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WHEN CHILDREN SPEAK THROUGH BAHAVIOUR: STRESS AND AFFECT REGULATION IN FAMILY THERAPY*

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Abstract: *Behavioral and emotional problems in children, including aggression, often point to a dysregulated family system. Stress and affect in the family are transmitted relationally, so the child often becomes the bearer of symptoms of broader family dynamics. Family therapy enables an understanding of these difficulties within a systemic context and focuses on stress regulation in parents and affect regulation across the entire family. Measuring heart coherence can be a useful indicator of physiological self-regulation, and in children, projective techniques help with recognizing, expressing, and regulating emotions. The goal of this approach is to reduce symptoms in the child and establish more regulated and connected relationships within the family system, which can contribute to the prevention of more serious social behavior disorders in adolescents, including patterns associated with juvenile delinquency[307].*

Keywords: *family therapy, violence, stress, affect regulation, heart coherence*

Introduction

Children's behavioural and emotional difficulties often reflect more than just the child's internal distress. They also reveal much about relationships, the family atmosphere, and the stress experienced by parents who are unable to manage their stress effectively. Aggression, impulsivity, outbursts, and defiance may seem to be expressions of individual distress, but in family therapy, they are understood within a relational context. In family therapy, a child's symptoms are not treated as isolated disorders but as possible reflections of broader family dynamics (Carr, 2025; Lin et al., 2024). Research has shown that family factors significantly influence the development of a child's emotional regulation, and emotional regulation mediates the link between the family environment and the psychological symptoms of children and adolescents (Lin et al., 2024). In family therapy, the family is viewed as a system in which members are interconnected and influence one another. Therefore, the child is not seen as the "source of problems," but as a member of a system in which stress, emotions, and coping

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mechanisms are reflected in relation to other family members (Jerebic, 2015). This involves a systemic understanding of early externalised problems, where affect regulation, parental responsiveness, and the quality of family relationships are important factors in the development of behavioural outcomes (Gostečnik, 2013). The child's inappropriate behaviour is understood as a response to systemic needs; therefore, involving parents in therapy alongside the child is crucial for systemic change. With younger children, conversation is often insufficient; instead, various projective techniques are used so the child can recognise what they are experiencing, express their emotions, and regulate them appropriately (Jerebic and Jerebic, 2020). In therapy, affect regulation becomes a central theme. It refers to an individual's ability to recognise, contain, organise, and express their inner state in a way that does not necessarily lead to impulsive behaviour or the breakdown of a relationship. In children, this ability does not develop independently. It emerges within a relationship. A child first needs co-regulation with an adult, and only then gradually builds self-regulation. When this developmental process is disrupted, affect may manifest in behaviourally, somatically, or relationally destructive ways (Morris et al., 2007; Lin et al., 2024). This is important not only for the child's current well-being but also for their future development. Longitudinal studies have shown that early family patterns, coercive family processes, and poor self-regulation predict later behavioural problems and an increased risk of delinquency in children (Smith et al., 2014). Systematic reviews of risk factors for juvenile delinquency have shown that family conflict, neglect, abuse, and family dysfunction are among the most significant risk factors (Aazami et al., 2023), which is also linked to affect regulation.

Family Stress and Affect Regulation

Stress within the family is not simply an individual issue for one member; it is a relational phenomenon. When parents are chronically overwhelmed, conflicted, helpless, or emotionally unavailable, the child not only experiences the effects of their stress but often adapts to the family's overall emotional climate. The child may become a symptom-bearer, a "barometer" of the family system, or someone who, through their behaviour, expresses what the system itself cannot think or regulate (Jerebic and Jerebic, 2020). Research has shown that a child's emotional regulation significantly mediates the impact of family factors on internalised and externalised symptoms. More conflictual, less responsive, and more chaotic family relationships are linked to poorer emotional regulation, which in turn predicts increased behavioural problems (Lin et al., 2024). Similarly, broader reviews of parenting and externalising symptoms in children indicate that intrusive, inconsistent, or emotionally unresponsive parenting styles are associated with more externalising behaviour (Ryan et al., 2026). For family therapy, this means that a child's inappropriate behaviour, such as aggression or defiance, cannot be resolved solely through behavioural correction; instead, the underlying cause must be addressed – by exploring how stress is organised within the family, how parents regulate it in themselves and in the child, and how the child adapts to such a system. If there is a systemic inability to regulate, the child will often express unregulated affect through their body and behaviour (Jerebic, 2015).

