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‘Nursing (her)storytelling’: An ethnographic fiction proposal for exploring feminist health activism in Spain

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Abstract:	The aim of this article is to share theoretical and methodological reflections on a project on feminist epistemologies and health activism. Based on the analysis of twelve life stories and one group interview, an approach based on ethnographic fiction is proposed through the creation of a serial story in podcast format. This approach helps in generating emotions to facilitate understanding and awareness of the issues raised and in showing everyday practices as ways of constructing knowledge. It also avoids turning life stories into academic artefacts with little transformational capacity.

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INTRODUCTION

> *“I suggested developing protocols for action and introducing the nursing [clinical] record. Of course, it caused quite a stir, because what on earth are nurses doing keeping records?”* (L., female nurse)

This quote is an excerpt from an interview with a female nurse who was a feminist health activist during the 1970s in Spain. With the wordplay between nursing history and nursing storytelling in the title of this article, we intended to show the theoretical and methodological reflections arising throughout our project on feminist epistemologies and health activism. In addition to the literal meaning of the quote, which stresses the need to make nursing’s contribution to healthcare visible through clinical nursing records, we were also interested in emphasising two broader issues: on the one hand, the need to recover the genealogy (history) of the feminist movement in Spain (‘herstory’) and its contributions to the care- and health-related corpus of knowledge, and, on the other hand, the articulation of this genealogy through an approach widely used in feminism: the life stories of its female protagonists.

In the present article, we would like to share our methodological reflections emerging from the research project “Feminist epistemologies and health activism: practices, care, and knowledge emerging in biomedical settings” (FEM2016-76797-R), funded by the Spanish state programme for “Research, Development, and Innovation oriented to the Challenges of Society”, promoted by the Spanish Ministry of Science and Innovation. This primary study explores the relationships between biomedicine, society, politics, and gender by addressing the role of women’s movements, associations of affected individuals, and a variety of health activisms for the improvement of knowledge and practice in the field of health and social care. Our starting point is

the consideration that greater democratisation of science in society and within the scientific community leads to better science[1]. Thus, the presence of social movements and health activisms can serve as epistemic correctors, contributing to a fairer and less distorted science by questioning what is being taken for granted and by making visible what is being ignored[2,3].

One of the project's lines of research focused on collecting life stories of feminist activist health professionals in the 1970s in Spain. We were particularly interested in the role of activist groups in generating alternatives to accepted knowledge in the medical profession[4], such as the Women's Health Movement in the United States and the influential book *Our bodies, Ourselves*[5]. In Spain, the feminist movement operated in a clandestine manner during Francisco Franco's dictatorship[6] (1939-1975). However, although the most visible action from the feminist health movement in Spain began to take place during the final years of the Francoist regime[6,7], ordinary women from very different social classes expressed their resistance to the regime of political control in more subtle ways[8].

To return to the life stories that we gathered, we faced a number of problems in analysing these materials and deciding on the most suitable way to present the results. Some of these problems included issues common in qualitative research, such as the difficulty of anonymising data on informants with highly identifiable backgrounds[9]. Other issues involved our own positioning as researchers and the meaning of the research we were carrying out: upon questioning power relations in the production of knowledge, we were required to rethink the roles of researchers and research participants (as opposed to their reduction to mere objects in extractivist studies, which focus on researching *about* rather than *with* or *for*), as well as the role of groups such as nurses and activists, who are usually *minoritised*[10] if not rendered outright invisible. While it is true that these traditional roles tend to be more blurred in emerging approaches to research, these approaches remain rare in the Spanish context. Examples of these emerging approaches include socioanalysis[11], photo-elicitation[12], and other arts-based research methods[13].

At this crossroads, we embarked on a collective discussion and exploration of methodological approaches that would be theoretically and politically consistent with the objectives of our research. The aim of this paper is to share our reflections on a methodological approach based on ethnographic fiction. This approach has been helpful in reflecting on and articulating life stories in a format which offers an unprecedented view of the history of feminist health activism by highlighting the role of nurses and feminist currents in the transformation of the Spanish health and social care system. In order to contextualise this reflection, we will begin by briefly describing the sources of data used and the main findings of the primary study in the section "Materials, lines of analysis, and scenarios". In the next section ("Ethnographic fiction appears"), we will explore the difficulties involved in analysing the life stories in greater depth and discuss our discovery of ethnographic fiction as a potential methodological approach. In the section "From researchers to scriptwriters", we will examine the decision to create a fiction series in podcast format as a tool for analysing and presenting the results. We will also explain the training and transformation undertaken as we expanded our role as researchers to encompass scriptwriting. In the final section ("What's next"), we will comment on the current status of our research and address some of the strengths and weaknesses of this type of approach.

