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Moral worlds of well-being and distress among young people

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Abstract

To see and speak about health allows young people to make visible what matters in everyday life, including balance, connection, and vulnerability. Drawing on photonarratives and short written definitions from twenty participants aged 16–30 in Oxfordshire (UK), collected between May and August 2025, this study adopts an interpretative and visual anthropology approach to explore how experiences of feeling good or bad are represented and narrated within this particular life stage and socio-cultural context. The analysis suggests that health is understood not as a fixed state but as a relational and morally situated process embedded in everyday practices of balance, care, and connection. Three interrelated analytic logics emerge across the visual and textual materials: health as condition, associated with feelings of equilibrium and calm; being healthy as practice, described through ongoing efforts of self-care and responsibility; and feeling good or bad as experience, understood as the affective register through which health becomes meaningful. Positive images frequently depicted calm, friendship, and natural or domestic environments, while expressions of distress were less often visualised and more commonly articulated through brief verbal accounts, pointing to the moral and emotional boundaries of representation. Some participants also linked health to broader ethical concerns, connecting personal well-being to empathy and responsibility toward others. By attending to young people's own visual and narrative expressions, the study contributes a context-sensitive and analytically differentiated account of how health and well-being are experienced, expressed, and negotiated in everyday life.

Keywords Moral experience, Youth well-being, Visual ethnography, Photonarratives, Relational care, Anthropology of health

1 Introduction

Understanding how young people experience and make sense of health and well-being has become increasingly important within medical anthropology, where health is understood not merely as a biological state but as a lived, moral, and relational experience. Dominant notions of youth health are often shaped from the outside rather than grounded in lived experience. From school programmes to public health campaigns, ideas of what it means for young people to be “healthy” are frequently defined through biomedical or behavioural frameworks that leave little room for emotion, uncertainty,



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or moral reflection. Yet, when asked to describe what being well—or unwell—means to them, young people evoke complex moral worlds in which health is intertwined with relationships, feelings of safety, and everyday struggles for balance and belonging.

Over the last decades, dominant individualised or behaviour-centred models of youth health have increasingly been challenged by approaches that understand well-being as a lived and situated process shaped by cultural values, social relations, and material conditions. From this perspective, health does not appear as a stable or measurable state, but as something continuously negotiated in everyday life through practices of care, responsibility, and connection. Rather than asking whether young people are healthy according to external criteria, such approaches invite attention to how health is experienced, interpreted, and sustained in ordinary contexts marked by uncertainty, pressure, and forms of relational interdependence through which young people negotiate belonging, responsibility, and care. Foundational work in medical anthropology has conceptualised suffering and well-being as moral experiences that reveal what matters most to people—their attachments, obligations, and ethical commitments. Kleinman's [11] notion of moral worlds has been particularly influential in framing health and suffering as domains where values, relationships, and responsibilities are continuously negotiated. Moral worlds are not fixed systems of belief but dynamic terrains in which emotions, ethics, and social expectations intersect in daily life. Building on this foundation, subsequent work in the anthropology of moral experience has shifted attention towards how moral life unfolds through everyday practices, narrative efforts, and embodied forms of care.

From this standpoint, Mattingly has conceptualised everyday life as a series of *moral laboratories*—ordinary settings in which people experiment, improvise, and test ways of sustaining what matters under conditions of uncertainty [18, 19]. From this perspective, health and well-being are not simply states to be achieved, but are continuously enacted through small, often tentative actions that involve ethical judgement, imagination, and care. This understanding foregrounds the moral labour embedded in everyday efforts to maintain balance, agency, and connection.

Complementing this focus on practice, attention to the body and the senses has further expanded how health is understood and studied. Hsu's work foregrounds the embodied and sensorial dimensions through which health is known and lived, emphasising that well-being is apprehended through the felt textures of everyday life—through rhythm, atmosphere, and bodily attunement—rather than solely through reflection or discourse [7, 8]. From this perspective, health is not only something people think about or talk about, but something they feel, sense, and inhabit in situated ways. This emphasis on embodied and sensorial knowledge is particularly relevant for understanding how young people experience calm, balance, or distress in their everyday environments.

If moral life is enacted through everyday practices and apprehended through embodied experience, it is also lived through subjectivity. Complementing these perspectives, research on subjectivity has foregrounded the affective and emotional dimensions through which health and distress are experienced. Jenkins, [9] has demonstrated that health and illness are lived through culturally shaped subjectivities, where emotions, bodily states, and social expectations are inseparable from meanings of well-being. From this perspective, feelings of calm, pressure, exhaustion, or balance are not secondary to health but central to how it is experienced and articulated [2]. Ethnographic research on mental health and recovery further underlines how experiences of distress and vitality

are embedded in ordinary life, shaped by social inequalities, institutional demands, and relational contexts rather than unfolding as discrete clinical events [3, 20]. More recent work has also shown how moments of vulnerability, crisis, and care are navigated through narrative and moral efforts to sustain agency and continuity in everyday life [21].

Research on youth health has similarly pointed to the inadequacy of purely biomedical or individual models. Eckersley, [5] describes this shift as the emergence of a new narrative of youth well-being—one that challenges earlier portrayals of young people as “the healthiest generation in history.” Rather than focusing solely on physical indicators, contemporary accounts reveal a more complex landscape of stress, uncertainty, and the search for meaning. Scholars working in different contexts have shown that the meanings attached to health among young people are not simply biomedical but deeply emotional, relational, and moral, shaped by cultural norms, gendered expectations, and broader social pressures [16, 17, 22].

Language plays a crucial role in shaping these moral and relational worlds. The ways professionals, institutions, and researchers talk about young people influence how they are recognised, valued, and engaged with. As Cooper et al., [4] remind us, well-being is not an individual achievement but something that emerges through communication, reciprocity, and recognition. The question, then, is not only how health is spoken about young people, but how young people themselves speak about—and make sense of—health in their own terms. What forms of language, imagery, and emotion do they mobilise when defining what it means to feel good or bad, healthy or distressed?

If moral experience is enacted through everyday practices, lived through subjectivity, and apprehended through embodied and sensorial registers, it also requires forms of expression through which these experiences can be made visible, narratable, and shareable. Health, as a moral and affective process, takes shape in concrete situations, relationships, places, and moments that young people recognise as meaningful in their daily lives. Attending to how such experiences are expressed therefore calls for approaches capable of capturing not only what young people say about health, but how they show, feel, and situate it within their lived worlds. Attending to these moral, embodied, and relational dimensions of experience requires methodological approaches that are attuned not only to discourse, but also to affect, atmosphere, and the situated textures through which everyday life becomes meaningful. Visual and narrative methodologies offer a privileged entry point into this expressive terrain. Images, like words, participate in making sense of experience, yet they do so through embodied and affective registers that are often difficult to access verbally. As Pink [23] argues, images are not secondary representations but active forms of knowing that capture sensory, emotional, and relational dimensions of experience. Rose, [25] further emphasises that photographs do not simply depict reality but actively construct it, making visible the cultural and affective frameworks through which people perceive the world. In youth research, visual methods have shown how photography enables young people to articulate identities, inequalities, and emotions, transforming visual storytelling into a form of agency and reflection [14, 15, 28]. Expression is inseparable from perception. The images and narratives participants share reflect situated ways of noticing and responding to the worlds they inhabit. Rather than simply transmitting experience, expression is embedded within the relational and embodied orientations through which well-being and distress are lived.

