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IMPROVING WOCA (WISDOM ORIENTED COUNSELING APPROACH) AS THE INDIGENOUS ALTERNATIVE THERAPY FOR REDUCING THE SUICIDAL RATE IN EAST JAVA, INDONESIA

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Abstract:
The dynamics of South East countries in various aspects caused an acute illness called global anxiousness including in East Java, Indonesia. It caused a massive and systematic effect that is increasing year by year. The Researcher using counseling approach that is called Wisdom Oriented Counseling Approach (WOCA). It is supported by helper professionals such as counselors, psychologist, psychiatrist and also suicide gatekeeper like teachers, clerical and support staff, school nurse and custodial staff. This indigenous approach is oriented to a new way how to recognize suicidal sign and symptoms. Most of gatekeeper and helper feel to mechanistic in healing clients. WOCA has six steps in its treatment: (1) rapport establishing, (2) problem exploration, (3) problem defined, (4) developing the problem solution, (5) taking the decision, and (6) termination. This approach is oriented to helper's and gatekeeper's wisdom in facing suicide problems. Methodological of this research through mix method of psychological/counseling autopsy study based on qualitative interviews. Seven survivors of suicide caused by depressed were counseling by individual through WOCA during the three months treatment. The results of the treatment showed that the informants feel more hope fully life and optimism to coping their problem as caused of suicide.

Keywords: WOCA, indigenous therapy, suicidal rate

1. Introduction

Fluctuation and dynamic of South East Asia society in the Post globalization era is causing the biggest acute illness that is called global anxiousness. And even the systemic excessive anxiousness of world society, South East Asia society particularly, is caused by the global crisis, politic, territorial, and religion issues. When these cause causative factors

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are happening continuously, it automatically increases the number of depression and decreases life expectancy number. Bigger desperation creates the worst thing to do, the possibility of suicide (Azmi, 2019a).

Suicide is a serious phenomenon which is shown by WHO data estimation. The data show that suicidal rate reached one million people per year. WHO suggests each country to decrease suicidal rates. Estimated annual mortality is 14·5 deaths per 100 000 people, which equates to one death every 40 seconds (Conway, 2004). Self-inflicted death accounts for 1·5% of all deaths and is the tenth leading cause of death worldwide (Levi et al., 2003). Suicide rates vary according to region, sex, age, time, ethnic origin, and, probably, practices of death registration. Whereas these numbers and estimation are not covering the unreported and unrecorded deaths.

A South East Asia region noted suicide note as serious problem that have to solve. WHO showed that in 2009 South Asia Region is at 18.2%. It was higher than Western Pacific Region (13.5%), Eastern Mediterranean Region (4.3%) and African Region (2.2%). It may increase year by year. Here are the further data due to the domestic suicidal ideation of some region: India 64%, Egypt 61%, Philippines 28%, and Indonesia 11%. Malaysia showed more specific data, they are: mental illness was present in 72 suicide deaths (22%). Of this number, 11.6% or 38 cases had depression and 7% or 23 cases had schizophrenia. Only 23 victims were reported to have had a family history of mental illness or suicide (Ali et al., 2014). These data means that suicidal ideation was high enough in Asia and 80% took place in developing countries, 50% in urban areas and 33% refugee camps (Mishara & Weisstub, 2010)

Suicide receives increasing attention worldwide, with many countries developing national strategies for prevention. Rates of suicide vary greatly between countries, with the greatest burdens in developing countries. Although suicide rates in elderly people have fallen in many countries, those in young people have risen. Rates also vary by ethnic origin, employment status, and occupation. Most people who die by suicide have psychiatric disorders, notably mood, substance-related, anxiety, psychotic, and personality disorders, with comorbidity being common (Azmi, 2019b). Previous self-harm is a major risk factor.

There are some causal factors that analyzed from various viewpoints, such as psychological, behavioral, and social. When we talk about the causal factors of suicide from psychological view, we will find the answer on the previous paragraph (psychiatric disorders, notably mood, substance-related, anxiety, psychotic, and personality disorders, with comorbidity being common). But when we see it from behavioral view, suicide is caused by self-injurious behavior which is turning into suicidal self-injurious behavior, suicide attempt, and finally turning into suicide (death).

Suicide is also associated with physical characteristics and disorders. Family history of suicidal behavior is important, as are upbringing, exposure to suicidal behaviour by others and in the media, and availability of means. Approaches to suicide prevention include those targeting high-risk groups and population strategies. There are,

however, many challenges to large-scale prevention, especially in East Java, Indonesia South East Asia.

In this context, suicide that is caused by religion issues or radicalism such as suicide bombs, war, customs and culture is not our research focus. This research is focused on suicide that is caused by a suicidal attempt such as mental disorder, mood disorder, and other psychological that is influencing people to suicide. Another aspect that becomes an important focus is the way or method of suicide. In developed countries, such as the USA and Germany, people who commit to suicide use "shooting" to kill themselves. Other ways, such as hang them or jumped are popular enough. It is different from developing countries, people who commit to suicide are doing self-poisoning by drink pesticide (Sun & Jia, 2014).

