

# The Lived Experiences of Rido: The Meranao Case

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**Abstract:** “Rido” (clan feud) among Meranaos has been classified as one of the most recurring problems that hinder individual and social development. Parents and children vary in their experiences and the consequences they faced. This study aims to: investigate the nature of *rido* and its causes; describe the impact of *rido* on parents and children in their mental and physical health; and identify their coping mechanisms. The study is qualitative-phenomenological research that employed key-informant interviews. Twenty respondents were selected through snowball sampling from *rido* high-risk municipalities in Lanao del Sur. Findings revealed that the most common cause of *rido* experienced by the respondents is politics. Political rivalry fueled by the social group’s concept of honor and *maratabat* (pride) aggravated the problem. Eventually, they suffered from grief, anxiety, and depression from traumatic turmoil and hiding. Children lost a sense of belongingness and interest from frequent changes of residence and school. Respondents’ families suffered from a common physical ailment that varies from mild to severe condition. Both parents and children are coping through *pangni* (prayers), but children are more likely to resort to retaliation. Trained psychosocial support that is culture-sensitive should be available to address the needs of the victims of *rido* particularly in especially in areas where it is mostly observed.

**Keywords:** Rido, Clan Feud, Mental Health, Violence, Psycho-social Support, Trauma

## 1. Introduction

*Rido*, or family and clan feuding, originated in the Mindanao province of the Philippines. It is characterized by retaliatory violence amongst families, kinship groups, and communities. It may happen in locations where there is a perceived lack of justice, security, or central authority. (Matuan, 2005 as cited in Adam, 2015). *Rido* disagreements may be resolved, ignored, or reoccur. Although the bulk of these instances remain unresolved, few have been addressed via different dispute resolution organizations and procedures. Here, official Philippine government processes and/or indigenous methods are used (Torres, 2007). There are several ways to resolve *rido*. Official courts, local governments, police, and the military may all be engaged. Elder leaders use their own influence and local experience to help heal and restore broken relationships (Clements et al., 2003), (Doro, 2007).

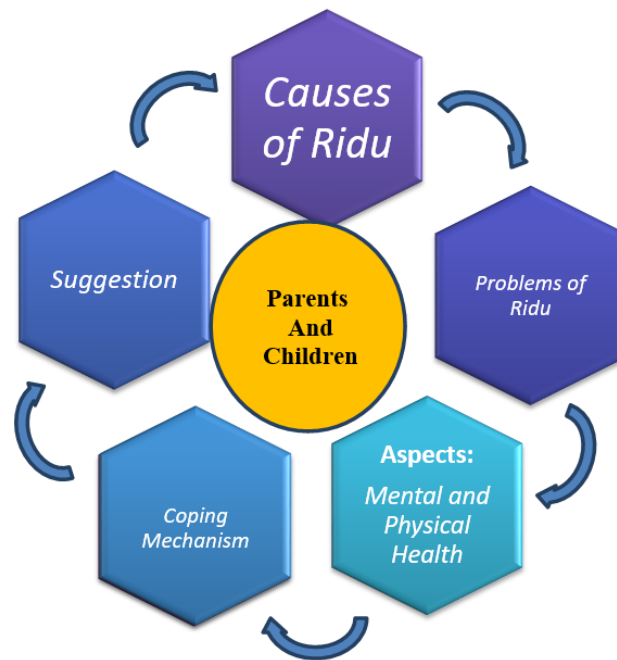
A PCIA was vital in promoting peace and prosperity in the Philippines' Autonomous Muslim Mindanao (ARMM). Regional family and clan feuds, known have fueled organized bloodshed. This violence has not only killed and harmed the locals, but it has also harmed their social, economic, and cultural life. To resolve *rido*-related issues, the PCIA devised a mechanism in which the community, especially feuding families, took responsibility. For their own peace and development, local people have accepted full responsibility for their own peace and development with PCIA's help. Even being "invisible" in this very patriarchal setting, women's participation in the PCIA process was critical to communal reconciliation (Macabuac et al., 2014). The surviving family members of a deceased in *rido* endure several obstacles. Some individuals are traumatized, especially those who have seen a violent death. Responsibilities shift tremendously, and re-establishing familial bonds is tough a murder may lead a family to seek redress for additional losses (Figley, 1997).

*Rido's* murder has immediate and obvious effects on surviving members' stability, growth, communication patterns, and role performance, as well as long-term and subtle effects. It may even shatter the existing family unit. In addition to coping with unexpected challenges and tasks, the family must also cope with the aftermath of brutal death. This is an inimitable and tragic burden for children since it goes against societal norms, justice, and the sacredness of life (P. T. Clements et al., 2003), (Doro, 2007), (Atar as quoted in Torres, 2007), (Bacaron, 2010) and the linguistic roots of *rido* and *Maratabat* (Cimene, 2018). This research sought to understand the effects of *rido* on both parents and children. It attempts to understand the families’ coping mechanisms and help by suggesting programs and interventions.

