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The Unspoken Turmoil of the Siege: Unraveling the Lived Experiences of the Bereaved Mothers of Child Soldiers in Lanao del Sur, Philippines

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Abstract

The occurrence of the Marawi Siege on the 23rd of May 2017 caused a variety of negative implications among the residents of Lanao del Sur, Philippines, both from their psychological and physical aspects. Recruitment of child soldiers, as part of the extremist groups' military forces, is one of the highly concerning issues during the siege. Existing accounts, including anecdotal evidence, consistently revealed that a number of those recruited child soldiers died during the siege. Significantly, literature suggests that losing a child has a detrimental impact on the psychological and physical well-being of the mother. Henceforth, this study aimed to explore the lived experiences, precisely the psychological challenges and coping mechanisms of the bereaved mothers of child soldiers recruited by extremist groups who died during the Marawi Siege. This study used interpretative phenomenological analysis (IPA) and employed semi-structured interviews among three (3) participants selected through the purposive sampling method. After rigorous thematic analysis, the researchers identified three (3) major themes: 'Onset of Mental Turmoil,' 'Grief's Emotional Landscape,' and 'Threads of Healing.' The results indicate that participants encountered profound emotional distress, behavioral and cognitive difficulties, and few social impairments since the time that their children were recruited and their deaths were reported. Apart from that, the participants had trouble managing these psychological challenges despite their loss-oriented and emotion-focused coping mechanisms. Lastly, the participants were still grieving and had not categorically accepted their children's deaths in the present.

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Marawi City became the battleground of an armed conflict between extremist groups and Philippine authorities. These extremist groups are said to be affiliated with the Islamic State of Iraq and the Levant or “ISIL”, which is considered one of the most prominent terrorist groups in the world (Silbert & Arendt, 2018). The catastrophic event was called the “Marawi Siege”, which lasted for five (5) months straight. It has shattered homes, livelihoods, and infrastructures and has displaced 98 percent of the residents of Marawi City and nearby municipalities due to security threats and scarcity of resources (United Nations High Commissioner for Refugees, 2018). Correspondingly, Amnesty International (2017) reported cases of unlawful killings and hostage-taking from extremist groups, ill-treatment by government forces, and various human rights violations from both parties.

One of the most concerning issues associated with the incident was the extremist groups’ recruitment of minor children as their frontline militants. The Office of the Special Representative of the UN Secretary-General for Children and Armed Conflict reported that there was an escalation of violations against children during the siege, including 30 recorded cases of child soldiers recruited by the Maute Group (UNICEF Philippines, 2019). Drawing from community narratives, some members of these extremist groups visited various areas within the province long before the siege to covertly persuade people, including minor children, to join them. A few of these children were noticed by their parents expressing discreet sympathy and agreement with the extremist groups’ ideologies but did not inform their parents of their intention to become involved, nor did their parents anticipate that they would. At the onset of the Marawi Siege, these children were nowhere to be found. Their parents later discovered that, without their consent, they had been recruited as child soldiers by the extremist groups, and most of them perished during the battle.

For parents, losing a child on any occasion is perhaps one of the hardest experiences to bear. Besides, studies suggest that children’s deaths usually have a detrimental impact on their parents’ physical and mental well-being (Hendrickson, 2009; Stroebe, Schut, and Stroebe, 2007). During their bereavement, most parents suffer from elevated anxiety, depression, suicidal ideation, and reduced quality of life (Hendrickson, 2009). Nonetheless, the target population in this study did not publicize their grief even after confirming their children’s deaths during the battle.

Alburez-Gutierrez, Kolk, and Zagheni (2021) supported that experiencing the death of a child is associated with several adverse impacts on the psychological and physical health of the parents, particularly on the mothers. Additionally, a cross-sectional study concluded that bereaved mothers with low socioeconomic backgrounds and poor educational backgrounds are more predisposed to environmental stressors than their rich and well-educated counterparts, and they are commonly undersupplied with resources to support them from the adversity they are facing (Cacciatore, Killian, & Harper, 2016). After 1 to 5 years of losing a child, bereaved mothers have exhibited significantly higher levels of symptoms of prolonged grief, depression, and posttraumatic stress than bereaved fathers (Pohlkamp, Kreicbergs, & Svein, 2019).

Based on anecdotal evidence, the identified mothers of some of those children encountered microaggressions from their community members, especially from those who lost their properties and were displaced by the event due to their children’s affiliation with extremist groups. Hostile statements and accusations against them circulated in their community. Similarly, a foreign qualitative study concluded that even the families of former terrorist convicts encounter prejudice and social discrimination, which, in turn, affect their self-worth, self-esteem, and well-being (Asiyah et al., 2014). Aside from being vulnerable in terms of sex and socioeconomic status, it appears that their situations have led them to be further ostracized and misconstrued as members of the community.

However, despite the relevance of the phenomenon and its potential implications for the target participants, a substantial knowledge gap existed due to the lack of local or global literature exploring

the experiences of bereaved mothers of minor child soldiers who died in battle within a specific place and time. This knowledge gap is what this study intends to fill. Only a few studies about the Marawi Siege were analyzed within the psychology framework. Such studies were usually centered on internally displaced persons (IDPs) as participants. Acallar and Bitos (2018), in particular, explored the lived experiences, coping strategies, and resilience of internally displaced mothers during the Marawi Siege.