The death rate due to suicide in Java, especially East Java, has never been published officially and continuously by the government. However, many reports from non-governmental organizations and media explain the importance of handling Suicide cases. One unique and original approach (WOCA) was used to reduce the high rates of depression and suicide. This paper contains a description of the results of scientific procedures and mental therapy processes from WOCA in reducing suicide adoption in East Java, Indonesia.

2. Literature Review

Suicide comes from Latin which consists of two words namely *sui* which means self and *caedere* which means kill. From these Latin words, suicide can be interpreted as activities that involve thoughts, feelings and behavior for the sake of hurting yourself with the aim of ending life (Marcus, 1996)

Depression and suicide are complex phenomena and have several main factors. These factors can be assessed from several scientific perspectives, from psychology (psychodynamics, development, cognitive and existential humanistic), behavioral to social societies. If the cause of suicide seen from the perspective of psychology, depression and suicide can be caused due to emotional disturbances, excessive anxiety and personality disorders. But if viewed from the perspective of behavioral science, suicidal behavior can start from behaviors to hurt and self-injurious behavior that will lead to hurtful behavior and then lead to suicidal self-injurious behavior and ultimately will arise intentions strong suicide / attempted suicide.

In summary, the theoretical explanation for depression and suicide can be seen from the following table: Table Explanation of Depression and Suicide Theory (Granello & Granello, 2007).

Theory Orientation	Explanation of Depression and Suicide
1. Psychodynamics	1. Depression and suicide are failures of the ego, id and superego systems in equilibrium. Failure originates from the collapse / breakdown of the defense mechanism, fixation in the growth period and memories of conflict failures that have occurred.
2. Development	2. Depression and suicide are the result of failure to achieve self-satisfaction with the success of undergoing developmental tasks. Individuals experience serious self-distrust, shame, guilt, and inferiority.
3. Behavioral	3. Depression and suicide are the result of learning to imitate (modeling) and the inability of oneself to avoid avoidance or pain that causes hopelessness or helplessness.
4. Cognitive	4. Despair is the key variable of an individual committing suicide in his cognitive system. Negative thinking about yourself, the world and the future that causes depression, giving rise to opportunities for suicide.
5. Humanist Existentials	5. Depression and suicide come from experiences that are not enough to grow and develop adulthood. Individuals experience a lack of meaning and purpose in life.

Figure 1: Suicide Method

Another aspect that becomes a special study when someone has a commitment to commit suicide is the method or method chosen. In developed countries such as America and Germany, people who have a strong commitment to suicide by shooting to kill themselves. Other methods of suicide such as hanging themselves and jumping at certain heights are quite popular methods. In contrast to developed countries, in developing countries, the most frequently used method of suicide is poisoning oneself by drinking liquid pesticides that are sold freely on the market (Denning, Conwell, King, & Cox, 2000) But some suicides that occur in Indonesia are quite unique. This is because some victims have truly "learned" ways to commit suicide. Like some victims who have seen various methods of suicide through video shows which then begin to be followed at each step of suicide. Another example is the victim who committed several suicide attempts but failed and the next attempt was made to actually measure the height and strength of the rope to support the body so that it could hang perfectly. Some methods of suicide are an indicator that depression which causes suicidal thoughts is not only a fleeting and without computational thought, but the intention to commit suicide is an accumulation of thoughts, feelings and actions will fail the self-concept so it needs to be designed in sufficient detail for the sake of the suicide.

2.1 Gatekeeper and Helper

The first part that can be responsible for preventing depression and suicidal behavior in students is the Gatekeeper and Helper. A Gatekeeper is someone who can recognize the

early signs and symptoms of depression and / or the risk of suicidal behavior. Gatekeepers are not expected to perform full functions such as the tasks assigned by mental health experts, but are expected to continue to pay attention to students identified as depressed (Jochem, 2009). Gatekeepers in the context of this article are educators, especially teachers. The role of the teacher becomes very vital because the teacher understands and fully understands student behavior in the learning process.

Whereas the Helper is the part that has the authority to provide treatment or treatment and is fully responsible for the follow-up of victims identified as depressed. They are counselors, psychologists and psychiatrists (Azmi & Kharis, 2019). Especially the counselor profession that can help individuals through understanding the mutual support relationships with students. Gatekeepers can also play an important role in preventing depression and suicidal behavior. Children and adolescents who are prone to depression and suicide tend to be difficult to communicate how to find solutions to a problem, stress management and expression of emotions and feelings. So that the role of the gatekeeper in preventive efforts and overcoming the phenomenon of suicide becomes very important.

The term gatekeeper was first used in educational settings, especially in formal schools with the aim of becoming the "initial gate" in recognizing suicidal behavior, but as community needs relate to increasing preventive measures against suicide, the term gatekeeper is not only in educational settings , but in a wider community setting. The role performed by the gatekeeper is very vital in suicide prevention efforts because most people who say & are committed to committing suicide have the opportunity to actually do it. So that the initial "alarm" received by the gatekeeper can be directly referenced to the helper. The synergy of the two parties has led to the success of prevention and treatment efforts for clients who are victims of suicidal behavior, especially in school settings.