## The Framework of the Study/Research

The study is anchored on two theories: Maslow’s Hierarchy of Needs and Ecological Models of Human Development. The first theory emphasizes a need that activates and directs human behavior. This theory explains the five levels of needs. Maslow asserted that these needs emerge in a particular order like that of a pyramid, with the bottom as the most basic need. As each level is satisfied, the person moves up in the hierarchy. Esteem need as emphasized by Maslow is relevant on Meranaw’s cultural view of *Maratabat* (pride) which influences their behavior on *rido*. Another theory that supports this study is Urie Brofenbrenner’s Ecological Models of Human Development (Santrock, 2011). Brofenbrenner explained that in order to understand human development, one must consider the entire ecological system in which growth occurs. This system is composed of five socially organized subsystems that help support and guide human growth. The context of *rido* in the community and social environment of the respondents is influential on their behavioral development. Consequently, the experiences, impact on mental and physical health, and coping mechanisms reinforces their construct on *rido*.

Figure 1: Conceptual Framework



### Research Objectives

This study was conducted to give a better understanding of clan feud or *rido*. Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of:
  - a. Age
  - b. Gender / Sex
  - c. Highest Educational Attainment
  - d. Estimated Monthly Family Income
  - e. Occupation
2. What is/are the cause/s of “*rido*” as experienced by the respondents?
3. What are the common problems experienced during *rido* by the respondents in terms of the following aspects:
  - a. Mental Health
  - b. Physical Health
4. What are some mechanisms employed by the respondents to cope with the problems of *rido*?
5. What do respondents suggest to minimize the problems of *rido*?

### 2. Methods

The study was designed to be phenomenological and descriptive in nature. It is a qualitative research design. It is about the experiences of the respondents in *rido*. Data were gathered through the use of interviews that determined the demographic profile of the respondents and their experiences because of *rido*.

The study's participants are from Marawi City (officially the Islamic City of Marawi). Marawi is the capital of the province of Lanao del Sur in the Philippine island of Mindanao. Marawi's residents are known as Meranaos, and they speak the Meranao dialect. They are named after Lake Lanao, which is referred to as Ranao in the local dialect, and on whose shores Marawi City is located. Because of its higher height and colder climate, the city is also known as the Summer Capital of the South. 10 municipalities were identified by the key informants which *rido* is considered to be dominant. This is purposively selected. The sample consisted of 10 families who were selected through snowball sampling. They were residing or once residing in the identified municipalities in Lanao del Sur. The sample consisted of parents and school-aged children who are 10 years old and above. In each family, one parent and the eldest child were taken as the respondents. They were chosen through a purposive sampling design. All the respondents qualified the criteria of inclusion: should have *rido* experiences where there was a death of a family member, should have experienced within 5 years or are still experiencing *rido* at present, residents of Lanao del Sur. All in all, there were 20 respondents (10 parent-respondents and 10 children-respondents).

### 3. Results and Findings

#### A. The Socio-Demographic Profile of the Respondents who have Experienced *Rido*

Table 1: Sociodemographic Characteristics of the Respondents

Variables	Parents		Children	
	f	%	f	%
<b>Sex/Gender</b>				
Male	3	30	2	20%
Female	7	70	8	80%
<b>Age</b>				
11-30			8	80%
31-50	6	60		
51 and above	4	40		
<b>Educational Attainment</b>				
High School Level	2	20	3	30
College Level	2	20	4	40
College Graduate	6	60	2	20
Masters Degree			1	10
<b>Occupation</b>				
Student			7	70
Business	5	50		
Government Employee	3	30	3	30
Housewife	2	20		

Table 1 shows sex, age, education, and occupation. Unless slain in an encounter, women are not included in *rido*. Women suffer less than males. Vitug (2005) found that any adult male family member is prone to become a victim. Male adult members may either flee or fight in the provinces. Gender plays a vital impact in both being a victim and perpetrator of violent acts. Males were more likely than females to be threatened or physically assaulted at school or in public (Baxendale et al, 2015). Their ages range from 51 to 60. In Lanao del Sur, they have a lot of *rido* experiences and they can be affected by a distant cousin's *rido*. Half of the children respondents are 11-20 years old. In terms of educational background, 6 out of 10 parents have a tertiary degree. *Rido* can interrupt school routines which can last for a month or two. This happens a lot in remote and rural areas. At least five out of ten parent-respondents are entrepreneurs. They prefer to do business outside Marawi City for security reasons.