Lastly, the researchers identified a methodological gap. Related research articles on parental bereavement and the impacts of people's involvement in terrorism on their family members lack contextualization on the bereaved mothers of child soldiers in Lanao del Sur, in the Philippines, or globally. This interpretative phenomenological study sought to understand the lived experiences of the bereaved mothers of child soldiers recruited by extremist groups who died during the Marawi Siege, particularly the psychological challenges they encountered and the coping mechanisms they used to overcome those challenges. Thus, it specifically pursued to answer the following research questions: (1) What psychological challenges have the mothers of children recruited by extremist groups who died during the Marawi Siege encounter? (2) How have these mothers coped with the loss of their children and its resulting psychological challenges?

Materials and Methods

Among the invited participants who met the inclusion criteria, three (3) bereaved mothers agreed to participate, which is sufficient for an interpretative phenomenological analysis. The participants, in particular, were bereaved mothers of children who were recruited by extremist groups and died during the Marawi Siege. Their ages ranged from 45-60 years old. The informants were permanent residents of Lanao del Sur and members of the Meranaw group who identified themselves as Muslims. All of them have minimal educational backgrounds and live in low socioeconomic conditions. Their children were around 16-17 years old at the time of their recruitment and death during the Marawi Siege. These participants were selected through the purposive sampling method.

The researchers devised an interview protocol that contained the major questions that reflect the interests of the research questions. This interview protocol was printed legibly to serve as a guide for the researcher. The researchers conducted a semi-structured interview. This means that aside from the prepared questions, the researchers included additional probing questions during the interview proper. This was to gather more in-depth information regarding the participants' experiences and perceptions. Before the interview, the researchers prepared a functional ballpoint pen and clean blank pieces of paper to note the responses of the participants. Lastly, a cellular phone was used as an audio-recording tool for all the interviews that will be conducted.

The study employed a qualitative research design, specifically interpretative phenomenological analysis (IPA). IPA seeks to investigate personal lived experiences in detail and is more appropriate for studying complex, ambiguous, and emotionally laden topics (Smith & Osborn, 2014). While IPA allows participants to make sense of their lived experiences (Alase, 2017), the researcher must make sense of how the participants perceive their lived experiences (Smith & Osborn, 2014). IPA, as a methodology, complemented the main objectives of this paper, which are to describe the lived experiences of the bereaved mothers of child soldiers recruited by extremist groups, particularly the psychological challenges they encountered and the coping mechanisms they used.

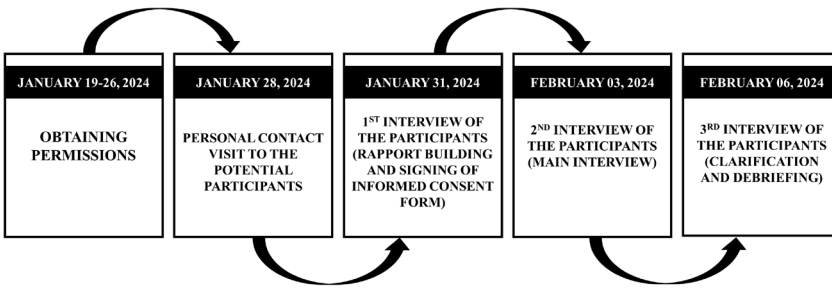
Prior to the data collection, the researchers secured approval from their department and the panel of examiners, who permitted them to fully conduct the proposed study. Subsequently, the researchers sent request letters addressed to different community leaders and government offices seeking help identifying and accessing potential informants. These transactions were finalized

between January 19-26, 2024. On January 28, 2024, the researchers made a personal contact visit to the potential participants to inform them about the study's purpose. These prospects were inquired about a convenient time for the interview should they choose to participate, and they were given a few days to think about the invitation carefully.

Three (3) interviews were conducted by the researchers in a face-to-face and individual manner. On January 31, 2024, the first interview was designed to build rapport and allow the client to further understand the study by providing a clear copy of the informed consent form written in English and the Meranaw language. The informed consent form was read and elaborated thoroughly by the researchers.

Figure 1

Schematic Diagram of the Data Gathering



The second interview with the participants was administered on February 03, 2024. This interview served as the actual data gathering for the study. During the second interview, the researchers simultaneously employed written and audio-recording documentation to avoid missing necessary information. Aside from following the interview protocol, additional probing questions were raised to allow the participants to further substantiate their responses.

Furthermore, the third interview for reflection on meaning and debriefing was executed on February 6, 2024. Reflection on meaning necessitated the participants to make sense of their lived experiences by attending to how different factors in their lives influenced their current situation. In addition, debriefing included checking the participants' current emotional status. Each interview lasted 20-50 minutes, while the interval was at least three (3) days. At the end of each interview, the researcher expressed gratitude to each participant. After the data gathering, the participants were given an appropriate token for their time and effort in participating the study.

Finally, the qualitative data was analyzed through thematic analysis. Thematic analysis is a technique in which the researcher identifies and analyzes patterns of meanings or themes from the responses of the participants (Braun & Clarke, 2012; Braun & Clarke, 2014). It is considered to be an accessible, flexible, and increasingly popular method of qualitative data analysis (Braun & Clarke, 2012; Braun & Clarke, 2014). This analysis technique can also be done through an inductive or deductive process (Braun & Clarke, 2006). This study employed both processes to maximize their benefits because, apart from being exploratory, it also attempted to contextualize the participants' lived experiences based on the existing theories in psychology. The researchers adhered to the six steps of thematic analysis according to Maguire and Delahunt (2017): (a) become familiar with the data, (b) generate initial codes, (c) search for themes, (d) review themes, (e) define themes, and (f)

write-up.

