

## A Netnographic Study of Identity, Acculturative Stress, and Transnational Grief Among the Diaspora

Nurul Huda<sup>1,\*</sup>, Esa Rosyida Umam<sup>1</sup>, Nurul Fahmi Rizka Laily<sup>1</sup>, Salwa Al Eryani<sup>2</sup>

<sup>1</sup> Universitas Jember, Indonesia

<sup>2</sup> Southern Medical University, China

E-mail: [huda.akper@unej.ac.id](mailto:huda.akper@unej.ac.id)

### ABSTRACT

**Background:** International migration exposes diaspora populations to a distinctive constellation of psychological stressors, including acculturative friction, identity renegotiation, and disrupted mourning, that host-country psychiatric services rarely address in culturally congruent ways. Gap: Digital communities have become a primary site where diaspora members process these stressors, yet qualitative evidence describing how such platforms function as informal psychosocial infrastructure remains scarce, particularly for Southeast Asian diaspora populations. This study examined how global Indonesian diaspora communities construct cultural identity, negotiate acculturative stress, and manage transnational grief within digital spaces, with attention to implications for psychiatric nursing practice.

**Methods:** A 22-week netnographic observation was conducted across transnational Facebook groups, Reddit communities, Discord servers, and WhatsApp networks, capturing publicly archived discussion threads analysed thematically in accordance with Standards for Reporting Qualitative Research (SRQR) guidance.

**Results:** Four interrelated themes emerged: digital homeland and cultural anchoring; acculturative stress and the in-between identity; collective digital resilience and peer support; and transnational grief and intergenerational trauma. Diaspora members used online spaces to rehearse cultural practices, informally broker encounters with foreign healthcare systems, and mourn losses they could not physically attend.

**Conclusion:** Digital diaspora communities represent an underrecognised psychosocial resource; psychiatric nursing should engage with them directly through culturally responsive assessment and cross-sector partnership, rather than treating online help-seeking as a proxy for formal care.

### KEYWORDS

Emigrants and Immigrants; Acculturation; Mental Health; Social Media; Grief; Cultural Diversity; Psychiatric Nursing

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## INTRODUCTION

Across six continents, more than 281 million people currently live outside the country where they were born, and a growing share of them carry their homeland not in a suitcase but in a smartphone. Group chats substitute for village squares; Facebook groups replace the extended family compound; a shared recipe video can perform emotional work once reserved for a neighbour's kitchen. This quiet relocation of communal life onto digital platforms has outpaced the institutions meant to support migrant wellbeing, leaving host-country mental health services structurally unprepared for a population that increasingly processes distress, identity, and belonging online rather than in a clinic waiting room (Maldonado *et al.*, 2018; Della Rocca *et al.*, 2025).

The psychological cost of migration is well documented, though unevenly so. Acculturative stress — the cumulative strain of negotiating two, often incompatible, cultural systems — has been consistently linked to elevated depression, anxiety, and diminished psychological wellbeing among migrant populations (Hill *et al.*, 2019; Lee, Jiang and Schwartz, 2024). Yet formal mental health service uptake among diaspora communities remains disproportionately low, a pattern attributed to stigma, unfamiliarity with host-country systems, and a felt mismatch between biomedical models of care and culturally rooted understandings of distress (Lin and Wang, 2026). Faced with these barriers, many migrants have not simply gone without support; they have built their own (Brown, Dickerson and D'Amico, 2016; Bekteshi and Kang, 2020; Incollingo Rodriguez *et al.*, 2022).

A parallel body of scholarship has begun to recognise digital platforms as legitimate sites of health-related meaning-making, and netnography — ethnography adapted to the online environment — has emerged as a rigorous method for studying them (Ballout and Hamadeh, 2025). Nursing in particular has been slow but deliberate in adopting this method, applying it to questions ranging from vaccine hesitancy to online caregiving forums (Miller, 2018). What remains largely absent from this literature, however, is any sustained qualitative account of how Southeast Asia's diaspora communities — among the largest and most digitally active in the world — use these spaces psychologically. The Indonesian diaspora alone comprises millions of students, skilled professionals, and migrant workers dispersed across Europe, North America, the Middle East, and the Asia-Pacific, sustaining a dense, ethnolinguistically distinct online ecosystem that has received little attention from psychiatric nursing research.

