Children Psychological Support Through the Application of Biomorphic Concept: An Intervention in Educational Psychology

Mohammad Hazim Amir Nordin, Azlina Abu Bakar @ Mohd
Faculty of Education and Human Development Sultan Idris Education University, Malaysia

Abstract
Psychological disorder in children is an issue that needs to be addressed. An educational psychologist has to master and understand other interventions which can be applied as the support in recovery process for children with psychological disorders. In this way, the level of the educational psychologists' competence can be improved and children with psychological disorders can be helped through an interesting and appropriate intervention in educational setting. This is a qualitative research method that using exploratory research design. However, this article discussed only the conceptual of each element in the research.
Keywords: Recovery, Psychological Disorders, Intervention, Emotion, Biomorphic.

Introduction
Child psychological support is one of the important elements in the recovery process especially for children who are in specialist treatment. Children who have receive psychological support can gain more positive emotional development and able to live in healthy lifestyle. Children will feel appreciated. Furthermore, children need to have attention from their love one or people who have significant relationship with them. This needs surely can be fulfill whenever they get the psychological support especially from their therapist, friends or even family. In this study educational psychologists need to play an important role by using alternative interventions as a medium of emotional support in the development of client psychological aspect.

Children with Psychological Disorders
Psychological disorders refer to cognitive and affective related disorders. When an individual is unable to control stress, all of these developmental components will experience psychological disorders (Zainab, 2015). Psychological disorders can be divided into three parts namely, psychosis, neurosis and personality disorder (Bruce, 1967). A person who lacks self-efficacy, is unable to handle stress well and unable to work productively (Debbie, 2005). Psychological disorders can be caused by environmental, school, peer or even genetic factors. Based on a report released by the newspaper Berita Harian reported by Wan (2016) two out of ten students in Malaysia experience symptoms of poor psychological development. If these symptoms are not controlled and constrained, it can lead to chronic mental illness. The result

of the Healthy Mind Program Dealing with Stress among School Students conducted by the Ministry of Health involving 30,000 students and were screened in 2011-2015, for the assessment of depression, anxiety and emotional stress and it involved children aged 7 to 17 years old.

Symptoms of psychological disorders are of regardless of the age that if they and their signs are identified and not curbed, it may lead to neurosis according to Jamaluddin et al. (2010); Wan (2016); Ahmad (2015). This statement is also supported by previous studies from Jordana et al. (2011) where there are various factors on the symptoms of unhealthy psychological development in children which are, the factors of early childhood development; internally and externally (from birth to five years old), the mid-childhood, internally and externally (aged five to nine years) where it involves poor health, postpartum emotional stress (maternal emotional distress), strict discipline, spoil children and parents who extremely pamper their children.

The various factors resulting from the previous studies show that the factors of the occurrence of this poor psychological development can be influenced by external and internal factors. External factors are such as the environment, way of upbringing and health level. The internal factors are internal conflicts and genetic inheritance. The development of children's psychological health can be identified on the capacity and achievement in maintaining psychological function and personal well-being where children and adolescents or teenagers face a variety of very challenging issues in their lives. Based on the monograph released by the World Health Organization (WHO) on 2005, there are three main reasons why creating effective and efficient interventions for the development of children's psychological health is vital.

The first reason is, there are some specific symptoms of psychological disorders can be seen during childhood or adolescence that require interventions taken at an early stage. The second is that, there is continuity between children and adolescents who face psychological disorders and it is able to affect a child up to adulthood. By taking early measures at the child level, it can evade the deficiency in the development of good mental health in a long run and the third reason is the effectiveness of interventions towards oneself and one's family especially in relation to the cost of treatment. According to a report by WHO (Hendren, Waisen & Orley, 1994), one of five children and adolescents face emotional problems or behavioural change disorders at certain times as they grow up, regardless of their social and socio-economic background and it is also supported by Malhotra, Murphy & Kennedy (2004) where children's experiences are etiologically related to psychiatric and psychological disorders.