Results and Discussion

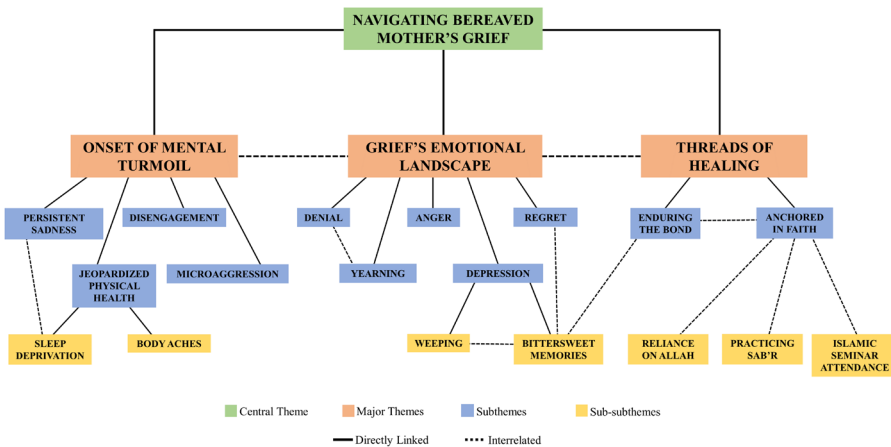
This study employed semi-structured interviews with three bereaved mothers whose children were recruited by extremist groups who died during the Marawi Siege. Three (3) major themes emerged after the analysis: Onset of Mental Turmoil (Theme 1), Grief’s Emotional Landscape (Theme 2), and Threads of Healing (Theme 3).

Onset of Mental Turmoil

The major theme, *Onset of Mental Turmoil*, details the psychological challenges of the participants at the time they found out that the extremist groups recruited their children during the Marawi Siege. All informants indicated that their children could not be found on the first day of the conflict. A few weeks later, they received a phone call from their sons informing them that they were with the extremist groups and taking part in the Marawi Siege. Hence, the mothers had to deal with psychological challenges even before knowing or acknowledging the news about their children’s deaths.

Figure 2

Thematic Map



Persistent Sadness. All the participants affirmed that they experienced persistent sadness since the time that their children were confirmed to be in Marawi City and taking part in the siege.

“I always feel sad. Even now, I seem to have gotten used to frowning. Why? Because of the problem. That is what has been missing from me.”

(Bereaved Mother 3)

“I always feel sad! They [her relatives] even stopped me, ‘Have sabar! Have sabar!’ Because of what happened, I always cry every night.”

(Bereaved Mother 2)

“The main reason why I was always sad was that the child was trapped there. [Inaudible] because they were caught... that...”

(Bereaved Mother 1)

This part highlights the emotional pain experienced by the participants. They experienced sadness that significantly altered the quality of their life. Perhaps it has been difficult for them to cherish their daily life because they could not help but cry or frown most of the time due to the depth of their anguish.

Jeopardized Physical Health. The participants' psychological challenges were also manifested in the form of psychosomatic symptoms, which are difficulty sleeping and declining physical health. One of the prominent challenges that came across the participants was being deprived of sleep primarily because they were told that their children were situated somewhere on the battlefield.

"The things I am thinking every night do not allow me to sleep because every time I remember, I cry... of course, it is your child."

(Bereaved Mother 1)

"There was no sleep! There was no sleep! Because they [her child and other children] were my problem... on that thing that happened to them. They [her relatives] were even stopping me. I really don't know what happened to him."

(Bereaved Mother 2)

"I ignored my sleep because... at first, there was no sleep. Of course, you cannot sleep because of the problem."

(Bereaved Mother 3)

The participants supposed that their children's engagement in Marawi Siege had deteriorated their physical health. Due to this reason, some needed to see a doctor because their bodies could not cope with the stressors.

"I feel pain everywhere. My body... I cannot walk. I went to the doctor to examine me, then she conducted laboratory [tests] then said that I have many diseases."

(Bereaved Mother 2)

"It's like my tasks are not as they were because I always have high blood [hypertension]. Even now, I have high blood because of the thought, right? Then my heart [beats] faster [touched her chest]."

(Bereaved Mother 3)

"I swear that whenever I feel it, my chest hurts. My chest always aches. If I cannot drink at least three glasses of water, I feel like I will suffocate. This became new to me since this happened to them in Marawi."

(Bereaved Mother 1)

Disengagement. Following their children's recruitment, the participants struggled with disengagement. Due to being preoccupied with thoughts about their children, they had difficulty engaging in their significant tasks, such as doing household chores and maintaining their livelihoods.

"My thinking [capacity] weakened, of course, because my mind was focused on my problem. It actually arises to us. Notice it when you have problems for many days, then after that, 'It seems like I forgot the...' you easily forget. Because that is what occupies it, that is what I thought because of my problem. 'I have not worked on this because I forgot!' You are thinking of something else."

(Bereaved Mother 3)

"The way I do the tasks changed. All that... for example, the livelihood because I was vending, then I somehow stopped selling malongs. I cannot concentrate on that..."