A number of countries have launched national suicide prevention strategies. Some strategies including reducing the suicide rate involve the role of the gatekeeper. The national movement to prevent the phenomenon of suicide starts from communities at risk or high-risk groups to target populations that will have a significant impact. So far, the prevention and handling movement through national movements involving gatekeepers is the best and most specific way to reduce suicide rates worldwide (Cavanagh, Carson, Sharpe, & Lawrie, 2003).

With in-depth studies to understand and understand the phenomenon of suicide, various solutions are expected to emerge for the problem of this phenomenon. Various efforts need to be disseminated and always up to date to adjust to the needs of the increasingly varied causes of suicide trends in the world. Solutive efforts from suicide also need to get support from various parties that are quite central, such as the government, which can then be used as a collective and sustainable "movement".

2.2 Educator Strategy as Gatekeeper

After knowing the urgency of educators as gatekeepers in school settings, the next step is to understand how to process the students who are identified as depressed and committing suicide. There are three important stages in the effort to overcome depression and suicidal behavior in students, namely: (1) Prevention; (2) Intervention and (3) postintervention. The role of the gatekeeper is in the first stage, namely prevention or prevention stages (Miller, D., & Lieberman, 2006)

Stages of prevention are important stages in order to avoid further action that leads to depression and suicide. Gatekeepers must be able to understand that suicide can be prevented by the only way that is still considered the most effective by recognizing warning signs or warning signs as an "alarm" at the beginning of suicidal behavior. It is estimated that four out of five suicide victims show warning signs that can be identified before committing suicide. Gatekeepers need to gain knowledge of the initial signs that lead to depression and end with suicide.

Prevention efforts must be focused on the introduction of the initial symptoms and triggers of problems that are often experienced by students. As summarized in the following explanation table:

Table 1: Table of Early Symptoms and Potential Problems Causing Depression and Suicide (Maryland State Department of Education. Baltimore, 2013)

Potential Signs and Symptoms	Problems Cause Depression and Suicide
1. ideas, intentions and plans for suicide	1. having problems with people who have important authority for their lives.
2. verbal and written statements about depression and suicide and death	2. knowing someone who died of suicide
3. dramatic changes in personality and behavior	3. break up with a boyfriend
4. too busy discussing death and suicide	4. academic crisis (failure of study)
5. Provide the most valuable items	5. loss or death by the most beloved person.
6. increased consumption of alcohol and illegal drugs	6. bullying

In addition to the initial symptoms and some potential causes of depression and suicide, further Doan, J., Roggenbaum, S., & Lazear (2003) classified the warning signs of depression and suicide divided into two, namely the initial symptoms and advanced symptoms.

Table 2: Table of Classifications of Early Symptoms and Advanced Depression and Suicide (Doan, J., Roggenbaum, S., & Lazear, 2003)

Early symptoms	Advanced symptoms
1. withdrew from friends and the environment	1. talking about suicide plans
2. interested in death	2. shows impulsive behavior
3. personality changes and excessive mood	3. reject any form of help
4. difficulty concentrating	4. complaining and feeling like a bad person and not a good person

5. decreased performance	5. make statements about losing hope, despair and worthlessness
6. Eating changes and sleep habits	6. Don't appreciate praise
7. lose passion for fun activities	7. becomes cheerful suddenly after a period of depression. This might happen because the victim has made a decision to get out of all problems by ending life
8. often complains of pain caused by psychological disorders	8. provide favorite items
9. find a sense of permanent boredom	9. make the final wish list and will
10. lose interest in the value of caring	10. say other things like "I will kill myself", "I shouldn't be born"

Specifically, the role of educators as gatekeepers in helping students at risk of depression and suicide include: (1) observing students; (2) provide full support to students who need access to assistance; (3) becoming the main intermediary for students who are at risk to the helper (Jochem, 2009). The three important roles of the gatekeeper can be embodied in three specific steps to save students from depression and suicide through P.T.B:

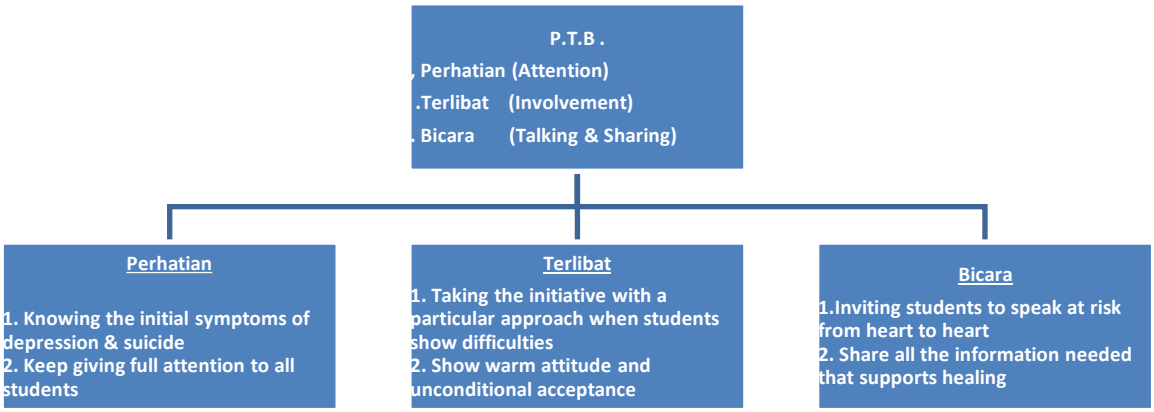

Figure 2: The Diagram of PTB

The first persons who have the responsibility to prevent suicide attempts are "Gatekeepers" and "Helper". A gatekeeper is anyone who may be adults to observe signs and symptoms of adolescent depression and/or suicidal risk. Gatekeepers are not expected to function as mental health providers, but simply keep a watchful eye and are able to "sound the alarm" when an at-risk victim is identified (Jochem, 2009). Helpers are persons who have authority to give treatment and follow up deeply to the victim. They are Counselor, Psychologist and Psychiatrist. Counselors can assist individual better understanding the relationship between substance abuse and mental disorders, and suicidal thoughts and behavior. Counselors also can help with relapse prevention planning, building social support, and when necessary making referrals building support. The Helper also can play a vital role in the prevention of child and adolescent suicide. When children and teens have suicidal attempt, the youth, communicating the difficulty in problem solving, managing stress and expressing emotions and feeling.

Children and teens suicidal attempt are caused by complicated motivations, including depressive mood, emotional behavioral and social problems. It makes helper has important roles to prevent and overcome suicide phenomenon.

The Gatekeeper was used first time in an educational context, especially in formal school that was aiming to recognize suicidal behavior. While the suicidal rate is increasing, people try harder to prevent the suicidal attempt and use "gatekeeper" term in general context due to suicide issues. Gatekeeper roles are vital in preventing suicidal attempt because people who commit to suicide have a bigger possibility of killing themselves. So, the first "alarm" that is received by gatekeeper is transferred directly to helper. Synergy of both gatekeeper and helper are pointed to successful prevention and healing service of suicidal attempt victims.

Some countries have planned national suicide prevention strategies. Some strategies include specific targets for reduction in suicides. National action to prevent suicide attempt is start from high-risk groups to population target that will give significant effect. Prevention and healing services are the best and most specific way to reduce suicidal rate in all this time.

Deep analysis is needed to know and understand the suicide phenomenon and we are expecting to find the solution. But the thing that is needed to remember is we have to make sure that the solution is flexible or able to apply in various conditions (time, location, people, etc.). The efforts have to support by the environment and stakeholders, such as government, experts, and other people who have a strategic position in preventing suicidal attempt.

WOCA (Oriented Counseling Approach) as one of Indigenous intervention ways to prevent suicide attempt and it is able used by the gatekeeper and helpers to help client problems, such as *self-injurious behavior, suicide attempt,* and *suicide.* WOCA is one of the approaches that grows based on the basic characteristics that are characteristic of Indonesian society, especially East Java. The WOCA approach focuses on counseling steps that are not dominated by practical techniques for counselors, but are also integrated with the *grapyak* (friendly) as the Javanese nature, *alus* (subtle), *ambekdarma* (helpful) and *andap asor* (humble). All of these traits can foster traits that are at the core of this counseling approach, *Wicaksono* (Wisdom). Wise becomes a stressing point in order to carry out therapy to clients who experience severe frustration and depression leading to suicide. Based on these explanations, our WOCA is categorized as Indigenous Therapy.

3. Material and Methods

Methodological of this research through mix method of psychological autopsy study based on qualitative interviews. The classic method of investigating characteristics of individuals who have survivor of suicide or suicidal attempt is through psychological autopsy, involving interviews with key informants and examination of official records (Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenaars, 2012). This approach has shown

that psychiatric disorders are present in about 90% of people who kill themselves and contribute 47–74% of population risk of suicide (Cavanagh, Carson, Sharpe, & Lawrie, 2003). Psychological autopsy also allows the circumstances of the suicide to be reconstructed through interviews with informants and through information from other available sources such as medical journals and police reports, etc. (Courtney, Haynes, & Paradice, 2005). The Psychological autopsy study is essentially retrospective. The suicide that has occurred may well affect the informants' perceptions in hindsight both how they remember the warnings and their own reactions to them.

The interview is aimed to know the progress and treatment result based on non-judgmental and non-interrogation. The outline is how client making their decision and solve their problems. We need nine times to meet face to face, including the counseling steps and follow up. We don't have to do it at the same time, but we can extend it until two months.

2.1 Subject Characteristic

Seven survivors in the range 18-30 years, of suicide commit and attempt caused by depressed were counseling by individual through WOCA during the two months treatment. They are selected because every subject has its own characteristics and high complexity of problem that have caused depression.