MATERIALS, LINES OF ANALYSIS, AND SCENARIOS

Twelve individual biographical interviews were conducted with ten female health professionals (four nurses and six physicians) and two feminist activists (nine from November 2017 to February 2019; three from November 2019 to January 2020). Additionally, one group interview was conducted with six members of a feminist health network (in November 2018). A total of eighteen women participated. They were purposely selected on the basis of the following criteria: female feminist health activists who participated in the feminist movement during the 1970s in Spain. The interviews were open and conversational, lasting between 80 and 180 minutes, and were conducted at a location of the interviewee's choice. All interviews were audio-recorded and

transcribed to facilitate their subsequent analysis. The initial intervention to elicit the participants' life stories in the individual interviews was as follows: "We'd like you to tell us about your career as a healthcare professional/feminist activist, starting with the period when you decided to study the profession or you got involved in the feminist movement. The idea is for you to tell us about your experiences and thoughts on your role as a professional and as a feminist, as well as about your relationships with other professionals, institutions, healthcare users and their families". The initial intervention for the group interview was: "We'd like you to tell us how this reflection group came about, how it has evolved, and what have been the most important achievements in your work. We'd also like to know about the issues you're currently working on and your assessment of the current situation".

From a preliminary analysis of their life stories, different issues emerged for which feminist activism in Spain in the 1970s provided a new and critical perspective. This perspective questioned power relations, not only between women and men, but also between the different ways of producing, disseminating, and applying healthcare knowledge.

We used discourse analysis to analyse the life stories, drawing on the approach recommended by Norman Fairclough[14]. We identified the following key themes:

- *From the body to feminism and from feminism to the body*: the need to know one's own body is, for many of the women interviewed, the way to make contact with feminist activism for the first time. From this new position, the body and one's own experiences are named and conceptualised in a different way.
- *Feminism as a conceptual tool and as a source of conflict:* this new critical gaze is not only an instrument enabling women to reflect upon their experiences and relationships in a different way. It also challenges women directly about their practices as healthcare professionals, confronting them with their participation in a system[15] that systematically violates and controls women under the cover of so-called 'expert' discourses.

- *Expert power and forms of knowledge*: in that context, the training of healthcare professionals is a clear example of inequality built around gender and expert knowledge. In the case of nursing training, nursing theory was always taught by male physicians, thus reinforcing the traditional patriarchal hierarchy between (male) physicians providing "knowledge" and (female) nurses providing "care". Women were obliged to attend boarding schools[16] in residences run by religious orders, taking on the entire nursing workload of most of the country's hospitals in the form of unsupervised clinical placements. Men, on the other hand, did not have to attend boarding schools or carry out clinical placements. In contrast, within the framework of the feminist movement, groups of women within a neighbourhood would meet at certain bookshops, where women would share their knowledge and experiences, with self-exploration of their bodies and experiences being their main sources of knowledge. Meanwhile, professional groups with little formal power, such as nurses, employed multiple forms of micro-resistance to the status quo in healthcare. Some examples of this micro-resistance are: preventing a patient from undergoing electroshock therapy because the nurse had 'forgotten' to keep her on NPO diet, and maintaining prescriptions for contraceptives 'by mistake' after they had been suspended. However, even at the present time, the gap between women who care and men who hold power is still present in Spain. According to data from the National Statistics Institute of Spain, the percentage of female nurses in 1978 was 68.5%; contrary to what one might think, in the last forty years the profession has become even more feminized, reaching 84.2% of female nurses in 2019[17]. Nevertheless, the spaces of power and knowledge do not follow the same proportion of feminization: in 2022, the percentage of women deans of Nursing faculties does not reach 70%[18], and the women presidents of provincial Nursing associations in Spain are only 56%[19].
- *The dilemma of institutionalisation*: when access to healthcare became universal in Spain in the 1980s[20,21], a dilemma arose as to how best to operationalise the health knowledge built up by the feminist movement and promote women's collective health, particularly in relation to

reproductive health: either to integrate it into the national health system, with the risk of losing autonomy and erasing its ideological background; or for it to remain as an independent system, but drastically reducing its scope among the population as a whole.