In this context, photonarratives—the combination of images and short written explanations—open a dialogical space where participants can represent and reflect on their own experiences of feeling good or bad, healthy or distressed. These narratives are not transparent mirrors of reality but situated acts of meaning-making that emerged within the relational encounter between researcher and participant. Through such expressive practices, health emerges as a relational process embedded in the textures of daily life: in places, relationships, emotions, and routines that sustain or disrupt a sense of balance.

Adopting a visual and interpretative approach also means recognising that experiences of health and distress are shaped by broader social and political conditions. Suffering has been described as a relational failure—a disruption of care, recognition, or belonging in everyday life. Among young people, experiences of anxiety, exhaustion, or disconnection often reflect structural pressures linked to performance, individual responsibility, and fragmented social ties [6]. Yet within these constraints, young people also create spaces of calm, friendship, creativity, and care—forms of everyday resilience and resistance that redefine what well-being can mean. Understanding health, therefore, requires attending to both vulnerability and vitality, recognising how these coexist within the same lives and narratives. To clarify how these dimensions are approached analytically in this study, the following distinctions guide the analysis. In this article, “health” refers to the relational and embodied condition through which individuals situate themselves within moral and social worlds. “Being healthy” denotes the everyday practices and moral efforts through which this condition is sustained. “Well-being,” in turn, refers to the affective and experiential dimension through which feeling good or unwell becomes meaningful in daily life. While these terms overlap in participants’ accounts, they are analytically distinguished here in order to clarify how condition, practice, and experience are differently articulated across visual and written materials. These distinctions guided the coding of participant definitions and the subsequent cross-analysis of photonarratives.

This article contributes to these debates by exploring how young people conceptualise and visualise health, well-being, and distress through photonarratives and written definitions of health and being healthy. Drawing on fieldwork conducted in Oxfordshire (United Kingdom) in 2025 with participants aged between 16 and 30, the study examines how visual and textual expressions intersect to produce a relational understanding of well-being that moves beyond biomedical or behaviour-centred definitions. Rather than seeking to establish a universal model of youth health, the article traces the diverse ways in which health is imagined, embodied, and narrated in everyday life. By foregrounding young people’s own expressive practices, it contributes to the anthropology of moral experience and to ongoing discussions in visual and sensory ethnography within medical anthropology, recognising young people not as objects of intervention but as active interpreters and creators of meaning in their own right.

2 Methods

2.1 Fieldwork context

This study forms part of a broader comparative project on youth health perceptions conducted in Spain and the United Kingdom. The data presented here were collected during a research stay in Oxfordshire (UK) between May and August 2025. The research was carried out in collaboration with the Institute of Social and Cultural Anthropology, University of Oxford, and approved by the university’s ethics committee (CEIPSA,

Universitat Rovira i Virgili, Spain). In and around the city of Oxford—a setting that brings together students, migrants, and young professionals from diverse cultural backgrounds—fieldwork unfolded in everyday spaces that offered a rich social landscape for exploring plural understandings of health and well-being.

Fieldwork took place in public and semi-public locations such as university parks, libraries, and community areas, where young people were invited to participate in a short, voluntary activity about well-being. The aim was to engage youth in familiar environments rather than formal institutions, encouraging spontaneous reflection on what health and feeling good meant to them. This choice of context reflected a broader interpretative premise: that health is best understood not in clinical or programmatic terms, but as part of lived social worlds.

A total of twenty participants (aged 16–30) took part in the study. Although a larger number of young people were initially approached, these twenty agreed to share their visual narratives and written reflections. The group was intentionally diverse in gender, nationality, and educational background, including students, workers, and young people in transition between study and employment. Participants self-identified as women ($n = 12$) and men ($n = 8$), with origins spanning Europe, South Asia, East Asia, Africa, and Latin America. This diversity was not treated as a variable for comparison but as a generative context through which multiple ways of knowing, expressing, and representing health could emerge. Participation was voluntary and anonymous, and all participants were informed about the aims of the research and their right to withdraw at any time.

2.2 Data collection: photonarratives and definitions of well-being and distress

The study combined two complementary forms of qualitative material designed to elicit young people's lived, moral, and affective experiences of well-being and distress. Participants were first invited to take part in a photonarrative exercise, sharing two photographs that captured contrasting experiences of feeling good and feeling bad. One image was intended to represent a situation, place, or moment that generated a sense of well-being, while the other depicted a situation, place, or moment associated with discomfort or distress. Participants could select recent photographs from their phones or older images from their personal galleries and were encouraged to add a short caption or note explaining why they had chosen each image.

This exercise invited participants to express experiences of health and unwellness through visual and affective registers, foregrounding dimensions of emotion, value, and meaning that may remain difficult to articulate through words alone. In line with anthropological approaches that understand narrative and expressive practices as sites where moral experience is enacted in everyday life, the photographs were treated not as illustrative material but as situated acts of meaning-making. Through choices of scenes, perspectives, and atmospheres, participants visually articulated what mattered to them in relation to feeling well or unwell.

In a second prompt, participants were asked to write brief definitions of what “health” and “being healthy” meant to them. These short texts functioned as a verbal counterpart to the images, offering insight into the conceptual, moral, and social worlds through which health was understood. Taken together, the visual and textual materials formed a multimodal dataset that reflects how young people think, feel, and represent well-being,

moving between images, words, and emotions to make sense of what it means to be healthy in everyday life.

2.3 Analytical approach

The analysis followed an iterative and interpretative process grounded in visual anthropology and narrative inquiry [15, 23]. Photonarratives and written definitions were first examined separately and subsequently brought into dialogue through a process of cross-analysis. This allowed attention to both convergences and tensions between what participants showed visually and how they articulated health verbally. Analytical focus extended beyond explicit content to include compositional and affective elements of the images—such as light, colour, texture, framing, and atmosphere—and how these resonated with participants' written explanations.

The analytical process moved between inductive engagement with participants' expressions and interpretative synthesis informed by anthropological work on moral experience, subjectivity, and everyday life. Initial open coding, repeated readings of the texts and sustained visual immersion in the photographs enabled the identification of five thematic clusters: emotional balance and peace of mind; self-care and responsibility; social belonging and connection; distress and disconnection; and moral and collective concerns. Rather than treating these themes as discrete categories, they were understood as overlapping and relational, reflecting how experiences of well-being and distress are negotiated in everyday contexts.