The subjects were Indonesian, both men and women, we called them survivors. Survivors consist of three women and four men that have committed to suicide and suicidal attempt, but they were failed. They were from various region in Indonesia. We conceal all of their identity and only show you their initial and general data. These are adjusted with the subject's request. The detail information is shown on the table below:

Table 3: Subject Characteristic

No	Initial	Gender	Age	Origin	Depressed Caused
1	EP	Female	24	Probolinggo	Married by Accident
2	GH	Male	18	Tulungagung	Tangled
3	AS	Male	20	Malang	School Bullying
4	ER	Female	27	Blitar	Debt
5	DS	Male	30	Kediri	Tangled
6	NI	Female	29	Tulungagung	Violence
7	RP	Male	25	Malang	Debt

Although depression factors of every subject were different, but we recognized the same thing through their behavior. The symptoms that appeared are being alone (and even stop eating and drinking at a particular time), suicidal attempts such as cut their vein, drink pesticide, and other methods but they failed to kill themselves.

2.2 Analytical Procedures

This research used mix method as its methodology which was using both qualitative and quantitative methods to find out how effective WOCA is. We observed and interviewed

the subject before and after the treatment. We noted them in a field report and checked it through triangulation.

We analyzed and determined the results by the formula below:

$$\text{Significance} = \frac{a}{9} \times 100\%$$

a : Number of success treatment (from 1 to 9)
9 : Total Treatment

The significance is oriented to the research results or the effectiveness of WOCA in helping survivors. It is reflected the progress in every step of treatment. The differences of each result are analyzed and finally it showed the better progress for subjects.

4. Results and Discussion

These the analysis of each subject relates to six steps of treatment trough WOCA. We can see the analysis on the table below.

Table 4: Result of WOCA Treatment

Name	Treatment									Significance
	1	2	3	4	5	6	7	8	9	
EP	x	√	x	√	√	√	√	√	√	77.78%
GH	x	x	√	√	x	√	√	√	√	66.67%
AS	√	x	x	x	√	√	√	√	√	66.67%
ER	x	x	x	√	x	√	√	√	√	55.56%
DS	√	√	x	√	√	√	√	√	√	88.89%
NI	x	√	√	√	√	√	√	√	√	88.89%
RP	x	√	√	√	x	√	√	√	√	77.78%
				RESULT						74.06%

The First subject is EP. She went on her treatment nine times, seven meetings completed and two meetings failed. She failed on the first and third meeting because she didn't complete the whole steps. Her average was 77.78% and we concluded that WOCA succeed in healing her mental disorder that had caused suicidal attempt.

The Second subject is GH. He went on his treatment nine times, six meetings completed and three meetings failed. He failed on the first, second, and fifth meetings because he missed some steps. He had difficulties in establishing problems and decision making. He was an introvert person and we had little problem in understanding him well. But it ran better on the next meeting, although he only achieved 66.67% significance. It means that we have to notice another aspect that may influence him during the treatment.

Third is AS. He went on his treatment nine times, six meetings completed and three meetings failed. He failed on the second, third, and fourth meeting. The only

problem was he couldn't believe anyone easily. That was he missed three meetings and achieved only 66.67% significance.

Fourth subject is ER. She went on her treatments nine times, five meetings are completed and four meetings are failed. She failed on the first, second, third, and fifth meetings. She was the lowest and only got 55.56%. She had problems in most steps, such as establishing rapport, problem exploration, problems defined, and decision making.

Fifth, subject is DS. He went on his treatments nine times, eight meetings are completed and only one meeting failed. She failed on the third meeting because he gave up on that meeting. But finally, he was the highest because he reached at 88.89% and we concluded that he succeeds in WOCA treatment.

Sixth subject is NI and she went on her treatments nine times, eight meetings are completed and only one meeting failed. She failed on the first meeting because she was introvert but we overcame it quickly on the next meeting. She finally succeeds in WOCA treatment and reached 88.89%.

The last subject is RP that completed seven meetings and failed on two meetings, total treatment is nine. He reached 77.78% and failed on the first and fifth meeting because of his communication skills. We concluded that he was good enough in benefitting WOCA in healing mental disorder. Seven survivors showed their own significance and we got 74.06% as the average of the significance. It told us that the average was above 70%. These data mean every step that was done by the helper and gatekeeper showed systematic changes in clients. Beside that the treatment result in nine meetings showed significant results. Significant or insignificant is oriented to the final result of client change, from earliest treatment until the final treatment. As the result of qualitative analysis, it showed that the treatment also made change, the informants had its own hopefully life and more optimism to coping their problem and avoid suicide.

5. Discussion

5.1 Limitation and Strength

First, although all of the subjects are coming from Indonesia, we assumed that East Java, Indonesia's society have the same environmental characteristics, such as age and demography. Some countries have the same culture, language, communication pattern, and even they are only separated by geographical territory. WOCA as the main treatment is also used as the unifier of the differences in East Java, Indonesia. But we recognized that these factors are the limitation of our research.

Second, the previous research due to WOCA (Wisdom Oriented Counseling Approach) as a counseling method is much less. It became our limitation to understand well before started the research. But the strengths are we can develop the research and construct the grounded theory because we are included as pioneer to develop WOCA.