(Bereaved Mother 3)

"That was when...[inaudible] I encountered a problem. Even now, it cannot be removed from me. There's no longer a livelihood."

(Bereaved Mother 2)

Microaggression. The idea that the participants' children went to Marawi City provoked negative reactions among the community members. Notably, these reactions, uniquely encountered by the bereaved mothers, manifested through passive-aggressive questioning and victim-blaming, coming from their relatives or from those displaced by the siege and whose homes were destroyed.

"...sometimes they become angry with me. 'Why haven't you stopped him?' 'Did I know it?' I said. 'Can I stop what will happen to him?' They said I did not stop him. Did I know what would happen to him? He was suddenly trapped in Marawi."

(Bereaved Mother 2)

"That is the bad feeling about it. There was someone who lived there who pointed a finger at me. 'You! Your child is an ISIS!' That was so painful in my heart. Even now, I cannot forget it. Did we encourage our children that we said, 'Be an ISIS!'"

(Bereaved Mother 3)

Grief's Emotional Landscape

The theme *Grief's Emotional Landscape* incorporated the psychological challenges encountered by the participants when they learned about their children's deaths amidst the Marawi Siege. Different reliable informants informed the participants about their children's supposed demise. By this time, they no longer received calls nor had any contact with their children that could have proven that they were still alive. These psychological challenges were experienced in a disordered manner contingent on varying situations.

Denial. Since the mothers heard the news about their children's deaths, they have been experiencing denial and numbness. Recurrently, they expressed doubt about their children's deaths and anticipated their return. However, denial was prevalent, especially in the first few months after being informed that their children were among those who died in the Marawi Siege.

"Of course, at first, I said... 'That is not true. They're still alive.'"

(Bereaved Mother 1)

"I did not lose hope. [laughed] I said, 'No... have they surveyed the... Allah is the only one who knows that.' That is how my problem was lessened."

(Bereaved Mother 3)

Yearning. Two participants revealed that they resorted to different methods of searching for their children upon hearing about their children's deaths during the Marawi Siege.

"I came to a point where I went to a diviner. They said there's none. I searched... I went to Basak. I searched among the diviners, but 'There's none!' they said."

(Bereaved Mother 2)

"At first, every house I monitor that has ISIS on it...I am visiting it only to hear if there is any news... there was also a time when I contacted Maimona [Alias: Mother with a similar case] because others said there were children at Kapatagan [Alias: forest in the place] because they were checked by soldiers, right? There were children there. I said, 'Let's bring items... let's sell there at the top [of the mountain]. Let's say that we are vendors. Let's ask them.'"

(Bereaved Mother 3)

Anger. All the participants stressed anger as their collective sentiment to their son's loss and the massive destruction of Marawi City, which may have led to the death of their children.

“So... why couldn't I feel anger? In fact, I tend to curse those... 'Anyone who let this happen in this [destruction] of Marawi, I hope [Allah] throw your wrath to them.'”

(Bereaved Mother 1)

“Why wouldn't I be angry at first? 'Why did this happen to them?' we said. At first, we are angry. But what can we do if that is what Allah wants.”

(Bereaved Mother 2)

“I said, 'The reason why it happened to them is because of the soldiers! Even Duterte [the Philippine president during the Marawi Siege] who is crazy!' The reason why it [Marawi] was destroyed was because of him. If there is someone whom one can ask help from, it is the leaders, but what they want is to totally destroy Marawi.”

(Bereaved Mother 3)

Depression. The participants were eventually able to somewhat acknowledge their child's death. However, accompanying their grief was intense sadness over the death of their children, as manifested through weeping and ruminating their bittersweet memories. All the participants lamented their son's loss primarily through weeping in most of the circumstances when they remembered what happened.

“I was like crazy because when my mother was alive, I always go inside and outside [the house], then she goes, 'Why are you crying? If you want, go with that child so that you could both die in Marawi.' What I was thinking was I cannot sleep for a whole day because every time I remember, I cry, of course, because it is your child.”

(Bereaved Mother 1)

“There were times that I cried because I was dreaming about him at night. I am dreaming that only if I can see him. There are times that they have to wake me up because I am crying in my bed. There were instances in our old house where Basman woke me up, 'Mother, what is happening to you? Why are you crying?' I said, 'This is nothing...’”

(Bereaved Mother 2)

“The bad feeling of mine because I think about it every time I go to Ground Zero [the warzone]— the first time I think is my child. I said, 'Where did he die here?' in this... that is it every time I go to Ground Zero [coughed], I am barely bearing it [teary eyed] especially when I first visited... when I saw everything, I felt so bad about what happened at Ground Zero.”

(Bereaved Mother 3)

The participants emphasized that it was difficult to forget what happened to their son because of the bittersweet memories they shared with them. Bittersweet because, as they recalled their good memories with their sons, the painful thought of their children's deaths also emerged.

“Whenever I look at my phone [looking at his picture] when he graduated... whenever I look at it, I always cry.”

(Bereaved Mother 1)

“He gives me everything he gets. Whenever he sees I have a cold, he says, 'Ina... what happened to you?' 'Nothing,' I said. He will immediately find [money] for medicine. He will buy medicine for me. He has cared so much about me. He cares for me more than Basman [Alias: Bereaved Mother 2's older son]. Among all my children, he cares for me the most. How can't I suffer in those good things that he did for me?”