As part of this process, written definitions of “health” and “being healthy” were initially coded separately in order to examine whether participants framed them as state or practice. In many cases, participants defined “health” in terms of balance or overall condition (e.g., “health is when your body and mind are in balance”), whereas “being healthy” was more often described through action-oriented terms (e.g., “Being healthy means taking care of yourself every day”). These distinctions were not imposed a priori but emerged inductively through comparison of written definitions and photonarratives, and later informed the identification of the three cross-cutting analytic dimensions of condition, practice, and experience.

Interpretation was guided by an understanding of health as a moral experience embedded in ordinary practices and relationships, as well as by work highlighting how affect, subjectivity, and agency are lived and sustained under conditions of pressure, uncertainty, and constraint [3, 9, 11, 18, 20]. The cross-analysis of visual and textual materials made it possible to trace how different expressive modes intersect in young people's health imaginaries, revealing how feelings of well-being and distress are framed, justified, and given meaning through everyday narratives and images.

2.4 Ethical considerations and reflexivity

All participants provided informed consent prior to taking part in the study. Ethical approval was obtained from the Ethics Committee of the Universitat Rovira i Virgili (CEIPSA, ref. 2024-0032), and the project complied with Spanish and European data protection regulations (Organic Law 3/2018 on Personal Data Protection and Guarantee of Digital Rights, and the General Data Protection Regulation). Participants received detailed information about the aims of the study, the nature of the photonarrative

exercise, and the intended use of images and texts for research and academic dissemination purposes.

Given the visual nature of the materials, particular attention was paid to issues of confidentiality and anonymity. Participants were explicitly instructed not to submit photographs that could directly identify themselves or others. When images included potentially identifiable elements, these were digitally altered through pixelation or cropping to prevent recognition. All images and texts were anonymised using pseudonyms, and any contextual details that could lead to indirect identification were removed or modified. Participants retained the right to withdraw their images or texts at any stage of the research process, including after initial submission, thereby maintaining interpretative and ethical control over their contributions.

All visual and textual data were stored on secure, password-protected institutional servers, accessible only to the research team. Data handling followed strict protocols regarding confidentiality, storage, and restricted access, in line with institutional and legal requirements. No images were shared outside the research context, and no materials were used for purposes beyond those explicitly agreed upon in the consent process.

The research approach was grounded in an ethic of care [27], recognising participants' agency, emotions, and potential vulnerability throughout the research process. Rather than treating images and narratives as extractive data, the study sought to create a dialogical and respectful space in which participants could decide how to represent their experiences of well-being and distress. As a researcher, I adopted a reflexive stance attentive to power relations, emotional responses, and participants' comfort, particularly given the affective and personal nature of the visual materials.

This reflexive and ethical positioning was essential to ensure that photonarratives functioned not only as sources of data but also as encounters of mutual recognition and meaning-making. Fieldwork was therefore understood as both an empirical and an ethical process, unfolding through shared acts of attention, trust, and care. It is within this relational and ethically situated framework that the themes presented in the following section emerged. While the photonarratives and written definitions were generated by participants, the analytical framing of "moral worlds," "well-being," and "distress" reflects an interpretative synthesis developed through engagement with the material. The themes presented did not pre-exist the research encounter but emerged through an iterative process that brought participants' expressions, fieldwork interactions, and anthropological interpretation into dialogue. In this sense, the phenomena examined in this article are approached not as fixed entities discovered in the field, but as relationally and analytically articulated within the research process itself.

3 Findings

The analysis integrates both the visual (*photonarratives*) and written materials (*definitions of health and being healthy*), exploring how young people articulate their experiences of well-being and distress. Five main thematic dimensions emerged through an iterative and interpretative engagement with the visual and textual materials, each corresponding to a cluster of meanings shared across images and texts: (1) *Emotional balance and peace of mind*; (2) *Self-care, discipline, and everyday practices*; (3) *Social belonging and relational well-being*; (4) *Distress and disconnection*; and (5) *Moral and*

collective concerns. The section concludes with a synthesis of these interwoven meanings and a reflexive note.

3.1 Emotional balance and peace of mind

Across both visual and written narratives, the idea of balance emerged as a central metaphor of health. Participants frequently associated being healthy with feeling calm, at peace, or emotionally grounded. Many of the *feel good* images depicted natural landscapes—trees, water, sunlight—or quiet, personal spaces that conveyed stillness and sensory relief. As one participant explained in relation to a photograph of a lakeside scene, “*Nothing calms me more than being in a quiet place with trees and the sound of water. It brings me peace instantly.*” (Woman, 30, India). The image (Fig. 1) visually articulates calm through elements of nature, light, and symmetry, suggesting health as an affective state grounded in environmental atonement.

The photographs often suggested solitude rather than isolation: moments of quiet contemplation, self-awareness, and connection with one’s surroundings. Several participants chose images of early-morning walks, sunlight filtering through trees, or benches by rivers where they liked to sit alone. Others shared pictures of everyday objects—books, headphones, a cup of coffee—that evoked pauses of calm and reflection amid the intensity of daily life. Health, in these representations, appeared not as an abstract or biomedical condition, but as a felt alignment between body, mind, and environment, sustained through small, ordinary moments. As another participant wrote beneath a photograph of a park path, “*Here I can breathe.*” Alongside these outward-facing images of calm, participants also located emotional balance within intimate and imperfect domestic spaces. One participant described a photograph taken from her bedroom at sunset as a moment of peace: “*The sky was nice, and my room was calm and peaceful.*” (Woman, 19, United Kingdom). The image (Fig. 2) shows the warm light of the evening sky framed by the window, while the foreground reveals a laptop on the desk and clothes scattered across the bed. Rather than detracting from the sense of calm, these traces of everyday life coexist with it, suggesting that well-being is experienced not through order or control, but through moments of pause and containment within ongoing demands. These accounts primarily illustrate health as condition, as participants describe equilibrium and calm as a desirable embodied state rather than as a specific behaviour or practice.

A third image further extends this understanding of emotional balance as a situated and relational experience. One participant shared a photograph of swimming in a natural rock pool during a hiking trip with friends in Cornwall, explaining that “*The trip with friends brought me a lot of joy and relaxation.*” (Man, 28, United Kingdom). The image (Fig. 3), showing two people immersed in water surrounded by rocks with the sea in the background, foregrounds how calm and well-being are not only associated with solitude or private spaces, but also with shared moments of leisure, bodily immersion, and collective enjoyment. Here, balance emerges through movement, social connection, and engagement with the natural environment.

Taken together, the images show how emotional balance is visually articulated across different settings—outdoor and indoor, solitary and shared, expansive and contained—yet consistently framed as a fragile and situational achievement. Calm is not depicted as the absence of activity or responsibility, but as a temporary alignment that allows



Fig. 1 Participant-generated photograph representing calm, nature, and emotional balance.

participants to feel grounded, safe, and able to breathe. These visual and verbal narratives resonate with the notion of health as a moral experience [11], understood here as an ongoing effort to sustain equilibrium in everyday life in ways that reflect what matters most to each individual. They also echo Cheryl Mattingly [18] anthropological work



Fig. 2 Participant-generated photograph illustrating calm within everyday life.