5.2 WOCA as the Indigenous Healing

The study on Indigenous healing is a phenomenon that is a concern of counseling researchers along with the development of culture in developed countries such as America with their respective characteristics (Yeh, Hunter, Madan-Bahel, Chiang, & Arora, 2004). In this context, indigenous is intended to adhere to the nature of counselors in accordance with local culture and customs (East Java, Indonesia). Through such an explanation, we mean that the indigenous in this article is not the same as other indigenous healing such as *Reiki* Healing and *Pranic* Healing.

According to the explanation on the introduction it is known that WOCA is one of the approaches that grows and is based on the basic characteristics that are characteristic of Indonesian people, especially East Java. The WOCA approach focuses on counseling steps that are not dominated by practical techniques for counselors, but are also integrated with the basic characteristics of Javanese, including *grapyak* (friendly), *alus* (subtle), *ambekdarma* (helpful) and *andap asor* (humble). These properties are then broken down in the dimensions of cognitive, afective, conacy and behavior. All of these characteristics are expected to reflect the counselor's personality, wise. Wise is the key to dealing with crucial problems, including depression, frustration to suicide.

5.3 Suicide Treatment Through WOCA (Wisdom Oriented Counseling Approach)

Before formulating how to intervene in the way of preventing suicide, gatekeeper and helper should know and understand the client ecological model. Client ecological model covers the most specific and complex aspects around the client, such as family, friends, communities, and their general society where they live. All of the problems may come from these factors (ecological model) and it can influence another aspect that is important for the client. Client is unique, complex, and has its own characteristics.

The assistance of counselling professionals in the prevention of suicide, on world-wide scale, is critically and clearly needed (Choi, Rogers, & Werth, 2009). Through professional guidance and counseling, client will be helped well, although they have various problems such as *self- injurious behavior, suicide attempt,* and *suicide behavior*. That is the reason why psychologist and counselor are trying to develop a counseling model that is appropriate and flexible to use, they believe that suicide is preventable. They are trying to solve the problem through counseling. Psychologist and counselor have found the previous method that's effective enough to overcome mental illness that is called CBT (Cognitive Behavioral Therapy) by Donald Michenbaum. CBT is an approach that combined cognitive dimension with client behavior. But we couldn't use CBT to heal the client with a mental disorder that caused the suicide specifically. We need a more specific approach to help clients with this affliction.

The most valuable thing that should belong to helper and gatekeeper to do counseling service is wisdom. Helper's wisdom is needed when they are facing client individually. Helpers have to realize their position as counselor that able to help client. The differences between WOCA and another approach is helper and gatekeeper doesn't need to follow rigid counseling rules, they have to adapt with the condition such as client

characteristic, physical and mental healthiness, and environment. And even they have to know and understand client's culture (Triyono, 2005).

A wise helper (wise counselor) is able to consider which one is appropriate or not for counselee and his or her condition. So it will make counselor easier to know and understand what happened and what should they do in micro-level background. (Gardner, 1993) stated that wise helpers have their own interpersonal intelligence profile, they have capability to understand people feeling intensity, behaviour motivation, and willingness. Wisdom is about creativity, leadership, and morality (Triyono, 2005). (Cherniss, Extein, Goleman, & Weissberg, 2006) added that empathy is a capability to know and understand what people feel about something.

WOCA (Wisdom Oriented Counseling Approach) is a complete package of counseling intervention that is not only based on specific or rigid steps to help clients but also direct to particular standards and indicators. WOCA is oriented to how create a wise helper and gatekeeper. Clients with their complexity and various backgrounds should be understood by helper through some indicators below.

Table 5: WOCA Indicators (Triyono, 2005)

Sub-Variables	**Indicators**
Cognitive	1. Able to do intellectual activity or reasoning 2. Able to adapt 3. Able to observe and analyze 4. Able to identify the problems
Affection	1. Understand people subjectively 2. Care about other people live and environment 3. Able to share 4. Refuse to act mechanistically 5. Able to know what people think, feel, and act
Conacy	1. Have a big willingness to know themselves well 2. Have a big willingness to know other people 3. Good in communication, especially listening skills
Behavior and Characters Strength	1. Low profile 2. Honest 3. Able to understand themselves 4. Open minded 5. Professional and high integrity 6. Able to face the challenge

5.4 Intervention Procedure

WOCA Intervention procedure is oriented to help client problems, such as self-injurious behavior, suicide attempt, and suicide behavior. These are:

A. Rapport Establishing

Rapport establishing is based on adapting capability with client background, open minded, low profile, and refuse to act mechanically. Active listening is a must to understand client well, it is like the key of treatment. Gatekeeper and helper have to get

four criteria to help client such as empathy, unconditional positive regard, and warm. They have to understand that clients with suicide attempt need a warm approach and full of empathy. Helper and gatekeeper have to repeat this step continuously. Rapport establishing is based on skills that appear commonly. Clients have to feel comfort to accept what helper and gatekeeper done, it will create openness between clients and helper/gatekeeper. Gatekeeper and helper should have good communication skills to make client comfortable and trust them. But the consequences of failed rapport establishing are client shows their defense mechanism and do not believe anymore.