These reflections take place primarily in two different spheres, that of mental health and that of reproductive and sexual health. In the field of mental health, "*loony bins"* (a term used by many of the interviewed women) are the settings in which many of the multiple forms of violence that the health system inflicted on women converge. Electroconvulsive therapy, insulin comas, rape, etc. are some of the brutal practices of social control over women's bodies and lives that were perpetrated during Franco's dictatorship. The following excerpt narrates H.'s experience during one of his first internships as a nursing student. She still had very little training and no specific instructions, therefore, a limited ability to recognize the seriousness of the woman´s clinical situation whose care she was assigned and thus, to react to it.

> *"We used insulin therapy treatments, which consisted of administering insulin to cause almost an insulin shock. I stayed by this girl's side all morning until she died. Nobody entered the room. (...) Then I found out that she had flashed her knickers in a square, the police had turned up, and she had been admitted to the psychiatric hospital. I don't know what treatment they would give her, but when the nun told me 'you stay here all morning' she was in the throes of agony. (...) How did I experience that? Well, with great sorrow, and asking myself thousands of questions to which I couldn't find the answers. Why, why, why, why...? But there were no answers."* (H., female nurse).

With regards to reproductive and sexual health, the right to abortion emerges as the main arena for taking direct action. Female physicians learnt how to provide abortions outside the healthcare setting using domestic materials based on the teachings of non-professional women linked to international feminist networks. The difference between expert and lay knowledge thus becomes blurred, and relations and practices are established that subvert the power relations in knowledge management. All of this, of

course, takes place underground: we are dealing with a country where contraceptive methods were illegal until 1978[22], more than twenty years later than in other European countries.

> *"How did abortion groups work? (...) Women were received in groups of eight, and what the intervention was going to consist of was explained to them, as was what they had to do, and so on. Then they had to choose one house from that group where the abortions would be carried out. The next day, the women were picked up at a safe meeting point, everyone went to the house, and no one left until the last abortion was completed. (...) We performed the abortions at home, with all the health safeguards, but on a very voluntary basis. We didn't have a vacuum. What we did instead was modify a bicycle pump. (...) So we carried a sports bag with the bicycle pump and the Karman cannulae that we'd bring from France."* (C., female physician)

After a long wave of massive feminist protests "voluntary interruption of pregnancy", as it was termed, was decriminalized in Spain in 1985 in three particular situations: rape, physical or psychical risk in the life of the mother or fetal malformation. Since 2010, in Spain abortion is legal during the first fourteen weeks of pregnancy. During this time, women can take a free decision on the termination of their pregnancy with no third party intervention[23]. However, this law was strongly contested by the Catholic Church and the conservative parties. In fact, in 2012 a bill was presented that sought to return to a model in which women had to give reasons to justify their decision and needed a medical report to interrupt their pregnancy. This bill was heavily protested by feminist groups, and on February 1, 2014, a massive demonstration called *El tren de la Libertad* [The Freedom train][24] was organized in Madrid. In September 2014, the bill was withdrawn, with the 2010 law continuing in force up to the date, when a new law of Sexual and Reproductive Health is being implemented aiming to provide more guaranties to women choosing to terminate their pregnancies.

Following this brief contextualisation of the data collection process and the main findings of the primary study, we will move on to the difficulties of using these life stories as research materials. We will also discuss our discovery of ethnographic fiction as a potential methodological approach.

ETHNOGRAPHIC FICTION APPEARS

As mentioned above, we encountered a number of difficulties in analysing these materials. One of them was the sheer impossibility of anonymising the interviewees, who are healthcare professionals and leading figures in Spanish feminist activism. Another difficulty was the risk of applying an objectifying and, to some extent, unifying[25] analysis to stories shaped by commitment and passion.

We discussed the best way to handle the analysis of the life stories on several occasions. Following this group reflection, we realised that we were most concerned about the inevitable losses that would result from transforming these women's impressive life stories into a research findings report. We identified three types of loss. Firstly, the loss of the ability to engender emotions: these are stories of discovery and transformation in the social-historical framework of Franco's dictatorship, in which underground movements and transgression influenced the protagonists' personal, professional, and political paths. Secondly, the loss of points of reference on the ways of constructing knowledge from everyday practices, determined by the emergence of a context that demanded immediate, pragmatic responses. Finally, the loss of social impact, by converting untamed, living stories into an academic artefact with limited scope and transformative capacity.