#### B. Causes of *Rido*

Table 2: Causes of *Rido* as Experienced by the Respondents

	f	%
Politics	3	30
Misunderstanding	2	20
Murder	2	20
Scam	2	20
Mistaken Identity	1	10
<b>Total</b>	<b>10</b>	<b>100</b>

Table 2 lists the most common causes of *rido*. Politics is the most common cause. This confirms Torres' (2007) study. *Maratabat* is essential and it is interpreted as one's pride and honor. The term's meaning in Maranao determines people's behavior (Fischer, 2006 as cited in Bacaron, 2010). Minor misunderstandings may lead to serious problems. Serious matters usually begin when ego and *maratabat* (pride) are challenged. Following Saber (1986), the Maranaos' duty is to protect their honor and esteem as well as their family's royalty and nobility. In Maranao culture, *maratabat* justifies a cycle of revenge and retribution. *Maratabat* affects the whole family. Fischer says that Meranaos consider *maratabat* as a guiding principle. Here, the socialization of a child is sensitive and vital where this perspective of *rido* is carried out (Cimene, 2018). According to Maslow's theory, he emphasized that esteem is a basic human need. Meranaws strive to meet this need. This justifies their *maratabat* actions. Confidence in one's strength, worth, and adequacy is self-esteem (Schultz, 2016). Meranaws are said to be highly sensitive, and this makes election results become very vital and crucial. Aside from politics, minor infractions like theft and jesting can escalate to homicide. According to Fischer's (2006 as cited in Bacaron, 2010) study, minor disagreements, misunderstandings, gossip, insults, and rage can start a conflict. According to Torres (2007) it is part of their culture, even though it is terrifying. Violence from retaliation forces Maranaos to adapt or live with it, but for them, *rido* is social control, not just retaliation.

### C. The Problems Experienced by Respondents in terms of Mental and Physical Health

Table 3: Problems Experienced by Parent Respondents in terms of Mental Health

	Parents		Children	
	f	%	f	%
Major depression	10	100	10	100
Grieve for a loved one	9	90	9	90
Frustrated	8	80		
Being emotionally unstable	8	80	6	60
Feeling hopeless	7	70		
Self-pity	6	60		
Being bitter with relatives	4	40	4	40
Trauma	4	40		
Mistrust			4	40
Numbness			1	10
*multiple responses				

Table 3 shows the problems in terms of mental health that are experienced by the parent and children respondents. *Rido* wrecks family dynamics. Surviving relatives suffered the most from problems with the *rido* surge. Absent male breadwinners alter familial roles. Both parent and children respondents reported they underwent major depression from the loss of loved ones. Mourning and moving on after a loss typically produces further challenges PTSD and loss affect families, especially those who witness murder (Djelantik, 2020; Asaro, 2001). Homicide has psychological and social consequences among its co-victims. Grief and trauma can leave emotional scars (Saindon, 2015; Van Wijk, L. et.al, 2017; Matthews et al, 2004). Familial relationship is also affected particularly if the problem did not root in the immediate family. Since Meranaws are clannish, they become involved which caused the victims to become partly indifferent to relatives. Yet the loss of loved ones varies in impact, particularly among the children. One of the cases in this study emphasized that after her father's death, she became emotionally numb and uncaring. According to Rheingold (2012) after adjusting for demographic characteristics and other forms of violence exposure, logistic regression analyses revealed that teenagers who reported being homicide survivors were considerably more likely to report depression, drug use, and alcohol misuse. On socio-cultural challenges, safety perceptions, and distorted grieving patterns, some developed mistrust particularly those hiding and displaced families.

Table 4: Problems Experienced by the Respondents in the Health Aspect

	Parents		Children	
	f	%	f	%
Insomnia	10	100	10	100
Severe headache	9	90		
Became sickly	8	80	6	60
Difficulty in breathing	7	70		
Weight loss	4	40		
Migraine	2	20		
Ulcer			1	10
*multiple responses				

Table 4 shows the problems experienced by parent and children respondents in terms of physical health. Respondents reported that they experienced traumatic events which caused them not to have adequate sleep or rest. They had bodily reactions and common physical ailments like fever, cough, and cold. Sudden urge to defecate and urinate, chills, difficulty in breathing, heart palpitation, and loss of sleep are obviously psychological manifested in the physical. Children respondents commonly had insomnia during *rido*. Unlike the parents, the children are less affected in terms of health. There are responses that they do not remember having health problems during those times but noticeably their parents had. Indeed, both parents and children respondents showed to have been suffering physical ailments from the homicide which need medical attention. According to Hartz (2005) survivors of homicide suffer from significant psychological and physical impacts, which frequently lead to an increase in the use of primary care services. Provider training should include methods for identifying, discussing, and referring homicide victims' relatives and friends. For several responses, the consequences were severe and long-lasting. In general, respondents believed that having greater support in the aftermath of the homicide would have been beneficial (Mezey et al., 2002). For those hiding and displaced families during *rido*, seeking health services is a challenge.