Fig. 3 Participant-generated photograph illustrating well-being through social connection and immersion in nature.

that understands well-being as something enacted through small, ordinary practices of atonement and care, rather than as a stable internal state (Table 1).

3.2 Self-care, discipline and everyday practices

Participants often defined being healthy as an active and ongoing process of self-care embedded in everyday routines. Across both images and written definitions, health was frequently associated with practices that required attention, regularity, and personal involvement. Participants shared photographs depicting activities such as exercising, cooking, building with LEGO, or spending time in leisure settings, framing well-being as something that needed to be actively sustained rather than passively possessed. In their written definitions, verbs such as “*doing*,” “*maintaining*,” and “*taking care*” appeared recurrently, suggesting that being healthy was understood less as a stable state than as a daily practice requiring discipline and agency.

Within this broader pattern, the use of LEGO emerged as a particularly illustrative example of self-care as a creative and reflective practice. One participant shared a photograph of a large and detailed LEGO construction, explaining: “*Because I love LEGO and I feel quite relaxed while I build them.*” (Man, 16, Argentina). The image (Fig. 4) depicts an elaborate model built over time, foregrounding patience, concentration, and enjoyment. Here, self-care is not framed as productivity or self-optimisation, but as a focused activity that allows for emotional regulation, creativity, and a sense of personal accomplishment. Although the practice involves repetition and sustained attention, it is experienced as pleasurable and meaningful rather than restrictive.

Other participants associated self-care with bodily discipline and effort through activities such as sport or exercise. Images of gyms, yoga mats, bicycles, or homemade meals highlighted the importance of routine, movement, and bodily engagement in maintaining a sense of well-being. These practices framed health as something enacted through repeated actions that organise time, effort, and bodily conduct, reinforcing the idea of self-care as an everyday commitment. These examples predominantly reflect being healthy as practice, where health is enacted through repeated and intentional activities that organise everyday life and sustain a sense of balance. At the same time, self-care was not exclusively represented through individual discipline or structured routines. For several participants, caring for oneself also involved moments of leisure, informality, and

Table 1 Cross-analysis of photonarratives and written definitions of health and well-being

Theme	Photonarrative expressions (feel good/feel bad)	Written definitions (health/being healthy)	Interpretative focus
Emotional balance and peace of mind	Natural landscapes, quiet places, sunlight, solitude.	“Feeling calm”, “Being at peace with myself”, “Balance between body and mind.”	Health as an inner equilibrium and embodied awareness of well-being.
Self-care, discipline, and everyday practices	Gym, walking, building LEGO, cooking, daily routines.	“Taking care of yourself”, “Doing sport”, “Healthy habits.”	Health as moral responsibility, agency, and daily practice.
Social belonging and relational well-being	Photos with friends, travel, shared meals, laughter.	“Being surrounded by people you love”, “Having good relationships.”	Health as connection, reciprocity, and emotional support.
Distress and disconnection	Cluttered rooms, darkness, isolation, academic stress.	“Overthinking”, “Feeling pressured”, “Tired and disconnected.”	Health as vulnerability under moral and social expectations.
Moral and collective concerns	Images of conflict, empathy, injustice, children in war zones.	“Health is a right”, “Children should be safe.”	Health as moral experience and collective responsibility.



Fig. 4 Photograph produced by a participant depicting LEGO building as a reflective and enjoyable activity.

social connection. One participant shared a photograph of three young men punting on the river in Oxford, describing the scene as follows: *“It was a wonderful day spent with friends without stress, just enjoying the weather, good food and cherishing the moment.”* (Man, 30, Cyprus). The image (Fig. 5) situates self-care within shared time and collective enjoyment, suggesting that well-being may also be cultivated through stepping away from demands and inhabiting moments of presence with others.

The visual and textual materials show how self-care operates as both a moral and affective practice in young people’s everyday lives. It encompasses disciplined routines and focused activities, as well as creative, relational, and pleasurable practices that foster a sense of agency and coherence. Such forms of care resonate with anthropological work that conceptualises care as something enacted through ordinary, repeated actions that sustain what matters under conditions of pressure and uncertainty [18]. They also align with research on youth subjectivity highlighting how practices of self-care become sites of reflexivity and identity-making, through which young people actively negotiate social expectations and personal meaning [1].

3.3 Social belonging and relational well-being

Another recurrent dimension of well-being across the visual and written materials was social belonging. Many *feel good* photographs depicted gatherings, shared meals, trips with friends, or moments of celebration. Participants frequently associated feeling well



Fig. 5 Shared leisure and collective enjoyment as expressions of self-care and well-being..

with being accompanied, recognised, or emotionally held by others. As one participant wrote, *“Because I’m with my friends having fun,”* while others defined health as *“having someone to talk to”* or *“being surrounded by people you love.”* These accounts highlight how well-being is experienced not as an individual achievement but as something that unfolds through relationships, shared time, and mutual presence.

Several images foregrounded everyday forms of togetherness, emphasising proximity, warmth, and light. Bodies leaning towards one another, shared food at the centre of the frame, or traces of presence—such as a second glass or an outstretched arm—visually suggested connection even when faces were not fully visible. Participants’ written definitions echoed this pattern, describing health in relational terms such as *“feeling connected,”* *“having good relationships,”* or *“being part of something.”* Together, these visual

and textual materials articulate a relational understanding of well-being grounded in recognition, reciprocity, and shared experience.

For some participants, social belonging was deeply intertwined with memory, place, and family relationships. One participant shared a photograph of the sea, explaining that it made her happy because it brought her *“home, not to a specific place, but to a feeling”* (Woman, 30, India). She associated the image with childhood walks by the water with her father, long conversations with her mother, and slow, intimate moments with her grandmother, who is no longer alive. The photograph (Fig. 6) does not depict people directly, yet it is saturated with relational presence, linking well-being to intergenerational bonds, care, and continuity across time. Here, belonging is experienced as an affective and moral anchor—an enduring sense of being known and held within a web of familial relationships.



Fig. 6 Participant-generated image depicting relational presence and intergenerational care.

Other images situated relational well-being within shared cultural and social practices. One participant photographed a concert she attended with her mother, describing it as meaningful *“because it was a concert of my favourite singer, with my mum.”* (Woman, 16, France). The image (Fig. 7) frames well-being through shared enjoyment and emotional closeness across generations, highlighting how care and belonging are enacted through everyday leisure activities.

Similarly, another participant shared a photograph taken at a formal event, explaining simply, *“I was at a lovely formal with my friend.”* (Woman, 19, United Kingdom). The image (Fig. 8), showing a young woman dressed for the occasion and holding a glass, situates well-being within friendship, celebration, and social ritual, where feeling good is tied to being accompanied and recognised by others.

Here, relational well-being operates as both embodied condition and affective experience. Taken together, these narratives show that to be healthy, for many participants, is not to be self-sufficient but to belong—to be emotionally sustained within networks of family, friendship, and shared memory. Social belonging emerges here as both an affective and moral dimension of well-being, shaping what it means to live well with others and what matters most in everyday efforts to care, connect, and find balance.