(Bereaved Mother 2)

“I cannot scold him as if he has bad behaviors because he had none. He was so good to his parents. He was obedient. The reason why I cry is because I cannot bear his good behavior... it is like I am seeing my child... it is like I am seeing him in front of me, not knowing if he suffered or what. That is the reason why I cry... I said, 'My child suffered!' May Allah help him.”

(Bereaved Mother 3)

These accounts substantiated why two of the participants considered the loss of their sons as the worst loss they have experienced.

"I had experienced the death of Mama [Alias: Bereaved Mother 2's son] and what happened to him. Throughout my life, I have not experienced what just happened. This thing that happened to them."

(Bereaved Mother 2)

"The worst thing that a person can experience is to lose a child. Nothing. You would rather be sick than your child. The siblings could sometimes be forgotten, but the child could not be. It will fill your mind. Those who say it can be forgotten lie. No... you can never forget the child. Especially the mother who is hard to forget."

(Bereaved Mother 3)

Regret. Throughout the interview, two participants communicated regret over what happened in the past and said they could have done something if only they had known what would happen to their children.

"Of course, I regretted it. If I knew this would happen, I should not have allowed him to... be enrolled in that toril [traditional stay-in school]. That is my regret. The way I saw it was that... yes, they stopped regular schooling because he said he wanted to learn there, so I allowed him because I thought that is where he would find success. Not knowing that this will be the reason for his [cried] disappearance."

(Bereaved Mother 1)

"That was the last. Only if I know that [he will go]... I will not let him go. Or I will hug him tightly. All pieces of advice I know, for example, I will tell him what will happen. 'If you go there, this will happen... or if you do not go, this too will...happen to you.' That. I will advise him on how difficult it is. Tell him that, 'That is bad. Do not do it!' That is how it works, but there was no advice because there was no time. None because... it was a surprise. He was not advised."

(Bereaved Mother 3)

"You were not able to take care of him, so you did not have a hard time with him. If the money, for example... you have not used a penny for that. Those people who were able to take care of their loved ones can lessen the feeling by saying, 'He [the deceased] could not blame us because we did all the ways for him to heal; at least we did everything.' I cannot say that I did everything because I did not give him [her son] my service. I have not served him or taken care of him. No money was used to treat him."

(Bereaved Mother 2)

"I said, 'If I can see him, I will restrain him.' Whenever I remember it, I say, 'If I can see him, I will restrain him.' They said, 'You might be insane. You are crazy.'"

(Bereaved Mother 2)

Threads of Healing

Threads of Healing classifies the diverse coping mechanisms employed by the participants to minimize the psychological challenges they experienced because of their sons' recruitment, death, and accompanying responses from the community and experiences. Although, the phrase used does not imply that the participants have fully healed from their loss. In actuality, the theme's title communicates that the stitches left while healing their sufferings are still perceptible in the present. Thus, bereaved mothers in this study are still recovering through the undermentioned coping efforts.

Enduring the Bond. Once in a while, the participants continued the bond with their children by touching their children's keepsakes. These were the belongings of their children before they died in the Marawi Siege. According to them, doing such a thing gives them a sense of comfort.

"Whenever I see his cabinet, I somehow get hope that he will come back."

(Bereaved Mother 2)

"His belongings. For example, I use his Qur'an every [month of] Ramadhan. I remember him through his Qur'an and say, 'Ya Allah, if this has blessings, then... give it to him. Give whatever I read to him.' His belongings. Whenever I miss him, then his I.D.'s [identification cards] ah... it is better that I am used to looking at them."

(Bereaved Mother 3)

Anchored in Faith. The participants mainly used coping mechanisms that were anchored in their religious faith. These included relying on Allah, practicing *sab'r*, and attending Islamic seminars. Accordingly, these can be classified as religious coping strategies activated in times of distress.

Due to the tough situation, the participants fortified their reliance on Allah by asking Him to protect their sons regardless of whether they survived the battle or not.

"What I feel is... 'Ya Allah, please save my child from that bomb! Save our children, and I hope they return safe and sound.' None... that is the only thing I say."

(Bereaved Mother 1)

"Only Allah knows, and the only thing I pray to Allah is, 'Ya Allah, if they are alive, then protect them, then if they are no longer [alive], make it... on our behalf... let them enter your paradise.'"

(Bereaved Mother 2)

"...it is to Allah that I pray, 'Ya Allah, protect them, make it easier for them because they do not know what they will do and only you, Allah, can help them.' That. Every time I pray, 'Ya Allah protect them.' My prayer was focused on their survival."

(Bereaved Mother 3)

Sab'r (or *sabar*), the ultimate form of patience in the Islamic faith, is one of the major coping mechanisms the participants utilized to get through the challenges that put them to the test. The participants attempted to accept what happened despite the pain it brought them. The participants mentioned practicing *sab'r* because of *qad'r* (divine decree). They were able to sustain their patience by reminding themselves that what transpired to their children was according to the will of Allah.

"What I say is sabar because at least what happened to them is their qad'r."

(Bereaved Mother 1)

"Nothing. The only thing they say is, 'Have sabar! At least that is the destiny of Allah for him.'"

(Bereaved Mother 2)

"Whatever is done, if it is the will of Allah... then it will happen."

(Bereaved Mother 3)

During those difficult times, two participants were influenced by other people by reiterating *sab'r* to them. They construed such influence as beneficial for minimizing the impact of their sons' loss on their psychological well-being.

