The most common preoccupations involve dirt; safety; and violent, sexual, or blasphemous thoughts. There may be magical thinking, false beliefs, superstitions, or religious ideation, the content of which is culturally determined. They say, “No matter how hard I try, I cannot get these thoughts out of my mind.” See Box 11.1 for types of obsessions and compulsions.

Ramona has persistent thoughts such as: What if the smell of gasoline gets in my lungs? What if I breathe it in when I am pumping gas and get lung cancer? What if my cat licks the gasoline off my hands? What if she gets sick? What if she dies? What if I spread it to my mom? What if I die?

Some people believe that OCD is really a spectrum disorder, that is, not one disorder but several that exhibit repetitive, unwanted behavior. Spectrum disorders include compulsive shopping; compulsive gambling; other compulsions related to television, computers, and pornography; substance abuse; nail biting; hair pulling; autism; anorexia and bulimia; somatization disorders; paraphilias; stuttering; and tic disorders. People with these disorders exhibit intrusive obsessive thoughts and repetitive behaviors. Other features they share include family history, course of illness, neurobiological alterations, and response to behavioral treatment and medications (Clark, 2003).

**Posttraumatic Stress Disorder**

People exposed to extremely dangerous and life-threatening situations may develop posttraumatic stress disorder (PTSD). Only a minority of people exposed to extreme stress develop PTSD. Those more vulnerable to the disorder include people with low social support systems, preexisting mental disorders, childhood physical or sexual abuse, childhood separation from parents, and family instability. Additional high-risk factors include physical injury during the event, situations that are more malicious and grotesque, and active involvement versus witnessing the trauma (King, Vogt, & King, 2004).

Symptoms of PTSD usually begin within the first 3 months after the trauma, although there may be a delay of months or in some cases years before symptoms appear. Any time a trauma occurs, the potential to develop PTSD exists. In severe trauma, a person confronts extreme helplessness and terror in the face of possible annihilation. Ordinary coping behaviors are ineffective, action is of no avail, and the person can neither resist nor escape. Some people describe the traumatic events as happening in slow motion, some say the situation seems unreal, like a dream, and some actually feel disconnected from their bodies. This is referred to as peritraumatic dissociation, which temporarily protects them from feeling intense fear or pain (Brewin, 2003).

For example, rape, child sexual abuse, and battering involve the use of force by the perpetrator. Whether it is a sudden shock or a repetitive torment, the stress of the assault is inescapable and the result is often PTSD. Disaster workers are also at risk for PTSD, thought to be related to exposure to violent death, severely mutilated bodies, the impact of life-threatening situations, and physically demanding activities.

It is important to understand that people with PTSD are normal people who have experienced abnormal events, such as terrorist attacks, physical or sexual assault, motor vehicle accidents, hostage situations, natural disasters, and military combat. Chapters 22, 23, 24, and 25 discuss domestic violence, sexual violence, community violence, and terrorism and natural disasters, respectively.

People with PTSD often exhibit a hyperalertness resulting from their need to constantly search the environment for danger. Increasing anxiety can cause unpredictably aggressive or bizarre behavior. PTSD sufferers may resort to abusing drugs or alcohol in an effort to decrease this anticipatory anxiety. They may also behave as if the original trauma were actually recurring. Thus, they may try to defend themselves against a past enemy who is perceived to be in the present. Triggering events create a continuous cycle of reminders. Examples are the anniversary of the crime or event; holidays and family events, especially if a perpetrator is involved; tastes, touches, and smells; and media coverage, such as articles, talk shows, and movies. Many people with PTSD develop a phobic avoidance of the triggers that remind them of the original trauma. Avoidance may become so all-encompassing that the person develops a socially isolated lifestyle.