3.4 Distress and disconnection

In contrast, the *feel bad* images revealed moments of stress, exhaustion, and emotional withdrawal. Participants shared photographs of cluttered rooms, dark or overcast skies, books piled up on desks, or enclosed domestic spaces. One participant explained that an image of his workspace *“reminds me that I haven’t made as much progress as I wanted on my DPhil,”* linking distress to feelings of stagnation and unmet expectations (Man, 30, Cyprus). Other images depicted empty bus stops, blank computer screens, or closed doors, evoking stillness, fatigue, and a quiet sense of isolation rather than overt crisis.

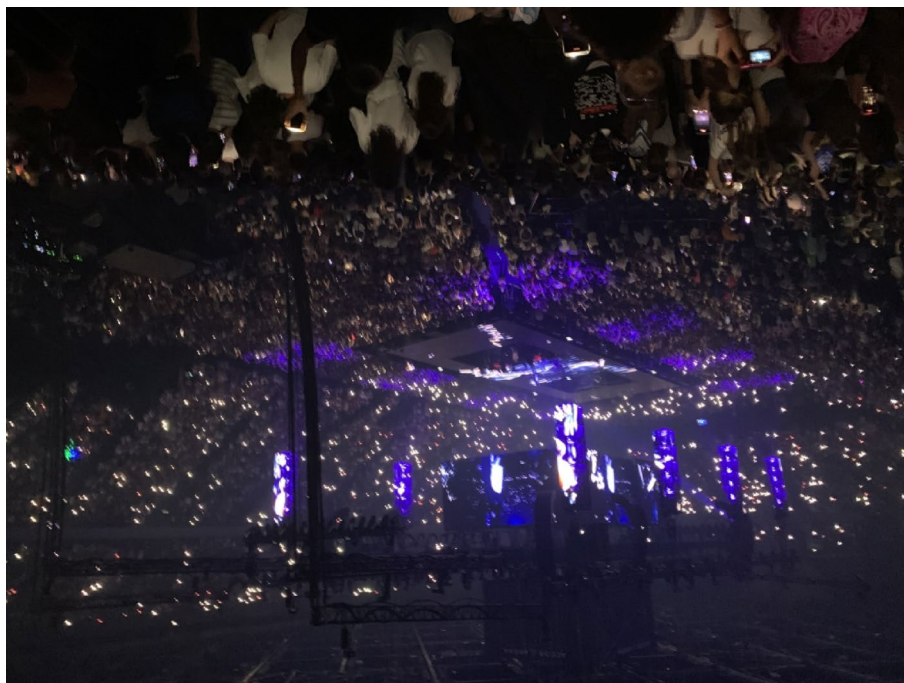


Fig. 7 Shared musical experience as an expression of care, belonging, and emotional connection.



Fig. 8 Social ritual and friendship as expressions of well-being and connection.

For some participants, distress was articulated through experiences of cognitive and emotional strain associated with adaptation and displacement. One participant shared a photograph accompanied by the simple statement, “*I have to think a lot in a foreign language,*” (Woman, 16, Japan). The image (Fig. 9) conveys mental effort and fatigue as an everyday experience, foregrounding how linguistic mediation becomes a persistent source of pressure. Here, feeling unwell is not linked to a single event but to the continuous demand to translate oneself—mentally and emotionally—in ordinary interactions. These materials foreground well-being as experiential register, revealing how feeling good or bad functions as the affective index through which health becomes meaningful.

Other images captured distress through seemingly minor but accumulative disruptions in daily life. One participant photographed the entrance of her home, explaining: “*A lot of flies at the door of my home without any reason. Feels like another stress to deal*

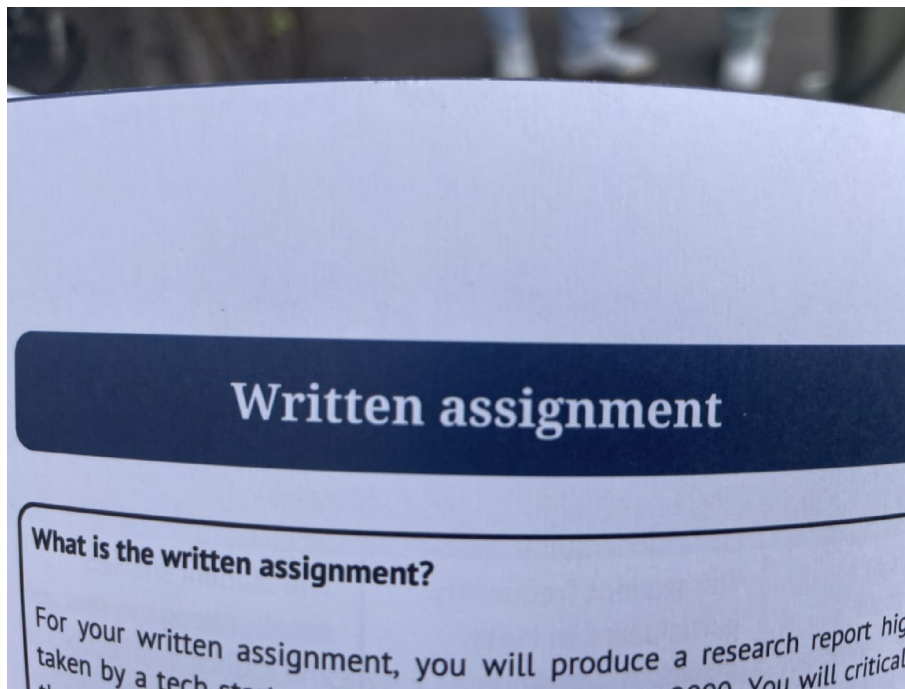


Fig. 9 Photograph produced by a participant depicting linguistic pressure and emotional exhaustion.



Fig. 10 Participant-generated image representing persistent stress and everyday emotional burden.

with." (Woman, 24, Pakistan). The image (Fig. 10) shows an ordinary domestic threshold transformed into a site of irritation and discomfort. For this participant, who worked as a healthcare assistant in a hospital in the UK, the photograph conveys how small, uncontrollable disturbances can become overwhelming when layered onto already demanding

routines. Distress here appears as ambient and persistent, rather than dramatic or episodic.

Visually, these images are marked by muted colours, absence of people, and a sense of confinement or obstruction. Rather than depicting explicit suffering, they communicate mental load, invisibility, and emotional depletion. Together, they show how experiences of distress are embedded in everyday moral expectations of achievement, performance, and adaptation—what Arthur Kleinman [12] describes as the moral weight of modern suffering. Among these participants, to feel bad was not only to feel sad or tired, but to experience a sense of falling short: of not being productive enough, resilient enough, or adequately adjusted to what everyday life demands.