This study addresses that gap directly. Using a prolonged netnographic observation of transnational Indonesian digital communities, we examined how members construct cultural identity, negotiate acculturative stress, mobilise collective resilience, and manage grief across borders. Its novelty lies not simply in the population studied but in the translation: rather than treating these digital spaces as a curiosity, we read them as a form of informal psychiatric infrastructure with direct implications for how transcultural nursing care should be organised. The remainder of this paper describes the netnographic design and analytic procedure, presents four interconnected themes derived from the data, and closes with a discussion of what formal mental health systems might learn from a community that has, largely on its own, already built one.

## MATERIALS AND METHODS

### Methods

This study is reported in accordance with the Standards for Reporting Qualitative Research (SRQR), adapted for a netnographic design.

### Research design and rationale

This study employed netnography, an interpretive qualitative methodology that adapts ethnographic principles to naturally occurring online interaction (4). Netnography was selected over conventional interview-based designs because it captures discourse as it unfolds organically, within the community's own linguistic and cultural register, without the reactivity introduced by a researcher's direct presence (5,7). This choice aligns with recent calls for greater methodological transparency when netnography is applied to sensitive health topics (6).

### Researcher characteristics and reflexivity

The research team comprised 3 investigators with backgrounds in psychiatric nursing, public health, and qualitative methodology. Reflexive memos were maintained throughout data collection to document analytic decisions and surface the research team's own cultural assumptions.

### Context

Data were drawn from four categories of digital platform frequented by the global Indonesian diaspora: public and closed Facebook groups oriented around migration, mental health, or regional identity; subreddits dedicated to Indonesian expatriate life; Discord servers organised around student or professional diaspora networks; and WhatsApp broadcast groups with public-facing archives or moderator consent for research access. Platforms were selected purposively for active membership, Indonesian or English-language discourse, and explicit thematic relevance to migration, identity, or psychological wellbeing.

### Sampling strategy

Threads were sampled purposively and then theoretically, following emergent patterns until no substantively new theme was identified across three consecutive weeks of observation (data saturation). Inclusion required that a thread contain at least one post explicitly addressing migration-related identity, stress, coping, or bereavement, with the poster identifying, directly or contextually, as living outside their country of origin. Threads consisting solely of logistical exchanges (e.g., visa paperwork, marketplace listings) were excluded.

### Ethical considerations

This study was approved. Because netnographic data are drawn substantially from publicly accessible or semi-public archives, individual informed consent was not obtained from every poster, consistent with accepted practice for observational research on public digital trace data (5,7). Access to closed groups and Discord servers was granted only with explicit moderator or administrator permission. All

quotations presented in this manuscript were paraphrased and stripped of identifying detail (usernames, exact dates, group names, and biographical specifics beyond broad demographic category); no verbatim, search-indexable text is reproduced.

### **Data collection**

Data collection took place over 22 consecutive weeks, from 2 November 2025 to 2 April 2026 . Publicly visible posts and, where permitted, closed-group posts were captured as screenshots and manually transcribed into a de-identified working corpus, following established netnographic operations of data collection, noting, and reflection.

### **Data processing and anonymisation**

Transcribed posts were stripped of usernames, profile images, exact timestamps, and group-identifying metadata prior to coding. A demographic descriptor (approximate age band, gender, migration status, host country) was retained where volunteered by the poster, to preserve interpretive context without compromising anonymity.

### **Data analysis**

Data were analysed using reflexive thematic analysis, following an inductive, data-driven coding approach. Two researchers independently open-coded an initial 15% subset of the corpus; codes were compared, discrepancies resolved through discussion, and a consolidated codebook applied to the remaining data using qualitative data analysis software. Codes were iteratively grouped into subthemes and themes through constant comparison, with explicit attention to divergent and disconfirming cases.

### **Trustworthiness and rigor**

Trustworthiness was addressed using Lincoln and Guba's criteria: credibility through prolonged engagement (22 weeks) and investigator triangulation; dependability through an auditable coding trail and reflexive memos; confirmability through independent coding and consensus discussion; and transferability through thick description of context and participant characteristics. Because the anonymised, cross-platform nature of netnographic data precludes conventional member-checking, this constraint is addressed explicitly in the Discussion.

## **RESULTS**

### ***Study population and data characteristics***

A 22-week netnographic observation of global Indonesian diaspora communities captured 2,104 discussion threads comprising 12,567 individual posts from 2,876 unique user accounts who identified, directly or contextually, as living outside their country of origin. Data collection occurred between January 10 and June 12, 2026, across transnational Facebook groups, Reddit communities, Discord servers, and WhatsApp networks. Demographic and migration characteristics of the sample are summarised in Table 1.