"What has helped me was when people see me, 'Have sabar to Allah because that child is your child to [paradise], then have sabar because who wouldn't go through that?'"

(Bereaved Mother 1)

"People give me advice that says, 'Have sabar! Have sabar! At least that is what Allah destined for him.' Even those who live from Kasarani [other barangay] were calming me."

(Bereaved Mother 2)

Listening to preachers in Islamic seminars remarkably influences the two participants in managing their psychological challenges. They believe that the preachers' words regarding losing a child on a battlefield enlighten them and reduce their distress.

"Now, whenever there is a seminar, I go there to be enlightened. That is what happened."

(Bereaved Mother 2)

"That was when I focused on attending the seminar, and I heard the preachings regarding martyrdom, and then it healed me. Such is the case of Basir [Alias: Preacher], who is preaching about doing jihad [holy war], and that's what remedied it."

(Bereaved Mother 3)

The bereaved mothers in this study had gone through immense psychological challenges, which started when their children were recruited by extremist groups and further aggravated by the news about their deaths a few months after their disappearance. Their lived experiences unraveled, and two different major tragedies were concurrently experienced. In their case, the mothers began grieving not necessarily upon knowing that their children died but after the Marawi Siege erupted, wherein they could not find their sons. Then, later, they found out that the extremist groups recruited their sons. So, in addressing the research questions, the participants' lived experiences in terms of their psychological challenges and coping mechanisms are discussed, anchored to the central phenomenon, and corroborated with existing literature and psychological theories.

First, the researchers identified the first major theme, *Onset of Mental Turmoil*, which encapsulates the psychological challenges experienced by the participants upon knowing that the extremist groups recruited their children during the Marawi Siege. Prior to knowing about their children's deaths, these challenges already posed difficulties for these bereaved mothers. Included in this overarching theme are the subthemes of persistent sadness, jeopardized physical health, disengagement, and microaggression.

During the interview, the participants conveyed persistent sadness as one of the psychological challenges that they dealt with since their children were recruited. In a foreign study, 49.3% of the left-behind parents experienced severe depression because of parental abduction (Greif & Hegar, 1991). Although not identical to the central phenomenon, it was established that the recruitment of the participants' children is similar to child abduction. Klass (1988) also concluded that losing a child through child abduction is a highly distressing experience among adults. Unsurprisingly, the participants felt sadness, cried, and frowned frequently during those times.

While their children were on the battlefield, the participants were deprived of sleep. Correspondingly, Nen et al. (2013) found that parents whose children were missing experienced a range of emotions such as anxiety, anger, denial, and guilt. Such responses elicited psychosomatic symptoms like sleep difficulty. Based on their narrative, these participants had difficulty getting enough sleep because most of their time was spent thinking about what might have happened to their children on the battlefield. Accompanied by their heavy emotions and complex thoughts are the decline of their physical health. This finding is supported by Tavares et al. (2021), who found that while left-behind parents of abducted children were proactive and motivated to get their children back, their physical health deteriorated.

Following that, the participants struggled with disengagement. Boss (2002) claimed that the sudden disappearance of children creates ambiguity wherein left-behind parents or family members have difficulty establishing a cognitive sense of the situation. This, in turn, hinders them from engaging in their livelihood or family responsibilities and other daily routines, which might lead to them losing clarity in their respective roles. Similarly, Nen et al. (2013) found that disruption of daily

activities is unavoidable for parents whose children are missing since it is difficult for them to focus.

On the other hand, microaggression was encountered in the form of passive-aggressive questioning and victim-blaming. One of the participants was questioned by a relative about why she did nothing to stop her child, while another was confronted for having a son who was labeled as an “ISIS” member. However, the bereaved mother understood this, as the person who confronted her had been displaced and lost her property due to the siege. They encountered people insinuating as if they permitted their children to join the extremist groups, which led to the siege. This is comparable to a foreign study that concludes that even the families of former terrorist convicts encounter prejudice and social discrimination, which, in turn, affects their self-worth, self-esteem, and well-being (Asiyah et al., 2014). This finding significantly reveals a distinct aspect of bereavement and grief experienced by the participants. They were not only dealing with the deaths of their children but also had to endure the negative reactions from their communities, making it even harder for them to rebuild themselves.

When the siege came to an end, the participants were informed that their children died along with other extremist group members. The researchers identified another major theme called *Grief's Emotional Landscape*, which portrays the shared psychological challenges of these bereaved mothers upon knowing about their children's death. In other words, this major theme specifically encompasses the participants' grieving experiences, which were classified into the following: denial, yearning, anger, depression, and regret.

The participants reacted with denial upon hearing the distressing news about their children's deaths. Kübler-Ross (1969) defined denial as a state of disbelief about the death or loss of someone. In the same way, Boyd and Bee (2014) indicated that numbness in Bowlby's attachment theory demonstrates that a bereaved person experiences disbelief about the death of a loved one. Furthermore, the participants yearned for their deceased children. Considering Bowlby's attachment theory, yearning is the stage where the bereaved becomes aware of the loss (Boyd & Bee, 2014). Bowlby compared yearning to a child who searches from room to room when separated from his closest attachment figure (Boyd & Bee, 2014).

Concomitantly, the participants felt anger due to their children's deaths. According to Kübler-Ross (1969), anger includes feeling angry at oneself, other people, or God, which also begins when the person acknowledges the loss. Interestingly, only one of the participants was able to specify the direction of her anger, which is toward the government whom she blamed for her son's fate. The other two participants also felt anger after realizing the loss. However, they did not indicate to whom they were particularly angry.