Psychological Support and Recovery

Support is defined as anything provided as assistance meanwhile recovery refers to the act of restoring or returning to the original condition (Fourth Edition Kamus Dewan Bahasa, 2014). Psychological support refers to the help given to the children who suffer from psychological disorder and potentially have problems in learning process especially academically and are rejected in their social community for having bad self-image. They also have the potential of having trouble in socializing with their peers or people who are older than them. The World Health Organization has drafted a monograph-based guideline entitled, The Development of Mental Health in Children and Adolescents; planning and policies covering schemes on how to implement strategic methods for the recovery or rehabilitation of children and adolescents in an effort to promote to the public on healthy mental development.

Children can get psychological support either at home or at school. In general, when children are at school educational psychologist will play an important role to give them psychological support that allow children to express their emotions and make selection about how they will respond to the crucial building blocks of good mental health. Educational psychologist can practice regulating emotions with children by mounting strategies to understand and manage aggravation, lividness and sadness when those feelings is unmanageable. Even under the best of circumstances, it is not easy to differentiate between challenging behaviours and emotions that are shown consistently by typical child development or those that are cause for concern. It is consequential to put in mind that many disorders like anxiety, attention deficit hyperactivity disorder and depression, do occur during childhood. Psychological assessment can be administrate and the results may suggest that a children behaviour is related to changes or stresses either at home or school. The result of a psychological assessment for which psychological support could be is a psychotherapy, medication, counselling or intervention support either from teachers or family.

Based on the view of the founder of American Psychiatrist Society, mental health refers to the ability of a person to preserve his mind against all things and the influences which can deter his mind, thinking quality, energy capacity in thinking and ability to move thoughts. Jahoda, (1958) argued that mental health and psychological support can be divided into three domains. First, mental health and psychology is able to exploit a person's potential through the process of development. The second domain is, mental health and psychology is a person's ability to control and master the environment and the third is an individual with positive thinking is able to identify, confront and find solutions to a problem. These are also supported by the study by Debbie (2005) where mental health and psychological support can give a big impact in harmonious and prosperous state in which a person knows and understands his own abilities, is able to handle stress well, work productively and contribute to the society.

Implementing Biomorphic Concept as Interventions

The implementation of biomorphic design can be utilized during recovery or rehabilitation sessions as it is able to construct analogies and make children to be able for creatively thinking as well as in helping them to think in solving problems critically (Setchi et al., 2010). By applying this biomorphic concept, issues or ideas expressed by children are affected by various elements including aesthetic elements, shape structure elements, physical structure elements, organic lines and a few more. Nordin (2015; 2017) explains that biomorphic concept can be applied to generate new ideas and able to help a person think on problem solving, where every stage in the process of biomorphic application has significant aesthetic values and it is a personification that leads to inner peace.
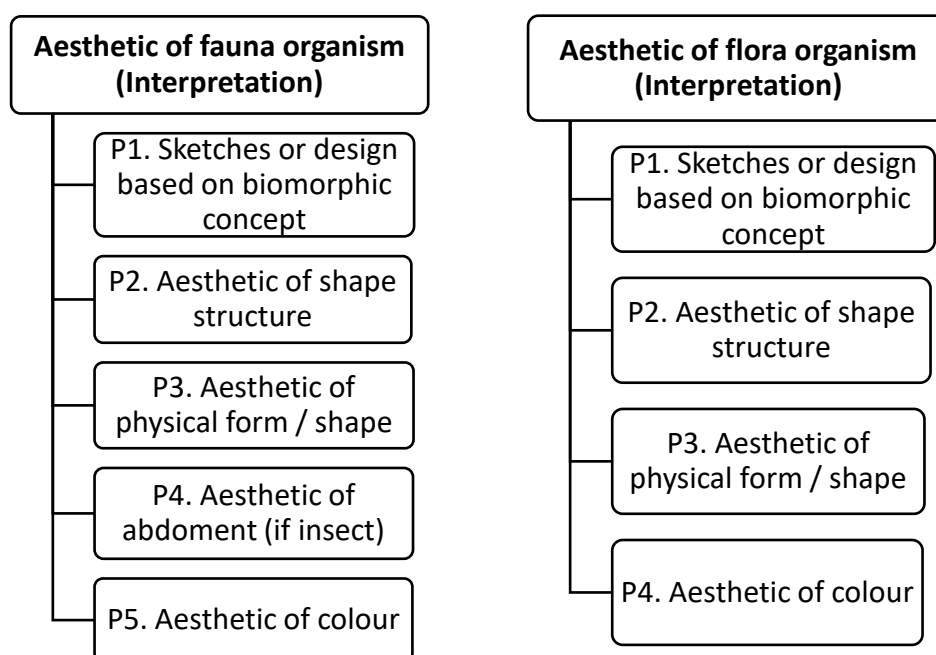
Figure 1. Prefix process of biomorphic application in educational psychology (Nordin, 2020).