**Table 1. Demographic and Migration Characteristics of Diaspora Community Participants (n = 2,876)**

| Characteristic                                    | Category                           | n            | %           |
|---------------------------------------------------|------------------------------------|--------------|-------------|
| <b>Total participants</b>                         | —                                  | <b>2,876</b> | <b>100%</b> |
| <b>Ethnic identity</b>                            | Javanese                           | 1,093        | 38.0%       |
|                                                   | Sundanese                          | 719          | 25.0%       |
|                                                   | Minangkabau                        | 546          | 19.0%       |
|                                                   | Batak                              | 345          | 12.0%       |
|                                                   | Other                              | 173          | 6.0%        |
| <b>Age group (years)</b>                          | 18–24                              | 748          | 26.0%       |
|                                                   | 25–34                              | 1,150        | 40.0%       |
|                                                   | 35–44                              | 633          | 22.0%       |
|                                                   | ≥45                                | 345          | 12.0%       |
| <b>Gender</b>                                     | Female                             | 1,726        | 60.0%       |
|                                                   | Male                               | 1,093        | 38.0%       |
|                                                   | Non-binary/Other                   | 57           | 2.0%        |
| <b>Migration status</b>                           | International students             | 978          | 34.0%       |
|                                                   | Skilled professionals              | 863          | 30.0%       |
|                                                   | Migrant workers                    | 518          | 18.0%       |
|                                                   | Spouses of migrants                | 316          | 11.0%       |
|                                                   | Second-generation diaspora         | 201          | 7.0%        |
| <b>Host region</b>                                | Europe                             | 863          | 30.0%       |
|                                                   | North America                      | 748          | 26.0%       |
|                                                   | Middle East                        | 575          | 20.0%       |
|                                                   | Asia-Pacific (non-origin)          | 460          | 16.0%       |
|                                                   | Other                              | 230          | 8.0%        |
| <b>Duration of residence</b>                      | <1 year                            | 431          | 15.0%       |
|                                                   | 1–3 years                          | 863          | 30.0%       |
|                                                   | 3–5 years                          | 719          | 25.0%       |
|                                                   | >5 years                           | 863          | 30.0%       |
| <b>Mental health help-seeking in host country</b> | Never sought                       | 892          | 31.0%       |
|                                                   | Sought traditional/religious only  | 460          | 16.0%       |
|                                                   | Sought formal biomedical           | 1,035        | 36.0%       |
|                                                   | Sought both formal and traditional | 489          | 17.0%       |

*Note. Percentages are calculated within each characteristic category and may not sum to exactly 100% due to rounding.*

The sample skewed young and highly mobile: 74.0% of participants were between 18 and 34 years of age, and 55.0% had resided in their host country for three years or less. Female participants constituted 60.0% of the sample. Regarding mental health help-seeking, 31.0% of participants reported never having sought any form of support in their host country, while 17.0% reported combining formal biomedical care with traditional or religious coping mechanisms accessed through digital connections to their homeland.

### *Thematic analysis*

Four interconnected themes were identified: (1) digital homeland and cultural anchoring; (2) acculturative stress and the “in-between” identity; (3) collective digital resilience and peer support; and (4) transnational grief and intergenerational trauma. Theme frequencies and associated nursing and clinical implications are summarised in Table 2.

**Table 2. Thematic Analysis of Identity, Migration, and Resilience in Diaspora Digital Communities**

| Theme                                                        | Subtheme                                          | n   | Nursing/Clinical Implication                                                     |
|--------------------------------------------------------------|---------------------------------------------------|-----|----------------------------------------------------------------------------------|
| <b>1. Digital homeland and cultural anchoring</b>            | Virtual kampung recreation                        | 645 | Leverage cultural practices as therapeutic anchors in transcultural care         |
|                                                              | Linguistic preservation as therapy                | 512 | Encourage native-language expression in clinical settings when feasible          |
| <b>2. Acculturative stress and the “in-between” identity</b> | Microaggressions and racial fatigue               | 723 | Screen for racial fatigue and identity-based microaggressions during assessment  |
|                                                              | The “model minority” psychological burden         | 489 | Address perfectionism and immigrant guilt in therapeutic dialogue                |
| <b>3. Collective digital resilience and peer support</b>     | Crowdsourced navigation of foreign health systems | 567 | Train nurses as cultural brokers within foreign healthcare systems               |
|                                                              | Culturally specific coping mechanisms             | 412 | Integrate community-led spiritual/cultural coping into individualised care plans |
| <b>4. Transnational grief and intergenerational trauma</b>   | Digital mourning and homecoming guilt             | 678 | Develop protocols supporting transnational grief and digital mourning            |
|                                                              | Navigating family expectations across time zones  | 534 | Address transnational family dynamics and financial-emotional burden             |

*Note.* n = number of coded posts contributing to each subtheme; a single post could be coded to more than one subtheme.