B. Problem Exploration

In this phase, gatekeeper and the helper are starting to ask the problem. Problem exploration is oriented to know and understand client behavior. Helper and gatekeeper give non-judgmental and non-interrogative question to the client. It is a way to know the problem frequency, duration, and intensity such as self-injurious behavior, suicide attempt, and suicide behavior. Basic skills that are needed are communication basic skills, cognitive, affection, conacy, and supported by the characteristic strength with behavior.

C. Problem Defined

This phase is oriented to identify problems that relate to self-injury, suicide attempt, and suicide behavior that is directed to problem identification skills, counselee understanding, and counselee subjective perspective. Problem defined that is done by helper is aimed to conclude the main problem source. It is important because sometimes clients have not focused on their problems, they are often told helper so many things that have no relevancy to the main problem. But helpers have to be smart to recognize which one is relevance and which one is not. Helpers have to identify and classify the problem into some groups, such as personal problem, social problem, academic problem, or carrier problem. Helper and client have to work together and avoid directive counseling, they have to recognize the possibilities that may appear.

D. Developing the Problem Solution

Counselee with self-injury, suicide attempt, and suicide has their own perspective. They have a charge in their life and how they live the value. Helper guides client to identify his or her life options and choose which one is right or not. It will help clients to avoid suicide as "the only way" to solve their problems. There's no instant solution to solve problems, it needs time and process to run effectively. That's the reason why helper does not allow to give the client instant solution. Problem's solving alternative guides the client to find out the positive aspect in a problem. It is oriented to prepare the backup plan in order to solve the problem well. Solution alternative development needs teamwork and supporting the relationship between helper and client. Helper and client are trying to develop the solutions in order to support the backup plan that is already made before.

E. Decision Making and Motivating

In this phase, helper gives questions and statements due to (a) decision making, problem solving skills, relates to guiding and carrying out the next plan; (b) self-personal control and self-efficacy, relates to self-principle and make sure that clients are able to be a meaningful individual; (c) sense of belonging to group, relates to appreciation and important thing in an environment; (d) high and realistic expectations, relates to high enthusiasm to raise positive hope in any conditions; (e) high spiritual resiliency, it is an important thing for client because every people have its own endurance and spiritual value that will avoid the client to suicide. This phase will give counselee a good opportunity to choose the right option, so counselee know and have courage to face their problems. They will learn how to be fully functioning person.

F. Termination

This phase is oriented to end the treatment and keep a good relationship between counselee, helper, and gatekeeper. The Helper will control the counselee on the next step, follow up, and progress. It is about how to create a new life for clients and realize them that they are not alone to face all of their problems.

Helper and gatekeeper may use WOCA with different steps. Gatekeepers have no full authority in counseling professionally, so they only give a responsive service through establishing rapport and problem exploration. But helper is a formal profession that has full authority of counseling so they have to do full a WOCA treatment of healing suicide victims.

6. Conclusion and Recommendations

WOCA (Wisdom Oriented Counseling Approach) is an approach that consists of six steps (1) rapport establishing, (2) problem exploration, (3) problem defined, (4) developing the problem solution, (5) taking the decision, and (6) termination. Their key persons of WOCA are helpers and gatekeepers. Helper and gatekeeper have to know and understand the characteristic of their client, such as background, age, culture, and even religion. It will make them easier to know what the main problem is and which one is the right solution for client.

The way to reduce suicidal rate in East Java, Indonesia countries through WOCA showed significance results in helping suicide victims. WOCA has proven that this approach is appropriate to make client open and choose the better option than suicide, it means that WOCA is able to prevent suicide attempts. We need supports from stakeholder to develop and fix our research so that it will give a wide benefit for society, especially for East Java, Indonesia societies. Gatekeeper, helper, government, school, and significant other have to balance their roles in preventing suicide attempt to reduce suicidal rate in East Java, Indonesia. There are some weaknesses, but we have given the best for this research. We suggest plans national suicide prevention strategies and WOCA as the one of the solution alternatives.

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References

Ali, N. H., Zainun, K. A., Bahar, N., Haniff, J., Hamid, A. M., Bujang, M. A. H., & Mahmood, M. S. (2014). Pattern of suicides in 2009: Data from the National Suicide Registry Malaysia. *Asia-Pacific Psychiatry*, *6*(2), 217–225. https://doi.org/10.1111/j.1758-5872.2012.00227.x

Azmi, K. R. (2019a). Model Dakwah Milenial Untuk Homoseksual Melalui Teknik Kontinum Konseling Berbasis Alquran. *Al-Balagh : Jurnal Dakwah Dan Komunikasi*. https://doi.org/10.22515/balagh.v4i1.1557

Azmi, K. R. (2019b). The Hoping Thinking Skill Model for Parents in Islamic Counseling Through Experiential Learning to Improve Children's Optimistic Attitude. *Konseling Religi: Jurnal Bimbingan Konseling Islam*, *10*(1), 156–173.