Figure 1 above indicates how biomorphic concept can be applied in psychological recovery or rehabilitation for children. Each biomorphic design made has its own specific meaning which symbol is significant to the experience, event or something that happens. By using this biomorphic concept, it can help children to express their emotions through certain aesthetic value. This biological and nature concept is also capable in forming creative analogies in thoughts. (Swaroop, Michael & Ashok, 2009). Biomorphic aesthetics can be divided into two; the aesthetics of fauna organisms and the aesthetics of flora organisms. Educational psychologists will assign children with a theme, either a flora or fauna and they will choose a living organism as their source of inspiration. They will be asked to select living organisms which have significant relationship with the emotions they are trying to express.

Through the first phase, educational psychologists will guide the children to get their inspiration by using either aesthetics of fauna organisms or aesthetics of flora organisms chosen which has the significant features or characteristics with the emotions or issues faced by them at that point of time. The medium can be used to implement this biomorphic concept is either in painting or clay for the process of sketching and design. These sketches and designs help educational psychologists to grasp the children's choice and the aesthetics value related to their emotions, issues or problems faced at that time. In the second stage, aesthetics of shape structure is applied where every shape made by the children represents their emotions at that moment.

The third stage is on aesthetics of physical structure. This also represents the children's emotions that can be explored further. The fourth stage is aesthetics of the abdomen (if the fauna selected is an insect) and for aesthetics of flora organisms is aesthetics of colour. In the fifth stage, the aesthetics of flora organisms is the aesthetics of colour in which this aesthetics plays an essential role in indicating the exploration in their emotion in depth. With the expression of these emotions, it is hoped that children will feel relief or catharsis. Throughout the implementation of biomorphic concept as interventions in

| Building relationship | Evaluation / listening | Implication of interventions |

psychological recovery or rehabilitation for children, there are six components needed to be emphasized by educational psychologists as below.

Figure 2. Six components of biomorphic applications in educational psychology.
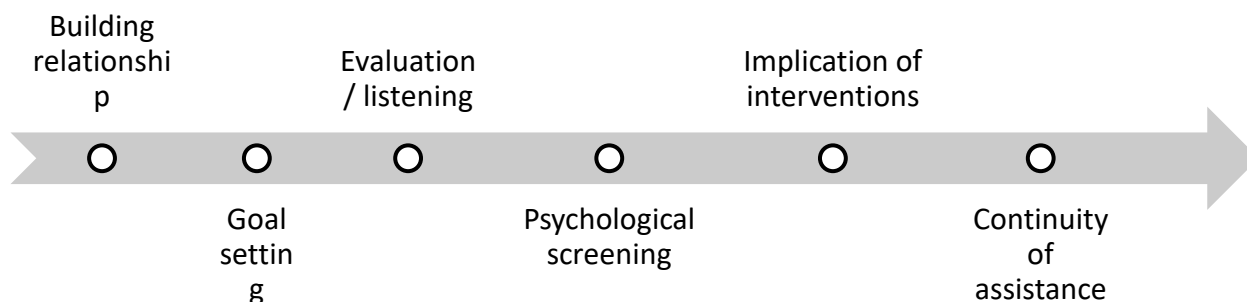
In Figure 2, the first component is to build rapport or relationships with the children. The second component is to set goal for the session (what do the children wants in the end of session and how the educational psychologists will lead the session). Third component is to evaluate or assess and listen well. Educational psychologists need evaluate priority of the issues (if conflicted) and listen to the information given by the children and re-evaluate whether the information heard is correct or not, by using small or large formulation techniques, or questioning with open or closed ended questions. The fourth component is psychological screening. This is very important in identifying the level of the children's emotional state and if they need help from a specialist, then it is the educational psychologists' responsibility to do the follow up or referral. The fifth component is the intervention where educational psychologists need to discuss the effectiveness of the interventions implemented, whether they manage to provide relief or catharsis to the children or whether or not the goal of the session is successfully achieved. The final component is the continuation of the assistance or help given by the educational psychologists to provide the children with other emotional support and the need to end the session.