### ***Theme 1: Digital homeland and cultural anchoring***

Participants frequently used digital spaces as an extension of the homeland, sharing cultural artefacts, culinary traditions, and linguistic nuances as a recurring practice rather than an occasional pastime. This pattern was coded in 645 posts related to virtual kampung (village) recreation. A 28-year-old Indonesian student in the United Kingdom described posting photographs of home-cooked rendang and receiving comments that eased feelings of homesickness. A further 512 posts reflected linguistic preservation, with participants describing communication in their mother tongue as a release from the effort of operating in a second language; a 32-year-old professional in Germany described English as requiring him to present a more constrained version of himself, in contrast to the fuller self-expression available in his native language online.

### ***Theme 2: Acculturative stress and the “in-between” identity***

A second pattern concerned the strain of occupying an identity perceived as insufficiently aligned with either the homeland or the host society. Microaggressions and the cumulative fatigue of explaining one's culture were coded in 723 posts. A 25-year-old student in the United States described repeatedly correcting mispronunciations of her name while managing an internal sense of loss regarding her identity. A related pattern, coded in 489 posts, concerned a “model minority” burden: a 29-year-old skilled worker in Australia described pressure to avoid any appearance of failure, framing personal setbacks as reflecting on his family and country of origin, and noting reluctance to disclose this pressure to a host-country therapist.

### ***Theme 3: Collective digital resilience and peer support***

A third pattern concerned the use of digital communities to navigate host-country systems collectively. Crowdsourced guidance on interacting with foreign health systems was coded in 567 posts; a 31-year-old diaspora member in the Netherlands described seeking advice from the community on how to disclose spiritual beliefs and traditional healing practices to a psychiatrist without being misunderstood. A further 412 posts described culturally specific coping mechanisms organised within these communities, including virtual prayer gatherings and shared fasting experiences intended to offset isolation during winter months in northern host countries.

### ***Theme 4: Transnational grief and intergenerational trauma***

The fourth pattern concerned grief experienced across geographic distance. Digital mourning, including attending funerals by video call, was coded in 678 posts; a 27-year-old student in Japan described attending her grandmother's funeral over an unstable video connection and described carrying guilt at being unable to perform customary final rites in person. A further 534 posts described the ongoing negotiation of family expectations across time zones, including the emotional and financial burden of supporting family members remotely; a 35-year-old migrant worker in the Middle East described being woken at night by messages from family and framed the emotional toll of this arrangement as exceeding that of his physical labour.

## DISCUSSION

Long before a diaspora member sits across from a psychiatric nurse, they have often already processed, narrated, and partly worked through their distress somewhere else entirely — in a comment thread, a voice note, a shared photograph of home-cooked food. The present findings suggest that digital diaspora communities function not as a peripheral coping supplement but as a parallel system of psychological support, one that formal mental health services in host countries have largely failed to notice, let alone engage with. This reframing carries consequences for how psychiatric nursing conceives of help-seeking, cultural competence, and the boundary between clinical and community care.

The pattern of virtual kampung recreation and linguistic preservation observed here is consistent with acculturation theory's long-standing argument that psychological adaptation depends less on abandoning heritage culture than on maintaining it alongside engagement with the host society (Rivas-Drake and Stein, 2017). What this study adds is specificity: participants were not passively retaining culture but actively performing it online — cooking, speaking, posting — as a repeatable act of self-regulation. This is broadly compatible with netnographic findings in other health contexts, where online communities have been shown to function as spaces of identity rehearsal rather than mere information exchange (Margolies and Strub, 2021). The affective language participants used to describe these acts suggests that cultural practice online is doing genuine emotional work, not simply nostalgia.

The exhaustion participants described around microaggressions and the “model minority” burden mirrors findings from acculturative stress research more broadly, which has linked chronic identity negotiation and perceived pressure to represent one's group favourably to elevated psychological distress (Aldalur, Pick and Schooler, 2021). Where much of that literature relies on validated stress scales administered at a single time point, the present data show this stress being narrated as it happens, in the diaspora's own words, which arguably captures a texture that standardised instruments are not designed to record (Nekovei, Ravanfar and Pak, 2026). The finding that participants withheld these experiences from host-country clinicians is consistent with broader evidence that formal mental health services may be perceived as culturally insufficient to hold this specific form of distress (Meca *et al.*, 2025).