Donna Haraway, when referring to the concept of speculative fabulation as described in her book *Staying with the Trouble*[26], speaks of fables as places inhabited by 'wild facts'[27]. Although Haraway's theoretical proposal does not quite correspond to what we were searching for, this idea of exploiting the evocative power of fabulation was indeed precisely the line we wanted to work on. 'Fabulation' involves imagining plots or storylines and inventing fantastic or unusual

things. Given that we were already working in an area that was out of the ordinary for academic research (the feminist health movement in Spain in the 1970s), starting to imagine storylines based on the life stories came rather naturally. Indeed, every time we listened to the interviews again, we had the same feeling: it was like watching a film; truth was more powerful than fiction.

Against this background of reflecting on methodological alternatives to do justice to the multiple 'wild facts' inhabiting the stories we had collected, we began to explore the possibilities of arts-based research methods. Patricia Leavy, in her handbook on arts-based research[28], challenges traditional research in much the same way as we were doing. She points out three core ideas:

- The limited reach of research results within academia, which renders them relatively useless in terms of actual impact.
- The need to review and specify the role played by power in knowledge building, as well as the relationships established between research participants, researchers, and audiences.
- The potential of artistic practices to engender emotions in the audience and, as a result, to promote understanding and raise awareness of the issues under study.

Leavy also alludes to *aesthetics* as a generator of empathy and reflexivity. Her stance is similar to that of Barbara Carper in her description of *patterns of knowing in nursing*[29]. According to Carper, the *aesthetic pattern of knowing* would be centred on expressive aspects, on action rather than cognition: what our actions are able to express has a much greater impact than what our analysis is able to demonstrate. Empathy, as a way of doing, would be the prime example of the aesthetic pattern of knowing. Closely related to this would be the *personal pattern of knowing*, as it is based on interpersonal transactions and relationships, assuming oneself is to be viewed as an instrument for the nursing professional practice. In other words, in qualitative research this would be referred to as *reflexivity*[30,31].

Similarly, continuing with the patterns of knowing in nursing from a critical, feminist paradigm such as that of our research, it is important to mention the pattern proposed by Peggy Chinn and

Maeona Kramer, *emancipatory knowing*[32]. This is characterised by the recognition of situations of social injustice, with *praxis* (reflection for action) as its fundamental form of expression.

This framework led us to search for a methodological approach that would bring together all of these aspects (aesthetics, emotion, performativity, and transformation) and that could be approached by an interdisciplinary team consisting of male and female social science and health science researchers who did not necessarily have any particular artistic skills. Several months earlier, one of the members of the research team had completed a training course on a methodological approach known as ethnographic fiction or creative non-fiction. When she told us about it, we decided to start exploring it as an option as we felt that ethnographic fiction could meet our expectations and be best suited to our circumstances.

Ethnographic fiction is an analytical practice that consists of telling a story in a fictitious manner but whose content is based on empirical data[33]. A number of authors have used this approach, highlighting its ability to enhance empathy and understanding of the topic under study, including the protagonists' stances[34–36]. Thus, the experiences of our interviewees would become the starting point for constructing a fictional story articulated around our lines of analysis and set in the scenarios described in their life stories.

The following observations from the proposal made by Brett Smith, Kerry McGannon, and Toni Williams[33] were particularly helpful in keeping us on track:

- Epistemological and ontological awareness: that is, integrating into the analysis a reflection on what knowledge we are building and what we are building with our knowledge.
- A purpose: we must be clear about what we intend to communicate through the story we are going to tell.
- Analysis and storytelling: the process of analysis and interpretation, as well as the telling of the story, must constantly feed back into each other.