Depression significantly played a massive role in the grieving experiences of the participants. Kübler-Ross (1969) defined depression as the stage of grief in which the person realizes the permanent loss and feels despair, thinking that they will endure grief for a lifetime. The bereaved person will experience sadness, fatigue, and anhedonia during the depression stage (Tyrrell et al., 2023). According to Bowlby's attachment theory, the stage of despair and disorganization also brings sadness and fatigue when the search for the dead ceases (Boyd & Bee, 2014). In this study, the participants reported that the bittersweet memories of their children's deaths resurfaced when they remembered them. These were their good memories of their sons, which made it difficult for them not to feel bad about their deaths.

In light of depression, the participants were weeping due to extreme sadness in most of the circumstances where they recalled their children's deaths (i.e., when visiting Ground Zero). The bereaved person may express emotion through weeping or wailing (Averill, 1968). Grief and depression are different, but both carry extreme sadness as a symptom (Medical News Today, 2023).

Peña-Vargas, Armaiz-Peña, and Castro-Figueroa (2021) suggested that grief can lead to depression-related conditions.

Comparably, regret is commonly experienced among bereaved parents whose children died due to cancer (Sim et al., 2020). This regret includes their way of parenting and interaction with their children when they were alive. The present study also found that the participants pondered on things that they should have done to prevent the death of their son or lessen the impact of such loss.

Bowlby's attachment theory states that the grief response will be prolonged if the attachment between the mourner and the lost person is stronger (van Doorn et al., 1998; Waskowic & Chartier, 2003). Theoretically, the prolongation of such responses seemed more logical as the participants shared how attached they were to their children. In their narratives, they conveyed how their children were kind and obedient to them in most situations. Also, this shows the interrelatedness of regret and bittersweet memories that affected their agony.

Despite all those psychological challenges, the participants utilized coping mechanisms under the last major theme, *Threads of Healing*, which helped them survive. Noticeably, the participants employed coping mechanisms available to their knowledge and aligned with their beliefs. For instance, they only approached medical professionals to address their physical health concerns, such as hypertension and diabetes, but never asked a mental health professional to address their psychological challenges. It should be noted that mental health awareness and services were lacking in the participants' communities. This might have contributed to their decision not to seek professional help for their psychological challenges along with the microaggressions they faced.

Elaborating further, *Threads of Healing* was classified into two: anchored in faith and enduring the bond. Anchored in faith consists of coping mechanisms based on the participants' faith or spirituality. Reliance on Allah is the characteristic of a true Muslim believer (Utz, 2011). Utz (2011) stated that from the Islamic perspective, it is the greatest gift for a Muslim to get support from Allah, who is capable of giving all the needs of a human. Further, she stated that Muslims believe that Allah responds to supplications and sends tranquility, which directly affects the psychological well-being of the human. This famous literature in Islamic psychology resonates with one of the coping mechanisms of the participants in this study, wherein they express their reliance on Allah through their supplications since their children were recruited and died during the Marawi Siege. The participants believed that relying upon Allah's help to protect their sons eased them from the negative impacts of their psychological challenges.

Consequently, the participants verbalized *sab'r* or *sabar* (patience) as a coping mechanism. Al-Jaza'iry (2001) defined *sab'r* or patience in Islam as a way of controlling oneself from doing what are harmful and enduring circumstances that one dislikes through full acceptance and submission to Allah. The participants affirmed that they need to practice *sab'r* because what happened to their sons is because of *qad'r*. *Qad'r* is the divine decree in the Islamic faith that includes calamities such as the death of a loved one, which should be dealt with *sab'r* (Utz, 2011). Utz (2011) wrote that practicing *sab'r*, even when the divine decree is difficult to bear, is proof of true faith. Since the participants were Muslims, *sab'r* as their coping mechanism is somewhat expected.

The participants also listened to preachers during Islamic seminars to cope. Balbuena, Baetz, and Bowen (2013) concluded that attending religious activities is a protective factor of major depressive disorder. Furthermore, attending an Islamic seminar can be considered an informal Islamic education (Alam & Muzahid, 2006). Attending Islamic seminars helped the participants since they learned from preachers about the blessings bestowed on martyrs who died in *jihad*. *Jihad*, in the context of the Philippines, resembles the Muslim Tausug's concept of *parang sabil* wherein the community is united

and resolved to defend their communities and religion for their God despite the sheer strength of their perpetrators (Ingilan & Abdurajak, 2021). However, divergent viewpoints exist on whether the actions of the extremist groups resonate the truest essence of *jihad*. Some believe that the recruits' ideological affinity was taken advantage of since the extremist groups communicated to them the meanings of *jihad* and its significance in the lives of Muslims based on their radical interpretations.

Nevertheless, the participants raised that preachers discuss the divine rewards for those who die while doing *jihad* and for their bereaved parents who practice *sabr* during their loss. The validation they gain from this religious discourse enlightens them and allows them to handle their psychological challenges. An experimental study indicated that religious and spiritual education had a significant effect on improving mental health, social and physical performance, and decreasing anxiety and depression (Khaki & Sadeghi Habibabad, 2020). Through this methodology of education, the benefits of spirituality and religious coping mechanisms (i.e., *sabr*) can be conveyed to the listeners.