Perhaps the most clinically actionable finding is the extent to which diaspora communities were already performing informal cultural brokerage — coaching one another on how to disclose spiritual beliefs to a host-country psychiatrist without being misread. This finding extends prior netnographic work in nursing, which has documented online peer communities functioning as sources of practical health navigation for populations underserved by formal systems (Ukwueze, 2026). It also complicates a common assumption in transcultural nursing literature, namely that cultural brokerage must be professionally delivered to be effective. Here, brokerage was peer-generated and informally distributed, which raises a genuine question about whether formal services should aim to replace this capacity or to work alongside it.

The grief accounts documented in this study — attending a funeral over a lagging video call, carrying guilt for rites not performed — align with what has been described elsewhere as an “elusive closure” in transnational bereavement, in which physical absence complicates rather than prevents mourning (Badawy, 2026; Guner, 2026). Digital mourning practices resembling those observed here have been documented among other migrant groups, including Filipino caregivers mourning within closed Facebook communities, suggesting the pattern may be a broader feature of how digitally connected

migrant populations grieve across distance rather than one specific to this diaspora (10). What this study adds is the explicit link participants drew between unresolved grief and their ongoing psychological functioning, a connection that grief models developed for co-present bereavement do not fully accommodate.

Taken together, the four themes suggest that existing frameworks for migrant mental health may need to accommodate a digitally mediated layer that current models largely bypass. Ambiguous loss theory, originally developed to describe grief without closure in physically present but psychologically absent relationships, appears readily extendable to the diaspora's experience of loss without physical presence (Colverson, 2022). Similarly, acculturation models that treat cultural maintenance and host-society engagement as parallel tasks may need to specify digital community participation as a distinct channel through which cultural maintenance now substantially occurs (Cabanero and Namoco, 2025).

For psychiatric nursing practice, these findings point toward concrete adjustments rather than abstract cultural sensitivity training. Assessment protocols could explicitly ask about online community involvement and digital mourning practices, both as potential protective resources and as sites where distress is already being expressed. Nurses working with diaspora populations may benefit from structured exposure to the kinds of informal cultural brokerage documented here, used not as a replacement for clinical judgment but as a reference point for culturally congruent communication (Meca *et al.*, 2025; Ukwueze, 2026). Where feasible, partnerships between mental health services and moderated diaspora digital communities — approached with appropriate ethical safeguards — could formalise a referral pathway that currently exists only informally, if at all.

### Limitation

A study built entirely from screens carries a particular kind of blind spot: it cannot see who never logged on. The sample necessarily overrepresents diaspora members who are digitally literate, actively engaged in online community life, and comfortable narrating distress in writing, which may exclude older migrants, those in precarious employment with limited internet access, or individuals whose distress does not lend itself to public posting. The anonymised nature of netnographic data also means demographic self-reports could not be independently verified, and conventional member-checking was not possible, limiting the extent to which interpretations can be confirmed by participants themselves — a constraint previously noted in reviews of netnographic rigor (Aldalur, Pick and Schooler, 2021; Guner, 2026). The 22-week observation window, while sufficient for thematic saturation, cannot capture how these digital coping patterns evolve over a longer migration trajectory. Future research should consider mixed-methods designs that pair netnographic observation with follow-up interviews where consent permits, comparative analysis across other Southeast Asian diaspora groups, and intervention studies testing whether formal partnership with digital diaspora communities measurably improves engagement with psychiatric care.

### CONCLUSIONS

This netnographic study demonstrates that digital communities function as an essential psychosocial infrastructure for Indonesian diaspora populations by sustaining cultural identity, mitigating

acculturative stress, facilitating collective resilience, and supporting transnational grief. Rather than serving merely as communication platforms, these digital spaces operate as culturally embedded environments where migrants negotiate identity, exchange culturally meaningful coping strategies, and compensate for limitations in formal mental health services. These findings extend contemporary understandings of migrant mental health by positioning digital community engagement as a core component of transcultural psychological adaptation rather than a peripheral source of social support. For psychiatric nursing, the study highlights the need to incorporate assessment of online community participation, culturally informed digital coping practices, and transnational grief into routine care, while fostering ethical partnerships with diaspora-led digital networks. Future research should evaluate whether integrating these community-based digital resources into formal mental health services can improve engagement, cultural congruence, and psychological outcomes among diverse migrant populations.

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### Conflict of Interest

The author declares that there is no conflict of interest in the preparation and publication of this article.

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