- Verisimilitude (truthlikeness): the story must be faithful to the experiences and points of view expressed in the discursive materials, as well as recreate the context and circumstances in which those experiences took place. This is the way to enhance the audience's empathy and understanding of the issues on which the narrative is built.
- Connotation rather than denotation: the story must be able to evoke images and emotions in the audience beyond simply describing events and scenarios.
- Thinking with the body and of the body: as practical operators that convey any interaction, our bodies and those of the characters act and react in the unfolding of the story. Listening to what the story makes us feel helps to create richer and more complex interactions between the characters.
- Evocative, engaging writing: as in any artistic form of expression, one must strive for beauty in the final output. It is through aesthetics that empathy and emotion are elicited and awareness is raised in the audience.
- Characters, dialogue, plot and setting: telling a story is not just about listing events; one has to construct the entire universe (in terms of space, history, and emotions) that our characters will inhabit. As in social reality, characters are defined by their actions and their interactions with other characters, building themselves out of the universe they inhabit as they transform it.

Having described the way in which we became aware of the potential of ethnographic fiction, the following section will explain how the process of creating a fiction series in podcast format from the life stories evolved.

FROM RESEARCHERS TO SCRIPTWRITERS

Next, we had to decide what was the best format to tell the story in. Taking into consideration that one of our priorities was to achieve the greatest possible social outreach, we had to decide on a medium with a high capacity for dissemination, while being realistic about our possibilities in

terms of production. Given the great popularity of fiction series and the boom of podcasts as a communication medium, it was seriously considered that, perhaps, our fantasies about the visual and narrative power of these stories could translate into something tangible.

At that point we were already in touch with an experienced scriptwriter and social researcher (Author 7): the instructor for the training course on ethnographic fiction attended by a member of our research team. When we explained our project and showed him the interviews, he agreed that the strength of the stories demanded an unconventional approach and confirmed that ethnographic fiction in series format would be a good solution. Author 7 trained us in the basics of writing media fiction and subsequently became a member of the research team. We began work on the creation of a serial story, in podcast format, set in the context of the feminist health movement in Spain, a "*frictional series*"[37] built on the friction between what is being researched and what is imagined, between reality and fiction.

Before we began, we had four training sessions (each lasting approximately four hours) on the basics of writing media fiction. We began discussing aspects such as the setting, characters, plot and pace of the story. During these sessions, we decided that the series would be structured in ten episodes of approximately 25 minutes each, spanning from 1970s Spain to the present day. Its four protagonists, two of whom were female nurses, would articulate a dialogue between different generations of feminist activists that would bring to light the facts, experiences, and issues that emerged in the life stories of the primary study.

This transition from researchers to scriptwriters led us to a process of collective reflection and creation that was only possible thanks to the climate of trust that existed among the members of the team. Many of our team members had been working together for almost ten years and the new people who joined the team had already worked with one of the members of the original team previously. All members of the team shared common lines of research and theoretical and political stances; moreover, our interpersonal relationships developed in a very fluid, cordial

manner. This allowed us to work spontaneously and intuitively, without being restricted by excessive self-censorship. This meant intensive immersion days working at a blackboard on which we wove together the events that shaped the plots and characters that would support the results of our research. In this task, it was essential to strike a balance between reality and fiction. We had to keep up the pace that makes fictional series engaging, but without ever compromising the stories in the interviews or the verisimilitude of the social context. Therefore, the resulting storyline map (Tables 1 and 2) was not only a way of arranging events and characters, but also an analytical device[11] with which to connect the pivotal points of the discursive material obtained in the interviews. Ethnographic fiction was not only providing us with a way of presenting the results of our research, but also with analytical and interpretive tools.

During an intensive work meeting spanning a whole weekend in late July 2019, we produced a first draft of the storyline map for the series. The three thematic plots (1970s-1980s: Mental health; 1970s-1980s: Sexual health; Present time. See Tables 1 and 2) correspond to the situations covered in the life stories. The events in each episode, which add content to the thematic plots and the character-based plots, illustrate the main themes from the thematic analysis (From the body to feminism and from feminism to the body; Feminism as a conceptual tool and as a source of conflict; Expert power and forms of knowledge; The dilemma of institutionalization. See section "Materials, lines of analysis, and scenarios"). The events in each episode are the equivalent of verbatim quotes in a traditional qualitative research report, while the storylines linking the events correspond to the analytical themes and categories. To avoid getting carried away by fiction and ensure that we remained faithful to the participants' accounts and the sociohistorical context, all the events included on the storyline map had to appear in the life stories, either as direct experiences described by the women interviewed or by reference to third parties. Of course, details relating to the setting and characters were modified to preserve the participants' anonymity but the content of the events remained intact. The historical events referred to in the

life stories were constantly checked and confirmed and any possible imprecision in the interviews was corrected.