At the same time, these visual and verbal accounts foreground the affective and experiential dimensions through which distress is lived. Feelings of cognitive strain, fatigue, frustration, and irritation are narrated not as isolated symptoms but as part of everyday subjectivity, shaped by ongoing efforts to adapt, cope, and endure. In this sense, distress emerges as something felt and embodied in ordinary life, aligning with anthropological work that highlights how suffering is experienced through culturally mediated forms of subjectivity and emotion [9].

Read together, the photographs and written narratives reveal how well-being and distress are not opposite states but intertwined experiences unfolding within the same moral landscape. What participants describe as feeling “well” or “unwell” is less a matter of symptoms than of everyday negotiations between what they feel, what they do, and what is expected of them. Health, in this sense, appears as a fragile and shifting equilibrium, continually sustained and unsettled through ordinary situations and pressures.

3.5 Moral and collective concerns

A smaller but significant set of narratives expanded the meaning of health beyond the personal sphere, linking well-being to moral responsibility, collective vulnerability, and global ethics. Rather than focusing on individual balance or everyday routines, these participants framed feeling good or bad in relation to suffering elsewhere, social injustice, and the perceived failures of the world to protect the most vulnerable. In these accounts, health was articulated not only as something one *has* or *does*, but as a moral stance toward others.

One participant selected an image of a young girl writing in a notebook amid the ruins of Gaza, describing it as deeply distressing because it captured “*a moment that should never have to exist.*” (Woman, 30, India). The photograph (Fig. 11) does not depict the participant’s own life, yet it provoked a strong emotional response grounded in empathy and moral outrage. The participant reflected on how violence “*steals not just lives, but childhoods, routines, and dreams,*” emphasising that resilience should never be demanded of children. Here, distress emerges as a moral emotion oriented toward the suffering of others, connecting personal feelings to global imaginaries of injustice and loss.

In contrast, another participant noted the absence of personal images associated with distress, stating: “*I don’t have photos of places that cause me distress. Perhaps if I had one it would be a photo of the Houses of Parliament.*” (Man, 28, United Kingdom). This remark is analytically revealing not for what it shows, but for what it withholds. Distress is displaced onto an abstract political institution rather than visualised through personal

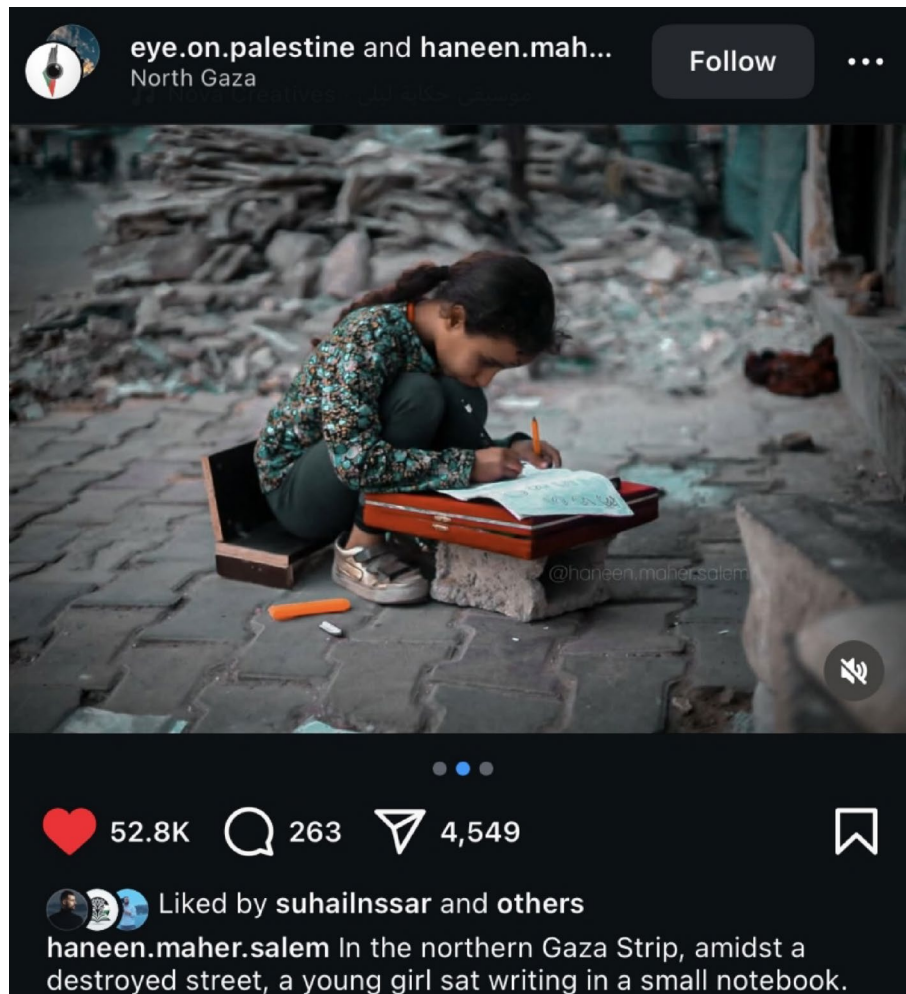


Fig. 11

or intimate scenes. The absence of an image becomes meaningful in itself, pointing to the difficulty—or reluctance—of representing certain forms of moral or political unease visually.

Together, these accounts foreground the moral dimension of youth well-being, where empathy, justice, and care for others become integral to how health is understood. Well-being is not framed solely as internal equilibrium, but as a relational obligation toward the world, shaped by awareness of inequality, violence, and collective vulnerability. As Martínez-Hernández [16, 17] argues, moral emotions and shared imaginaries of suffering play a central role in how individuals construct responsibility, identity, and meaning. In this sense, feeling bad is not only a personal state, but also a response to perceived moral disorder in the social world.

In these cases, health appears not only as embodied condition but as moral orientation toward others, while distress is expressed as an ethical and affective response to perceived injustice. Taken together with the previous sections, these findings suggest that *health*, *being healthy*, and *feeling good or bad* are not separate categories but interwoven dimensions of the same lived experience. Across the visual and textual materials, three cross-cutting logics emerge: *health* as condition, understood as a state of equilibrium and peace; *being healthy* as practice, framed as a moral and disciplined process