Table 5: Coping Mechanisms of the Respondents

	Parents		Children	
	f	%	f	%
Prayer	10	100	8	80
Retaliate to the offenders	9	90	9	90
Ask politicians and community leaders to intervene	8	80		
Search the offenders	6	60		
Hide from the offended party	4	40	4	40
File Case	2	20		
Blood money	2	20		
Do not get directly involved	2	20		
Search the offenders			3	30
Cry a lot			2	20
Talk to trusted friends			1	10
*multiple responses				

Table 5 shows the coping mechanisms employed by the respondents in dealing with the murder of a loved one. Both study respondents reported that prayer is their coping. Praying for healing, safety, and repose of the soul of their loved one helped them in overcoming its impact. Since Meranaws consider the justice system to be ineffective in dealing with crimes, they no longer seek legal actions. Family members usually retaliate with the offenders. The phrase “a tooth for a tooth” is the cognitive construct of the victims in *rido*. The immediate response of people with *rido* hide their enemies. They leave their houses, properties, businesses, work and studies. Usually, they go to Christian areas and they would start small businesses. This behavior is greatly influenced by their culture as pointed out by Bronfenbrenner. Among Meranaws, they find justice when they are able to exact revenge or retaliation. Children of this generation may resort to *rido* if there is conflict because it is what they see among adults and the orientation in the family. Children respondents cope with the situation differently. They are more aggressive to retaliate than their parents. It may be because children in the adolescent stage are more aggressive than adults. Children respondents wanted to just get even. They do not consider if the murderer is a relative or how the murder happened, even if it was accidental or intentional. In one case, the child respondent did not really want to end the *rido* with blood money and other rituals. She really wanted the life of the murderer to be taken as well after taking the life of her father. Although to some degree, her mother would want to end the killing, she was more persistent not agreeing on the condition of the blood money. Bronfenbrenner emphasized that the cumulative experiences a person has over the course of a lifetime affect the individual’s behavior and development. These experiences include environmental events, as well as major transitions in life.

#### 4. Discussion

The very common cause of *rido* is a political rivalry. When the election comes, people do anticipate that the community will be in chaos and in danger. Other reasons of *rido* seemed to be petty offenses, but their value of pride and their concept of honor may complicate the situation that may lead to a cause of death of an individual. The Meranaws are particular in protecting and upholding one’s honor and esteem, rank, and position as well as the royalty and nobility of his family and relatives of kinsmen. Devastating it may seem, *rido* is still happening nowadays. Meranaws have different views on justice which affect their behavior in handling conflict. Other reasons why *rido* in those areas are worse are a political dynasty and lack of education in the provinces. After a death of a family member, the rest of the family members, both the offended and the offender, tend to face problems at home, mental and physical health and have different coping mechanisms. In mental health aspect, all of the respondents, both the parents and children, had undergone major depression. The trauma and grief experienced by survivors can cause emotional scars that last a lifetime. Of the three causes of violent death- homicide, suicide, and accident, homicide often has the most intense impact (Saindon, 2015). These emotional scars are the deciding factor in whether or not the respondents would want to settle the *rido*. Even if the family of the offender would ask for help from the local officials and community leaders, still the grieving family has the last say if they will agree on the resolution. In terms of physical health aspect, the parent respondents tend to be more affected than the children respondents. Some children respondents did not notice to have problems in health during *rido*. Basically, they all experience stress upon hiding, fear of retaliation, and depression because of the loss of a loved one. This psychological stress will then manifest in their physical aspect. Psychosomatic disorders will be experienced by the respondents. The most common coping mechanism of the respondents is prayer. Through prayers, they get spiritual strength to cope with the ongoing problems. Next to that is to retaliate. Obviously, the respondents do not put their hopes on court justice. Instead, they keep it to themselves which is the better way than getting the case neglected forever. Most of the time, they really want to retaliate and kill people in the offender’s family. With this,



it might lessen the burden that they are having after the death of their loved ones. Oftentimes, they do not accept the blood money because it does not help in their healing process.

## 5. Conclusion and Recommendations

The study was conducted to provide in-depth understanding and knowledge about rido, the reasons why rido is experienced, problems experienced in the home, health, emotional, social, and occupational/educational areas. Most of the parent respondents are aged between 51-and 60 years old (40%) who have experienced rido already. Children respondents affirmed that their education was greatly affected by rido. Since the entire family is in danger so they need to from schooling or transfer from the school. The parent respondents chose to settle the case to minimize it through the intervention of the politicians and the community leaders. Community leaders should be of voluntary work by attending barangay or municipal meetings, FGDs with some faith-based organizations, Islamic symposia, and the likes. Places, where rido is extreme, should be identified and should be given enough assistance of psychosocial support during rido.

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