Affect Regulation as a Protective Factor Against Later Delinquency

The connection between early affect regulation and later social behaviour is of significant developmental importance. The maturation and activity of the stress axis in children are associated with experiences in early childhood, particularly during the first years of life. It is essential for parents or caregivers to be able to calm a child's heightened emotional and physical arousal (Gunnar and Donzella, 2002). Children who have greater difficulty regulating their impulses, anger, frustration, and internal tension are at higher risk for aggressive and antisocial behaviour. This risk increases further when they live in families characterised by coercion, humiliation, chaos, neglect, or violence. Smith

and colleagues (2014) found in a longitudinal study that early coercive family processes predict early behavioural disorders. Aazami and colleagues (2023) demonstrated in a systematic review that family conflict, abuse, neglect, and dysfunction are strong risk factors for juvenile delinquency. Research also highlights a protective aspect. Emotional regulation is one of the key mechanisms through which a child can better tolerate frustration, delay impulses, symbolise their inner state, and respond less impulsively. When a child grows up in a sufficiently regulated relational environment, the likelihood increases that they will express distress through words, play, or relationships, rather than through violence, rebellion, or delinquent behaviour. Lin and colleagues (2024) demonstrated that emotional regulation is an important mediator between family factors and subsequent psychological outcomes. Strengthening affect regulation in childhood can therefore be understood as preventive work in the area of deviant behaviour.From this perspective, family therapy is not only important as a curative approach; it is also a preventive space where the child's developmental trajectory can be influenced at early stages. If coercion in family interactions is reduced and co-regulation is strengthened, the likelihood that the child will regulate their affect through aggression or socially problematic behaviour decreases.

(Dis)regulation of psycho-organic processes and affects in family therapy

Problematic behaviour in children arising from complex relationships – which, for example, parents are no longer able to control or are unwilling to confront – can always result from affect regulation. This involves an entire system that includes organic components such as the hormonal system, the system regulating organic tension and relaxation, and cortical and subcortical connections between the limbic system and cortical cognitive functions. Affect regulation also enables switching between bodily and cognitive processes, and between the parasympathetic and sympathetic nervous systems, where there is a fundamental interdependence between affect regulation and problematic behaviour, which mutually reinforce and sustain each other (Gostečnik, 2017). In family therapy, this can be achieved through the therapeutic relationship at systemic, interpersonal, and internal psychological levels (Gostečnik, 2004). The family therapist, through their relationship, co-regulates both parents and children, making the regulation of psycho-organic states – or the regulation of psycho-organic content and affects – essential for both family members and the therapist. The core affect manifests in the systemic or interpersonal field as a disproportionate response in the present, and the therapist's primary task is to uncover the source of the affect and regulate it, especially when it is found to be generational transmissions of affects such as sadness and shame, which can, at their core, organise a person's specific behaviour in the present (Gostečnik 2013, 2017). When working with children, various projection techniques are used in therapy.