Once the storyline map and the overall structure of the series had been drawn up, a further three individual interviews were conducted to expand our perspectives on some of the themes identified. This prompted us to alter some of the elements on the map. The final version is presented in Tables 1 and 2. The next phase in the process consisted of two tasks: writing the script for each episode and drafting the pitch for the series. A pitch is a synthesis document to be submitted to the media for production. To do this, we held another two training sessions (each lasting approximately five hours) on theoretical aspects relating to scriptwriting and pitches. To speed up the work, we divided ourselves into two teams: one would construct the pitch for the series and the other would write the script of the pilot episode.

In the midst of our work, the COVID-19 pandemic came into our lives, forcing us to change our dynamic: working close to each other and sharing spaces had to be replaced by videoconferencing. However, although physical distance made our work less enjoyable, it is also true that technological tools made certain tasks easier. For instance, sharing files in real time using the videoconferencing application itself made it possible for several pairs of hands to write and rewrite simultaneously, making the creative process even more choral in nature. In summer 2020, we wrote the script for the pilot episode and drafted the pitch to present the series to media outlets that were potentially interested in producing it. Below, we present a brief summary of the pilot episode and of the characteristics of the four main characters in the series: Ángeles, Pilar, Begoña, and Leo.

The pilot episode opens with Leo's arrival at Ángeles' place. Ángeles, a retired nurse and feminist activist, welcomes Leo, a queer transfeminist facing a housing and life crisis, into her home. Diving into Ángeles' archives and memories, she starts to recount a story that begins in 1971 with her arrival at the religious boarding school for nursing students, coming from a small town where she

lived with her family. As soon as she starts her clinical placement, Ángeles, who is shy and lowly, has a traumatic encounter with the way in which nurses participate in the social control of women. During her placement she meets Pilar and Begoña, with whom she shares friendship and feminist and anti-Francoist militancy. Pilar, rebellious and passionate, born into a wealthy family, has left her medical studies to become a nurse and has made anti-Francoism the driving force of her life. Begoña, immersed in activism and dissidence since her childhood, gets involved in the feminist movement at a very early age, always weaving from a collective point of view, listening and showing empathy. An intense relationship will be established between the three of them, not exempt from disputes and contradictions, as well as some sexual tensions and prejudices common to both feminism and political left at the time: Begoña comes out as a lesbian and Pilar explores her sexuality at large, leaving the more traditional Ángeles apparently at an observer place, while underneath, different attachments, feelings and passions are unleashed as the series progresses.

WHAT'S NEXT?

We are now beginning the dissemination phase, exploring possible media outlets that could produce and broadcast the podcast series. We have contacted the national public radio broadcast as well as some alternative actors collectives to maximize its possible distribution and guaranteeing it is freely distributed. Assessing the entire process that we have undertaken, we are able to identify the limitations and strengths of this methodological proposal.

Limitations include the limited participation of the women interviewed in the script-writing process. In contrast to other methodologies with a higher degree of participation, such as *socio-analysis* or *collaborative and participatory ethnography*[38], in our application of ethnographic fiction, analysis and interpretation of the discursive material was carried out by the research team. A number of interviewees have performed a somewhat advisory role (especially helping us to set and link dates, events and people involved), but have not been directly involved in the

analysis. To overcome this limitation and to restore the authorship of participants who wish to have their stories made visible and linked to their names, we are simultaneously developing some of the stories in the form of *narrative productions*[39,40]. The methodology of the narrative productions is based on the concept of 'situated knowledges' coined by Donna Haraway[41]. In consecutive sessions, the researcher and participant discuss the study phenomenon; based on the transcription from each session, the research team organises and textualises what has been discussed; the text drawn up by the researchers is given to the participant to review, and is discussed and reworked in the next session. The process is repeated until the participant is fully satisfied with the collectively produced account.

An additional difficulty of this type of approach is the need for the team to be specifically trained in scriptwriting. We also believe that it is advisable to rely on someone with specific experience in the development of media fiction, as was our case.

Echoing Leavy's approach mentioned at the beginning of the article[28], the main strengths of this methodology are as follows:

- It enables research results to be disseminated beyond academic circles, thus acquiring greater outreach and transformative potential.
- Closely linked to this, it avoids the loss of emotion that often occurs in traditional discourse analyses. In that sense, the fictionalised material has great evocative power and enhances the impact of the research findings on the audience.
- It also reduces anonymisation difficulties that frequently occur in many qualitative research studies.