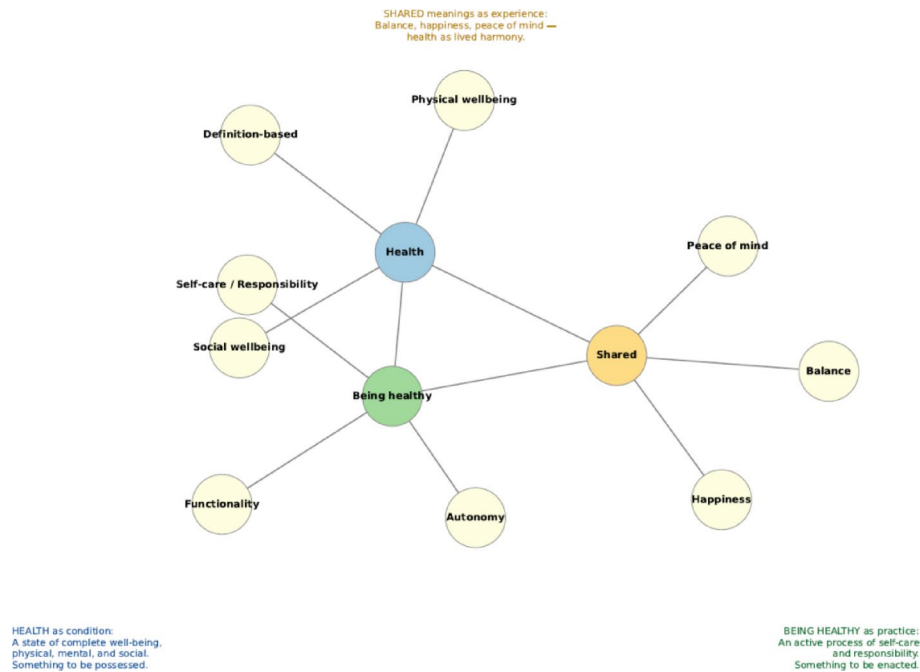


Fig. 12 Conceptual map illustrating the intersections between young people's definitions of health and being healthy

of self-care; and *feeling good or bad* as experience, the affective register through which health becomes meaningful. These dimensions overlap through shared notions of balance, connection, and care, revealing health as a relational and moral negotiation between body, emotion, and the world (see Fig. 12).

It is also noteworthy that the number of *feel bad* photonarratives was considerably lower than the number of *feel good* ones. While most participants shared images representing calm, pleasure, or connection, only a few chose to visualise distress or discomfort. This asymmetry constitutes a finding in itself. It may reflect a broader cultural tendency to avoid visualising suffering, particularly in semi-public formats such as photography, where moral exposure and vulnerability are at stake [23, 25].

For many young people, negative emotions appear to be more readily expressed through words than images—perhaps because distress is experienced as intimate, invisible, or morally charged. As Martínez-Hernández [16] [17] notes, silence, avoidance, and absence are themselves meaningful forms of communication, revealing what cannot easily be shown. The relative scarcity of *feel bad* images thus becomes analytically significant, pointing to the moral and aesthetic boundaries that shape how well-being and suffering are made visible. These silences and asymmetries reveal not only how health is represented, but also how moral emotions are socially managed. The following discussion situates these findings within broader debates in the moral and visual anthropology of health.

4 Discussion

The findings presented here build on anthropological understandings of health as moral and embodied experience, while proposing a more explicit analytic differentiation between condition, practice, and experience. In line with Kleinman's framing of health and suffering as domains in which what matters most is negotiated [11, 12], the study

treats health not as biomedical status but as embedded in everyday moral worlds. The emphasis on being healthy as practice resonates with Mattingly's notion of moral laboratories, where well-being is enacted through small, situated efforts to sustain what is valued [18, 19]. At the same time, attention to the affective and sensorial dimensions of feeling good or unwell draws on Hsu's work on embodied knowing [7, 8], foregrounding how well-being is apprehended through lived experience rather than abstract definition. While these anthropological approaches inform the analysis, this study departs from them by making an explicit analytic differentiation between condition, practice, and experience, in order to clarify how participants' written definitions and visual materials intersect. However, unlike dominant public health frameworks that conceptualise health as a measurable state or outcome—most notably the WHO (1948) definition of health as “complete physical, mental and social well-being”—this study approaches health as relational process and moral negotiation. This positioning deliberately shifts attention away from clinical status or engagement with health services and toward the ways health is lived, perceived, and negotiated in everyday life. Rather than focusing on indicators of optimal functioning, it foregrounds the everyday negotiations through which balance, care, and vulnerability are experienced and expressed. Seen in this light, youth health can be understood not as a stable outcome or individual attribute, but as a lived, relational, and morally situated process that unfolds through ordinary life. By asking young people to visualise and narrate what makes them feel good or bad, and how they define health and being healthy, this research shows that well-being is embedded in everyday worlds where emotions, relationships, practices, and ethical orientations are tightly interwoven. Rather than drawing on biomedical or behavioural categories, participants articulated health through experiences of balance, care, connection, and moral attunement to their surroundings.

Across the photonarratives, health emerged less as the absence of illness than as a fragile alignment between body, emotion, relationships, and environment. Moments of calm in nature, focused creative activity, or shared time with others were meaningful not simply because they were pleasant, but because they allowed participants to sustain coherence and equilibrium in the midst of everyday pressures. Such accounts also gesture toward more-than-human relationalities, where well-being is co-constituted through entanglements with environments and material surroundings. This understanding resonates with anthropological approaches that conceptualise health and suffering as inseparable from what people value and strive to sustain in daily life [11, 12].

What stands out in many of the *feel good* images is their ordinariness. Swimming in a rock pool, walking by water, building LEGO, or spending unstructured time with friends are not exceptional events; they are small, repeatable moments embedded in everyday routines. Yet it is precisely through these ordinary practices that well-being is enacted and maintained. Seen from this perspective, the images speak not only to moral life lived in practice, but to what Mattingly conceptualises as *moral laboratories*: ordinary settings in which people experiment, improvise, and test ways of sustaining what matters under conditions of uncertainty [18, 19]. The photographs show young people actively engaging in such moral experimentation, using routine activities, creative practices, and shared moments as sites where balance, agency, and meaning are tentatively produced and reworked.

The prominence of images centred on light, water, silence, and bodily immersion further foregrounds the sensorial dimensions through which well-being is apprehended. These visual choices resonate with Hsu's work on embodied and sensorial knowledge, which emphasises how health is known through the felt textures of everyday life—through rhythm, atmosphere, and bodily attunement rather than through explicit reflection alone [7, 8]. In this sense, the photographs do not simply represent well-being but enact a form of bodily knowing, allowing participants to express how health feels before it is conceptualised or named. These embodied experiences are also culturally mediated, shaped by socially situated understandings of the body, self, and mental health, as Anderson-Fye's work on youth and embodiment highlights [1]. This attention to the sensorial dimensions of everyday life also resonates with Le Breton's [13] reflections on the body as a site through which meaning is apprehended and inhabited in the world.

At the same time, the images and captions associated with distress reveal an equally ordinary moral landscape. Rather than depicting dramatic suffering, participants visualised moments of mental fatigue, irritation, or quiet withdrawal. The effort of constantly thinking in a foreign language, for instance, appears not as a crisis but as a persistent strain permeating everyday life. This form of distress foregrounds the affective and subjective dimensions of well-being, aligning with Jenkins's work on subjectivity, which emphasises how suffering is lived and embodied through emotions, bodily effort, and ongoing attempts to adapt [9, 10].

Other images extend this understanding by showing how distress can accumulate through seemingly minor disruptions embedded in daily routines. The photograph of flies gathering at the entrance of a participant's home illustrates how discomfort and stress can be ambient and cumulative rather than dramatic or episodic. In this sense, the image resonates with Carpenter-Song's ethnographic accounts of ordinary and cumulative suffering, where distress emerges through persistent frictions that erode everyday stability rather than through acute events [3].