Creative Projective Techniques in Relational Family Therapy

In therapeutic work with children, the verbal channel is often insufficient, particularly for younger children, traumatized children, or those who have learned to block their emotions. For this reason, relational family therapy incorporates creative, experiential, and child-friendly techniques such as drawing, clay, sandtrays, puppets, photographs, stories, and genograms (Jerebic and Jerebic, 2020). Projective techniques reveal various aspects of an individual's personality, thoughts, and emotions; they often bypass conscious defences and provide insight into internal, unconscious processes. In children, these techniques are useful for understanding their perspectives, fears, needs, desires, level of maturity, stressors, and self-perception in relation to their family and significant others, as well as for assessing personality and psychological disorders. These techniques offer a convenient way to explore the inner world of children, serving as a clinical diagnostic tool (Santillo et al., 2025), while also allowing the child to express and regulate emotions within the therapeutic relationship. A systematic

review of the use of projective techniques with children and adolescents has shown that these techniques are still frequently used to explore family relationships, self-image, and the affective world, but their psychometric properties are highly inconsistent. The authors therefore recommend that these techniques be understood primarily as supportive clinical tools for opening up meaning and dialogue, rather than as standalone diagnostic evidence (Santillo et al., 2025). Below, we present drawing, clay, puppets, and the sandtray.

Drawing

Drawing is one of the most commonly used expressive techniques in child therapy; it also provides children with a natural way to communicate and express their thoughts and feelings (Malchiodi, 2001). Family drawings and kinetic family drawings are particularly widespread. Research has shown that family drawings can illuminate a child's representations of closeness, belonging, vulnerability, exclusion, and attachment; however, they must be interpreted with caution and always alongside other clinical data (Pace et al., 2022). Other studies indicate links between the characteristics of family drawings, the quality of attachment, and behavioural difficulties, but not as unambiguous diagnostic conclusions (Rehder et al., 2020); rather, they serve as a means of recognising what is happening in the child's inner world and its external expression. In clinical practice, drawing is important because it allows the child to translate their inner state into a symbolic space. The child projects their experiences, needs, desires, and feelings, and the therapist helps them become more in touch with their body and emotions. Thus, drawing is not significant because it "reveals the truth," but because it opens a safe space for affect that would otherwise remain expressed only through behaviour.

Clay

Clay is a particularly valuable medium because it engages the body, touch, shaping, and reshaping. For children who experience emotions primarily through their bodies, it can be much more accessible than words. It provides a way for the child to release aggressive tendencies, offers a sense of control and competence, and can also serve as a means of relaxation and calming. The child expresses thoughts and emotions and symbolically represents inner processes (Hartley et al., 2002). Recent studies in art therapy report that working with clay can support emotional expression, reduce tension, and promote greater internal organisation (Zhou et al., 2025).

Puppets

Puppets allow children and families to participate in play that connects concrete experience with abstract thought. Puppet stories create metaphors through which the therapeutic healing process begins. Puppets are useful for a range of issues in family therapy. With puppets, what emerges in therapy can be projected onto something the child and family can control. The story comes to life when each person gives their puppet a personality, purpose, and role in the story (Gil and Smelser, 2017). It is important for the therapist to have a wide variety of puppets to choose from, including puppets representing family members, wild and domestic animals, people in various professions, and supernatural beings or fairy-tale characters (Drewes and Schaefer, 2017).

Sandplay

Interaction with the sandbox is initially nonverbal, allowing the child to create their own world using miniature figures. The opportunity to choose and express themselves freely helps the child confront their emotions and promotes relaxation. Once the child has constructed their world, the therapist asks questions about it (Hull, 2015). The sandbox automatically initiates a process in which heart and mind

connect, and the left and right hemispheres integrate. Through play with miniature figures in the sandbox, it becomes easier to access deeper layers of life stories that are sometimes impossible to express in words. For some, the sandbox is the only way they can express their inner fears, questions, unresolved experiences, and conflicts – in an environment where they can explore without words in a playful manner. When they share these stories with an empathetic therapist, they can develop a deeper understanding of the situations that trouble them (Kestly, 2015). Sandplay helps children develop a sense of self, build relationships, cope with unpleasant emotions, and enhance communication skills and self-esteem (Hull, 2015).