Azmi, K. R., & Kharis, M. (2019). Optimalization of Interfaith Organization (IO) in ASEAN : Inspiration from Indonesian's IO (Forum Kerukunan Umat Beragama) for Preventing and Dealing Conflicts in Myanmar, Thailand, and Indonesia. *International Research Journal of Multidisciplinary Studies*, *5*(2). Retrieved from http://www.irjms.in/sites/irjms/index.php/files/article/view/866/730

Cavanagh, J. T. O., Carson, A. J., Sharpe, M., & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: a systematic review. *Psychological Medicine*, *33*(3), 395–405. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12701661

Cavanagh, J. T. O., Carson, A. J., Sharpe, M., & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: a systematic review. *Psychological Medicine*, *33*(3), S0033291702006943. https://doi.org/10.1017/S0033291702006943

Cherniss, C., Extein, M., Goleman, D., & Weissberg, R. P. (2006). Emotional Intelligence: What Does the Research Really Indicate? *Educational Psychologist*, *41*(4), 239–245. https://doi.org/10.1207/s15326985ep4104_4

Choi, J. L., Rogers, J. R., & Werth, J. L. (2009). Suicide Risk Assessment With Asian American College Students. *The Counseling Psychologist*, *37*(2), 186–218. https://doi.org/10.1177/0011000006292256

Conway, P. (2004). World Report on Violence and Health Krug, E.G., Dahlberg, L. L., Mercy, J. A., Zwi, A. and Lozano, R. for the World Health Organization(Eds).(2002). World Health Organization, Geneva, 368 pp, Swiss Francs 30.00/US$27.00 ISBN 92-4-154561 5(paperback). *Journal of Community & Applied Social Psychology*, *14*(1), 44–45. https://doi.org/10.1002/casp.740

Courtney, J. F. (James F., Haynes, J. D. (John D., & Paradice, D. B. (2005). *Inquiring organizations : moving from knowledge management to wisdom*. Idea Group Pub.

Denning, D. G., Conwell, Y., King, D., & Cox, C. (2000). Method choice, intent, and gender in completed suicide. *Suicide & Life-Threatening Behavior*, *30*(3), 282–288. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11079640

Doan, J., Roggenbaum, S., & Lazear, K. (2003). *Risk and Protective Factors and Warning Signs (The youth suicide prevention school-based guide series, no. 218- 3a).* Tampa, FL: University of South Florida.

Gardner, H. (1993). *Frames of mind :The Theory of multiple Intelligence*. New York: Basic Book.

Granello, D. H., & Granello, P. F. (2007). *Suicide : an essential guide for helping professionals and educators*. Pearson/Allyn & Bacon.

Hjelmeland, H., Dieserud, G., Dyregrov, K., Knizek, B. L., & Leenaars, A. A. (2012). Psychological Autopsy Studies as Diagnostic Tools: Are They Methodologically Flawed? *Death Studies*, *36*(7), 605–626. https://doi.org/10.1080/07481187.2011.584015

Jochem. (2009). *School-Based Gatekeeper Training toPrevent Adolescent Suicide*. Illnois: Hawthorn Counseling Group.

Levi, F., La Vecchia, C., Lucchini, F., Negri, E., Saxena, S., Maulik, P. K., & Saraceno, B. (2003). Trends in mortality from suicide, 1965-99. *Acta Psychiatrica Scandinavica*, *108*(5), 341–349. https://doi.org/10.1034/j.1600-0447.2003.00147.x

Marcus, E. (1996). *Why Suicide?* San Francisco: Harper.

Maryland State Department of Education. Baltimore, M. (2013). *Maryland Youth Risk Behavior Survey (2005). Maryland State Department of Education. Baltimore, MD. - Penelusuran Google*. Retrieved from https://www.google.com/search?safe=strict&ei=_tARXKHWM8TLvgTc64eQDg&q=Maryland+Youth+Risk+Behavior+Survey+%282005%29.++Maryland+State+Department+of+Education.%09+Baltimore%2C+MD.&oq=Maryland+Youth+Risk+Behavior+Survey+%282005%29.++Maryland+State+Departmen

Miller, D., & Lieberman, R. (2006). *School Crisis Prevention and Intervention: Suicide*. New York: Annual Conference of National Association of School Psychologists,.

Mishara, B. L., & Weisstub, D. N. (2010). Resolving Ethical Dilemmas in Suicide Prevention: The Case of Telephone Helpline Rescue Policies. *Suicide and Life-Threatening Behavior*, *40*(2), 159–169. https://doi.org/10.1521/suli.2010.40.2.159

Sun, S.-H., & Jia, C.-X. (2014). Completed Suicide with Violent and Non-Violent Methods in Rural Shandong, China: A Psychological Autopsy Study. *PLoS ONE*, *9*(8), e104333. https://doi.org/10.1371/journal.pone.0104333

Triyono. (2005). *Efektivitas Pendekatan Konseling Peduli Kemaslahatan (Wisdom-Oriented Counseling Approach) untuk Membatasi Perilaku Agresif Konseli dalam Konseling*. Universitas Negeri Malang.

Yeh, C. J., Hunter, C. D., Madan-Bahel, A., Chiang, L., & Arora, A. K. (2004). Indigenous and Interdependent Perspectives of Healing: Implications for Counseling and Research. *Journal of Counseling & Development*, *82*(4), 410–419. https://doi.org/10.1002/j.1556-6678.2004.tb00328.x