Conclusion

By implementing this concept, children have the opportunity to get help and express their emotions in a more structured and interesting way. When this biomorphic concept is successfully implemented, it can help educational psychologists mostly during the phase of building rapport where children are likely to show resistance, children will feel free to let out their emotions without any obstacles or hesitation and consequently, establishes a value of trust among the children and the educational psychologists. It also helps educational psychologists in the process of exploring the children's emotions where they can delve into them through the analysis of the interpretation of aesthetics values made by the children. Hence, it facilitates both novice and semi-skilled educational psychologists in handling sessions, avoiding the lack of ideas throughout the sessions are carried out. Thus, the goals of the sessions are successfully achieved.

Corresponding Author
Mohammad Hazim Amir Nordin
Faculty of Education and Human Development, Sultan Idris Education University, Malaysia
Email: mohammad_hazim@yahoo.com

References
Ahmad, J. (2015). Penyakit mental tidak mengenal usia. Akhbar berita harian. Jumaat 24 Julai 2015.Retrieved from newspaper homepage https://www.bharian.com.my/bhplus old/2015/07/69731/penyakit-mental-tidak-mengenal-usia.

Bruce, P. (1967). Field studies of social factor in relation three types of psychological disorder. *Journal of abnormal* (93)2, (222-230).

Debbie, P. (2005). Families Attitude and Metal Illness Literature Review. *Discrimination due experience of mental illness from general health services: issues paper prepared for the like minds, like mines government policy project.* September 2005, Mental Health Organiation New Zealand.

Hendren, R., Waisen, R. B., & Orley, J. (1994). *Mental health programs in school*. Geneva: Division of Mental Health, World Health Organization.

Jahoda, M. (1958). *Joint commission on mental health and illness monograph series: Current concept of positive mental health.* American Psychological Association (APA).

Jamaluddin, R., Azizi Y., Nordin, Y., & Siti, Z. M. L. (2010). *Kemurungan Dalam Kalangan Penghuni Rumah Anak Yatim di Daerah Kota Baharu, Kelantan*. Jurnal of science and mathemathics education. Johor: Univeriti Teknologi Malaysia.

Jordana, K. B., Obioha, C. U., Nina, L., Melissa, W., Katherine, S., & Jan, M. N. (2011). Risk factors for children mental health symtoms: national longitudinal study of Australian children. *Journal of the American academy of pediatrics.* 128 (4), 865-879.

Kamus dewan edisi keempat. (2010). Kuala Lumpur: Dewan Bahasa dan Pustaka.

Malhotra, A. K., Murphy, G. M., & Kennedy, J. L. (2004). Pharmacogenetic of psychotropic drug response. *The American journal of psychiatry Vol.161*, 780-796.

Nordin, N. A. (2015). Biomorphic concept for form development. *Advanced science letter. 23(2). 882-884.*

Nordin, N. A. (2017). Biomorphic concept in idea generation for furniture design. *Proceeding of 1st International Conference of Art and Design. Bandung: Indonesia*.

Nordin, M. H. A. (2020). Exploration of Biomorphic Concept for Emotions Expression in Educational Psychology. *International Journal of Academic Research in Business and Social Sciences*, *10*(6), 909–915.

Setchi, R., & Bouchard, C. (2010). In search of design inspiration: a semantic-based approach. *Journal of Computing and Information Science in Engineering*. 10(3).

Swaroop, V., Michael, E. H., & Ashok, K. G. (2009). Nature of creative analogies in biologically inspired innovate design. *Proceeding of the 7th conference on creativity and cognition. Berkeley: USA October 26-30, 2009.*

Wan, N. H. (2016). Gejala pelajar sakit mental. Akhbar berita harian. Jumaat 2 September 2016.

World Health Organization. (2005). *Mental health evidence and research. Mental health atlas.* World Health Organization: Geneva.

Zainab, I. (2015). Faktor gangguan psikologi dalam kalangan mahasiswa universiti. *Jurnal al Hikmah.* Universiti Kebangsaan Malaysia. *(7) 2, 55-71.*