Hearth coherence, HRV, and physiological self-regulation

Heart rate variability (HRV) is now an established psychophysiological indicator of self-regulation. Research has shown that higher vagal-related HRV is often associated with better emotional regulation, greater psychophysiological flexibility, and improved stress resilience. A meta-analysis by Goessl et al. (2017) demonstrated that HRV biofeedback significantly reduces stress and anxiety. HeartMath aims to promote self-regulation through heart coherence training. Studies from their research report improved subjective regulation, greater calmness, and more organised heart rhythms (McCraty & Zayas, 2014; McCraty, 2022). Measuring coherence or HRV can be clinically useful as a complementary tool. In family therapy, it can help parents become aware of how strongly their bodies engage in stress responses. This shifts the focus from moralising to understanding regulation – not in terms of who is at fault, but rather who is sufficiently regulated at that moment to regulate themselves within relationships. A systematic review in children and adolescents has shown that HRV biofeedback is a promising approach (Dormal et al., 2021).

Conclusion

When a child communicates through behaviour, they are often expressing emotions that have not yet found words, stress that the system cannot handle, and relationships that are not sufficiently regulated. Family therapy is particularly well-suited to understanding children's behavioural and emotional difficulties, as it does not separate them from their relational context. Affect regulation plays a dual role in this context: it is both a goal and a pathway. It is a goal because, without regulation, a child finds it harder to develop self-control and social adjustment; and a pathway, because it is through working on the regulation of the parents, the child, and the family atmosphere that symptoms can be reduced. Experiential and projective techniques within a safe therapeutic relationship help the child express blocked feelings, while helping parents better understand the child's inner experience and establish a different kind of connection with them. Above all, parents must first regulate themselves, including in their relationship with the therapist. Measuring heart coherence or heart rate variability (HRV) can assist as a complementary indicator of physiological self-regulation. By learning to understand the messages they receive from their hearts, parents can develop the ability to perceive clearly, which is necessary for effectively managing emotions so they do not succumb to reactive emotions or dysregulation. The more parents are able to listen to themselves and tune into their own feelings, the more available they will be to their children for co-regulation of their state. This means that affect regulation in childhood is not merely a supportive psychological skill, but an important protective factor. If a child develops the ability to recognise, express, and regulate emotions within a sufficiently secure relational environment, the likelihood that aggression, violence, or delinquent behaviour will later become their primary means of managing internal states is reduced. We can therefore conclude that working on affect regulation in childhood not only reduces current symptoms but can also significantly contribute to preventing future delinquent trajectories. This is precisely where one of the strongest preventive potentials of family therapy lies.

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KAD DIJETE GOVORI PONAŠANJEM: STRES I REGULACIJA AFEKATA U OBITELJSKOJ TERAPIJI

Sažetak: *Ponašajne i emocionalne poteškoće djece, uključujući nasilje, često govore o nereguliranom obiteljskom sustavu. Stres i afekti u obitelji prenose se relacijski, zbog čega dijete često postaje nositelj simptoma šire obiteljske dinamike. Obiteljska terapija omogućuje razumijevanje tih poteškoća u sistemskom kontekstu te se usmjerava na regulaciju stresa kod roditelja i regulaciju afekata u cijeloj obitelji. Mjerenje srčane koherencije može pritom biti koristan pokazatelj fiziološke samoregulacije, a kod djece projekcijske tehnike pomažu u prepoznavanju, izražavanju i regulaciji emocija. Cilj takvog pristupa jest smanjivanje simptoma kod djeteta te uspostavljanje reguliranijih i povezanijih odnosa u obiteljskom sustavu, čime se može pridonijeti prevenciji ozbiljnijih poremećaja u socijalnom ponašanju adolescenata, uključujući obrasce povezane s maloljetničkom delinkvencijom.*

Ključne riječi: *obiteljska terapija, nasilje, stres, regulacija afekata, srčana koherencija*