a threat to the physical health of the image. Psychological reaction to trauma includes three relatively distinct phases, which allows to characterize it as a detailed time-bound process.

The first phase - the phase of the psychological shock - has two main components :

1. Inhibition of activity, disorientation in the environment, disruption of activities;

2. The denial of what happened (a kind of watchdog psychological reaction). Normally, this phase is quite short.

The second phase - the impact - is characterized by severe emotional reactions to the event and its consequences. This may be a strong fear, terror, anxiety, anger, crying, the prosecution - the emotions, differing manifestations of spontaneity and extreme intensity. Gradually, these emotions are replaced by the reaction of criticism or self-doubt. It proceeds as "what would happen if... " and accompanied by a painful awareness of the inevitability of the incident, the recognition of his own helplessness and self-flagellation. A typical example - described in the literature sense of "survivor guilt ", often amounting to a level of deep depression.

Regarded phase is critical in the sense that it begins or after the healing process (acting out, acceptance of reality, the adaptation to the newly emerged circumstances), that is the third phase of the normal response, or the fixation on the injury and the subsequent transition to post-stress state in the chronic form.

Disorders which arise after the experienced trauma affect all levels of human functioning (physiological, personality, level of interpersonal and social interactions) lead to persistent personality changes, not only in people who survived the stress directly, but also their families.

Numerous studies have shown that the condition that develops under the influence of traumatic stress does not fall into any of the available clinical classifications. The consequences of injuries can occur suddenly, after a long time, with the overall well-being, and eventually deterioration becomes more pronounced. It was described by a wide variety of symptoms such state changes, but for a long time there was no clear criteria for its diagnosis. Also, there was no single term to designate it. Only in 1980 were accumulated and analyzed sufficient to summarize the amount of information obtained during the experimental studies.

Although the current understanding of post-traumatic stress disorder (PTSD) have developed completely by 1980, but information on the effects of traumatic experiences was fixed for centuries.

Disorder, resulting from the experienced disaster (in contrast to "normal" psychogenic states) have been described and diagnosed earlier. So, in 1867 Erik Erikson published the paper " The railway and other injuries of the nervous system," in which he described mental disorders in survivors of accidents on the railway. In 1888 he entered into the practice commonly known diagnosis of "traumatic neurosis" in which many of the symptoms described modern PTSD.

Particularly noteworthy are the work of Swiss researchers Stirlen (1909-1911), which became the basis of all modern psychiatry disasters.