The captions accompanying these images are often brief and understated. Rather than offering explanations or resolutions, participants name their discomfort and move on. These minimal narratives can be read as efforts to sustain continuity rather than to overcome suffering. In line with Myers's work, such forms of narration reflect ways of living with vulnerability in everyday life—acknowledging strain while continuing to endure and adapt [20, 21].

The visual dimension of the study is crucial to understanding these dynamics. Images of light, water, silence, or enclosed spaces convey sensory and atmospheric qualities that are difficult to articulate verbally. These photographs function not merely as representations but as modes of knowing through which young people express what health and distress feel like [23, 25]. At the same time, the relative scarcity of *feel bad* images points to the moral limits of visualisation. Many participants chose to verbalise distress rather than show it, or avoided visualising it altogether. These absences are analytically significant. As Martínez-Hernández [16, 17] argues, silence and avoidance are meaningful communicative strategies in the expression of suffering. Attending to what is not shown therefore requires an ethics of attentiveness [27] and what Kleinman [11] terms moral listening—an engagement that recognises vulnerability without demanding exposure. The ways in which certain scenes, atmospheres, or concerns are framed visually thus reflect socially and relationally shaped orientations of attention, through

which experiences are noticed and made meaningful. Finally, a small number of participants extended the meaning of health beyond the personal sphere, invoking empathy and moral concern for distant others. Images responding to global suffering and injustice reveal how youth well-being may also incorporate ethical imagination and collective responsibility. In these cases, distress was not rooted in personal imbalance but in moral awareness of a world perceived as unfair or violent, linking individual feeling to broader social and political horizons.

Taken together, these findings suggest that youth health is best understood as a relational and moral practice rather than a fixed condition. The interpretations presented here derive from participants aged 16–30 and are grounded in this particular life stage and socio-cultural moment. The study does not treat youth as a homogeneous or mutually exclusive category, nor does it claim that such meanings are exclusive to young people. Rather, it examines how well-being is articulated by individuals positioned within a generational and transitional phase of life. In contrast to dominant public health frameworks that conceptualise health as a measurable state, the accounts presented here suggest a more fluid and relational understanding. Rather than appearing as something to be achieved or assessed through indicators, health emerges as an ongoing moral and affective process enacted in everyday life. The three interwoven dimensions identified in this study—health as condition, being healthy as practice, and feeling good or bad as experience—shift attention from definitional completeness toward situated negotiations of balance, care, and responsibility. In this sense, the findings complicate metric-based approaches to well-being by foregrounding lived moral worlds over normative standards of optimal functioning.

Well-being, in this perspective, emerges through everyday negotiations between balance and disruption, autonomy and connection, care for oneself and concern for others. These findings also resonate with eudaimonic approaches to well-being, particularly Self-Determination Theory [24], which conceptualises autonomy not as isolation or self-sufficiency, but as self-endorsed action enacted within meaningful relationships. In this sense, autonomy, competence, and relatedness are not competing dimensions but mutually reinforcing aspects of human flourishing. The accounts presented here similarly suggest that autonomy is lived relationally—emerging within moral worlds shaped by care, obligation, and mutual recognition [11]—rather than as individual optimisation detached from others. By attending closely to how young people visualise and narrate health through images and words, this study reframes youth well-being as a shared moral world—one enacted through everyday experimentation, sensorial attunement, and acts of care in the ordinary settings of daily life.

5 Conclusions

This paper examined how young people define, visualise, and emotionally experience health and well-being through their own words and images. By combining photonarratives with short written definitions of health and being healthy, the analysis foregrounded the lived and expressive dimensions of feeling good or bad in everyday life. The findings suggest that participants' understandings of health extend beyond biomedical or behaviour-centred frameworks to include emotional balance, relational belonging, everyday practices of self-care, and moral concerns. Rather than appearing as a fixed

condition, health emerges as a situated and relational process, shaped by experience and context.

Three interrelated insights can be cautiously drawn from the material. First, many participants associated health with a sense of inner balance and calm that links body, mind, and environment. Their *feel good* images—often depicting natural settings, light, or quiet domestic spaces—point to the sensory and embodied dimensions through which well-being is experienced. This resonates with work that emphasises embodied and sensorial knowing in experiences of health [7, 8], suggesting that well-being is often apprehended through atmosphere, rhythm, and bodily attunement rather than through explicit definitions. These findings further support approaches that understand youth well-being as an embodied and culturally mediated experience, shaped through everyday relations with the body and the self [1].

Second, being healthy was frequently described as an ongoing practice involving self-care, discipline, and attentiveness to oneself and others. While these narratives reflect broader discourses of responsibility and self-management [26], participants' accounts also emphasised autonomy, self-recognition, and relational care. In this sense, everyday practices of self-care functioned less as ideals of optimisation than as practical efforts to sustain balance and agency in ordinary life. These practices can be understood as unfolding within what Mattingly describes as *moral laboratories*: ordinary settings in which people experiment, improvise, and test ways of sustaining what matters under conditions of uncertainty [18, 19]. Health, from this perspective, is not achieved once and for all, but continually enacted through small, tentative, and morally charged actions in everyday life.

Third, the contrast between the abundance of *feel good* images and the relative scarcity of visualised distress highlights the emotional and moral boundaries of representation. While well-being was readily shown, distress was more often described briefly or left visually unrepresented. As previous research suggests, silence, absence, and avoidance can be meaningful ways of communicating suffering [23, 16, 17]. Rather than indicating the absence of distress, this asymmetry points to the difficulty of visualising experiences that are perceived as private, morally delicate, or hard to externalise. It also echoes ethnographic work showing that distress is often lived as subtle, cumulative, and ordinary rather than as dramatic crisis [3, 9, 10]. In this sense, the restrained and minimal ways in which distress is expressed can be read as efforts to sustain continuity in everyday life rather than to resolve suffering, aligning with anthropological accounts of living with vulnerability through ordinary practices [20, 21].

At the same time, some participants extended the meaning of health beyond personal experience, expressing moral concern for others and for broader situations of injustice. These narratives suggest that, for certain young people, well-being is also connected to ethical awareness and relational responsibility, echoing approaches that conceptualise health and suffering as moral experiences tied to what people care about and value [11, 16, 17].

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Author contributions

Lina Casadó is the sole author of this article and was responsible for all stages of the research and writing process, including the study design, fieldwork, analysis, and manuscript preparation.

Data availability

The datasets generated and analysed during the current study are not publicly available due to ethical and privacy considerations, but are available from the corresponding author on reasonable request.

Declarations**Ethics approval and consent to participate**

This study was approved by the Research Ethics Committee for Human Research (CEIPSA) of the Universitat Rovira i Virgili (URV) (approval number: CEIPSA-2023-PR-0034), covering fieldwork conducted in Spain and the United Kingdom. All procedures were conducted in accordance with the ethical standards of the Declaration of Helsinki. Informed consent was obtained from all participants prior to their participation in the study.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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