

Your child's fears, rituals, and superstitions: *When should you worry?*

You may remember, as a child, avoiding stepping on cracks so as not to “break your mother’s back” or insisting that your dad check under the bed every night to make sure no monsters lurked there. Repetitive play, superstitions, and ritualistic behaviors such as asking parents “Are we there yet?” are normal parts of child development. But sometimes, parents and doctors face the question of when these behaviors cross the line from normal to cause for worry—specifically, concern about obsessive-compulsive disorder (OCD). This guide provides background information about normal childhood fears and ritualistic behavior and suggests some questions to ask about your child’s behavior that can help you decide whether to seek medical help.

What is obsessive-compulsive disorder?

Obsessive-compulsive disorder is a serious childhood illness characterized by unwanted, troubling thoughts (obsessions), and repetitive, ritualistic behaviors (compulsions). The child engages in compulsive behavior to reduce anxiety that is typically brought on by obsessional thinking, but some children have compulsions without obsessions. To be given a diagnosis of OCD, the child must experience obsessions or compulsions that are time consuming (take more than one hour a day), significantly interrupt the child’s normal routine, or cause significant distress. OCD is somewhat more common in boys than girls. If it is not treated, it persists into adulthood, causing long-term problems.

Normal superstitions, fears, and rituals

Superstitions are ideas and related practices that people hold in spite of evidence to the contrary. They arise from ignorance of the laws of nature or faith in magic and chance. They may resemble obsessions and compulsions seen in OCD, but generally are not considered a problem. People engage in superstitious behavior—such as keeping a four-leaf clover for good luck or avoiding opening an umbrella indoors to prevent bad luck—regardless of age, gender, or educational background.



Superstitious thinking is characteristic of children between the ages of 2 and 7 years. Common childhood superstitious behaviors include checking under the bed before going to sleep, touching walls repeatedly while walking, or stepping on sidewalk cracks (or avoiding them). Many children also experience developmentally normal fears, including fear of strangers, the dark, monsters, or certain animals.

Most children engage in some type of ritualistic, repetitive behavior. Such behavior occurs most often between 2 and 4 years of age. It has been suggested that obsessive-like behavior may represent attempts to reduce fears and anxieties related to growing up.

At approximately 2 years of age, normal childhood rituals include rigid routines regarding eating, bathing, and bedtime. At 3 to 5 years, children often repeat the same themes over and over during solitary play (repeatedly counting or crashing cars together, for example). At 5 or 6 years, group games often involve elaborate rules and rhymes. Children age 6 to 11 years may participate in superstitious games (not stepping on a crack to avoid breaking a parent’s back). Older children and teenagers may show a preoccupation with popular activities or famous people or rituals related to competitive sports.

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Is it normal behavior or OCD?

Some medical experts suggest that extreme degrees of ritualistic activity may be viewed as obsessive-compulsive behavior. Unfortunately, the line between normal and abnormal is not always clear. More study is needed, but doctors and researchers have begun to sort out the differences between normal behaviors and those that may indicate OCD. Specific questions to ask yourself include: "How often does my child engage in the behavior (how much time and energy does he or she devote to it)?" "How much does the behavior disrupt my or my child's daily routine?" and "How distressed does my child become when the behavior is interrupted or prevented?" (see the table below).

Often, exploring how your child thinks about the behavior and how he (she) responds emotionally to it can provide clues to whether or not the behavior is normal. For example, some children with OCD say that their "normal" superstitions focus on things relating to "good luck and bad luck," whereas their OCD symptoms involve preoccupation with danger or contamination (as with germs). Children with OCD are generally significantly distressed by their obsessions, rituals, and

fears, whereas children without OCD tend to feel neutral or positive about ritualistic behavior.

There may be exceptions to this "rule," however, so it is important, as noted, to consider how much time your child spends involved in the ritualistic behavior and how upset he (she) becomes when the behavior is prevented. If you are having difficulty determining whether or not your child's behavior is problematic, consider seeking professional help.

How your child's doctor can help

OCD is a serious condition that requires medical attention; stepping on cracks or avoiding them, on the other hand (to return to what was said at the beginning), is fairly common behavior in normal young children and may not be a sign of OCD. To help you, and the pediatrician, determine whether your child's behaviors are age-appropriate developmental behavior or indicate a more serious problem, ask yourself the questions listed in the table below and then talk to the physician about your concerns and your answers to these questions. Your doctor may want to refer your child to a psychologist or psychiatrist trained in treating OCD for further assessment.

Does my child have OCD?

Questions to ask	Normal behavior	May be OCD
How much time does my child spend on a specific behavior, such as lining up toys or washing hands?	Generally less than 30 minutes a day	Generally more than one hour a day
Does my child insist on doing an activity, such as hand washing, in a particular way? Does he insist on doing it this way every time?	Child engages in a specific behavior for a short period of time, and the behavior disappears as quickly as it appeared with little to no upset to family life	The behavior develops over time and may become increasingly complex. The child engages in the behavior often and is distressed when he cannot complete the behavior
How much does my child's behavior interfere with his life or our family's lifestyle?	Does not interfere	Interferes: The child becomes very distressed if she cannot engage in a particular behavior or ritual, and family members may alter their normal behavior to appease the child
How upset does my child become if the behavior or ritual is interrupted or prevented?	Shows little or no distress	Shows a high level of distress: excessive crying, screaming, resistance, or behavior problems