For all these reasons, we believe that ethnographic fiction is helpful in the analysis and dissemination of qualitative research results. Ethnographic fiction enables us to question the roles of researchers and researched individuals as generators of knowledge, while democratising access to research results, evoking emotions, and increasing the potential for social transformation.

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Table 1. Storyline map (episodes 1-5)

THEMATIC PLOTS	**Episode 1**	**Episode 2**	**Episode 3**	**Episode 4**	**Episode 5**
1970s-1980s: Mental health	Arrival at boarding school. Death of a woman from insulin coma.	Nurses' micro-resistances in psychiatric hospitals.	Sexual abuse of female inmates.	Disappearance of two inmates during an outing.	Labour conflict at the psychiatric hospital: Pilar is dismissed, Ángeles might be disciplined.
1970s-1980s: Sexual health	-----	They learn about the book *Our Bodies, ourselves.*	Self-exploration workshops.	Underground abortions.	Opening of the family planning clinic.
Present time	Leo moves to Ángeles' place. Ángeles' feminist archive.	Leo comes off medication.	The coexistence between Leo and Ángeles is restored. Leo's experiences with the health system.	Leo finds the bicycle pump in the archive.	Leo asks Ángeles about her current relationship with Pilar.
CHARACTER PLOTS	**Episode 1**	**Episode 2**	**Episode 3**	**Episode 4**	**Episode 5**
Ángeles	Introduction.	Enters a relationship with Luis.	Upcoming wedding with Luis.	Dispute with Luis over a trip to London.	Confrontation with Pilar over a labour dispute.
Pilar	Introduction.	Incident with a scalpel during surgery.	-----	Dispute with Ángeles over a trip to London.	Is fired from the psychiatric hospital. Leaves for the United States.
Begoña	Introduction.	-----	Working in women's groups in the neighbourhoods.	Organising the first feminist conference.	Preparations for the first International Women's Day in Madrid.

Table 2. Storyline map (episodes 6-10)

THEMATIC PLOTS	**Episode 6**	**Episode 7**	**Episode 8**	**Episode 9**	**Episode 10**
1970s-1980s: Mental health	Anti-psychiatry and joint resistance with inmates.	Attempting to create an alternative ward in the psychiatric hospital.	Murder of a consul's daughter in the vicinity of the psychiatric hospital; scandal, the press blame the inmates.	Struggling to deny the accusations made against the inmates.	Changes to the mental healthcare model.
1970s-1980s: Sexual health	Campaign for the decriminalisation of contraceptives. Risk of closure of the family planning clinic.	Protests for abortion rights. Closure of the family planning clinic.	Reopening of the family planning clinic. Debate on its incorporation into the National Health Service.	Divorce law is passed. Publicly funded abortions, in support of the women prosecuted in Basauri and in protest against the closure of the clinics.	Debate intensifies on integration into the National Health System. Decriminalisation of abortion under three circumstances.
Present time	Tension between Ángeles and Leo when talking about Pilar. Leo leaves Ángeles' place.	Preparing for International Women's Day (8 March). Debate on the trans issue, sex work, and abolition of prostitution.	No news from Leo, who has stopped working in the archive.	Racialised individuals are made invisible. Ángeles tells Leo that Pilar died of cancer a few years ago.	Mass demonstrations on 8 March 2018. Leo has a breakdown and is involuntarily admitted to the psychiatric hospital.
CHARACTER PLOTS	**Episode 6**	**Episode 7**	**Episode 8**	**Episode 9**	**Episode 10**
Ángeles	Luis starts working as a gynaecologist at the family planning clinic.	Trip to Basauri with Begoña to support women accused of having an abortion or of performing abortions.	Separation from Luis.	The struggle for the recognition of Nursing as a university qualification. Reunion with Pilar.	Trip with Pilar to the International Women's Conference in Nairobi.
Pilar	-----	Return from the United States. A cold reunion with Ángeles.	Tense relations with Ángeles due to Pilar's institutionalist stance.	-----	-----

Begoña	Conflict with Luis over the debate between militancy or the monetisation of healthcare activities.	Becomes involved in lesbian feminist groups.	Begoña is arrested at the first Pride demonstration.	Participates with Ángeles in the conference for the decriminalisation of abortion.	-----