Religious coping was also employed by the participants upon seeking comfort and guidance from the divine being or the God with whom one's religious affiliation or spirituality believes (Bryan et al., 2016). Pargament et al. (1998) implied that religious coping mechanisms can mediate the relationship between one's religious beliefs and the impacts of significant life stressors. However, religious coping benefits one's mental health when the person seeks help from God while actively fulfilling his part to solve the problem (Pargament et al., 1998) because having a passive role while utilizing religious coping can worsen the outcome of the situation one's mental health (Fabricatore et al., 2004).

Moving forward, the participants unveiled that they also cope by "enduring the bond" or maintaining their connection with their son through the latter's keepsakes. They feel a sense of comfort using or touching their sons' belongings. For instance, when distressed, the participants look at their children's cabinets, clothes, Qur'an, and identification cards. Bowlby described this as "continuing the bond" (Klass et al., 1996). Field, Gao, and Paderna (2005) suggested that holding onto the possessions of the deceased may imply a denial of the loss, a way to internalize the loss, or a path reorganization phase in Bowlby's attachment theory. Exhibiting such expression for a longer time after the death of a loved one may lead to maladaptive adjustment from the bereavement, mainly if it develops hallucinatory experiences (e.g., feeling the presence of the dead).

Considering these, the participants were more inclined to loss-oriented coping than restoration-oriented coping based on the Dual Process Model (Stroebe & Schut, 1999). This is because their way of religious coping and continuing the bond were all activities that reminded them of loss and were not intended to reorganize their lives proactively. Stroebe and Schut (1999) claimed that excessively utilizing one type of coping can be counterproductive. Thus, participants can dissociate through oscillation, which is the path to successful coping. This can be achieved when an individual learns to strike a balance between loss-oriented coping and restoration-oriented coping.

In addition, the participants' coping mechanisms fit emotion-focused coping, which is characterized by venting, emotional support, humor, acceptance, self-blame, and religion (Lazarus & Folkman, 1984). Similar to loss-oriented coping, Austenfeld and Stanton (2004) found that overusing emotion-focused coping can lead to maladjustment. Reflecting on the participants' coping mechanisms, it is evident from their testimonies that they utilize their religious coping mechanisms and that maintaining a bond with their children's keepsakes helped them deal with their psychological challenges.

This discussion has expounded on how the participants went through immense psychological challenges in their grief. They still have not accepted the loss of their children. What was more evident in their attestations is that their children's deaths were not concretely identified. Meaning,

the loss remains ambiguous. The ambiguous loss theory premise is that the uncertainty or a lack of information about the status of a loved one, whether that person is absent or present, dead or alive, is traumatizing for most individuals, couples, and families (Boss, 2007). This theory would suggest that the participants' grief already began when the Marawi Siege erupted, and their children were missing because they had been recruited. Possibly, the ambiguous loss experienced by the parents is one of the reasons why their coping process is still ongoing.

However, the researchers see their coping mechanisms as helpful to some extent but still inadequate for them to fully recover from psychological turmoil. They have been utilizing coping mechanisms for a long time, yet they are still struggling and have not fully accepted the death of their sons, perhaps due to ambiguous loss. Markedly, this discussion also highlights certain conditions in which these common coping mechanisms among the participants might be counterproductive if overly used. Apart from that, the participants had to endure various forms of microaggressions from their community. Lastly, the majority of the findings, literature, and theories support the idea that participants are having difficulty overcoming the psychological challenges cast by their grief.

Conclusion

This study investigated the lived experiences, particularly the psychological challenges encountered by bereaved mothers of child soldiers recruited by extremist groups who died during the Marawi Siege, and the coping mechanisms they used to overcome those challenges. Precisely, they encountered emotional distress, behavioral and cognitive difficulties, and few social impairments. These psychological challenges have been continuously encountered since the Marawi Siege began when their children went missing due to being recruited by extremist groups. Notably, these psychological challenges were accompanied by the microaggressions they encountered from their relatives and community members, making it even harder for them to cope.

Moreover, the depth of the participants' grief was possibly intensified by their preexisting psychological challenges and the nature of their loss (i.e., ambiguous loss). This may explain why the participants have not yet categorically accepted the loss despite utilizing the same forms of religious coping mechanisms and continuing the bond with their children through their keepsakes for many years. Currently, the participants' coping mechanisms appeared to be insufficient to recover from their psychological challenges. Therefore, this study concludes that the participants went through immense psychological challenges. These psychological challenges entail that their grieving experiences began when their children were missing and still exist in the present.

Future researchers are recommended to expand the sample by selecting participants from areas outside Lanao del Sur or the Philippines where the same central phenomenon was encountered to increase the study's generalizability. Using a similar or different type of qualitative research method, they may also navigate the lived experiences of other populations, such as the bereaved fathers of deceased child soldiers. The experience of losing a child may also differ depending on whether the child was a minor or an adult, as well as the number of children whom parents lost due to a similar cause. In addition, this study could be examined through the lens of spousal or sibling relationships. Most importantly, it would bring richer insight if the phenomenon was studied by including the entire family dynamics, aiming to understand how the whole family experiences it and how they interact to help each other.

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Conflict of Interest Statement

We have no conflict of interest to disclose.

AI Disclosure

We declare that this manuscript was prepared without the assistance of artificial intelligence. Hence, the content of this paper is original.

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