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'The second I got the phone call, everything changed.' Exploring the temporal experiences of the spouses and partners of spinal cord injured sportsmen

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ABSTRACT
Just as those who suffer a disabling spinal cord injury (SCI) through sport become wounded storytellers so do their spouses/partners. Little however is known about the experiences of such spouses/partners and even less is known about how time operates to shape these experiences. This article, therefore, draws on life story data to explore the experiences of three women whose male spouses/partners have become disabled due to a SCI received whilst playing rugby. A thematic narrative analysis revealed how this event instigates a temporal-relational disruption that catapults these women into living *in, by* and *through* different types of time that operate in a multi-dimensional manner to shape how they construct their identities and come to understand themselves and others with a past, and a present, that has consequences for their future. The implications of this process for health care professionals in supporting those who face similar sets of circumstance are considered.

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Introduction

Spinal cord injury (SCI) resulting in permanent disability brings about dramatic and long-term changes in both the material body and the social, psychological and occupational worlds that people inhabit. Within the fields of sport sociology and psychology interview-based studies have explored how sportspeople have coped with, adjusted to, and reconstructed their identities and lives post-SCI. Such studies have, for example, examined the quality of life and the sense of meaning elite athletes give to their lives post-SCI (Goraczko et al. 2020), how various narrative types shape the experiences of male rugby players pre-SCI and post-SCI (Smith and Sparkes 2002, 2004, 2005; Sparkes and Smith 2002, 2003, 2008a), and the power of an athletic identity developed prior to acquiring a disability to shape an individual's re-engagement with sport post-SCI (Perrier et al. 2014). The influence of an athletic identity pre-SCI on sporting engagement post-SCI was also a key feature in the case study of a professional wheelchair bodybuilder by Sparkes, Brighton, and Inckle (2018a). Their ethnographic work further explored the link between an athletic identity pre-SCI and certain narrative types in making the decision to take up wheelchair sports post-SCI as part of a process of constructing new and positive identities as disabled sporting cyborgs (Sparkes, Brighton, and Inckle 2018b).

Spouses/partners are often mentioned in the research cited above about sportspeople and their experiences of SCI but not focused on in detail. As Dickson et al. (2010, 1102) pointed out, despite the spouse playing a central role in facilitating the injured person's coping responses and the

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considerable distress, social isolation and family strain they experience, 'there has been a paucity of research focusing on the psychological impact of SCI on the partner caregiver from their own perspective'. Understanding the experiences of family members, according to the Spinal Injuries Association (2017, 2) is necessary because when a person sustains a SCI, the news can feel shocking to the whole family, bringing feelings such as distress, helplessness and sadness, as well as provoking a wide range of emotions including 'anxiety about the future, the extent of the relative's disability and how the family are going to manage'. In support of this view, Jeyathevan et al. (2019, 1) stated the following:

> Following spinal cord injury (SCI), spouses and other family members are often called upon to undertake the caregiving role. Changes in the nature of the relationship (e.g. role change from spouse to caregiver) between the individuals with SCI and their families can challenge the family physically, psychologically, and socially. Comparable to the individuals with SCI, the family caregivers are often required to reconstruct their lives, as well as start an 'unexpected career' to provide support with activities of daily living (ADLs), personal care, and emotional support to their family member with a disability.

The impact of SCI on spouses and the challenges they encounter have been well documented. For example, in their study of the experiences of eleven spouses (10 female and 1 male) Dickson et al. (2010) highlighted the emotional impact of spinal injury. Their participants reported an almost instantaneous sense of loss, emptiness and grief during the injured person's rehabilitative period and feelings of anxiety were reported in anticipation of their return to the family home. They also reported that the all-encompassing nature of becoming and being a caregiver led to distinct changes in their roles from spouse and lover to care provider which ultimately contributed to relationship change and a loss of former identities. In their follow up study of these eleven spouses Dickson et al. (2011) noted the complex ways in which they adjusted and coped with becoming the primary caregiver and how they tried to put the pieces of their lives together again after the SCI event.

The views of Dickson et al. (2010, 2011) are echoed by the work of Beauregard and Noreau (2010) who explored the negative impact on twenty-four spouses (18 women and 6 men) of persons with SCI regarding the repercussions on leisure activities, on domestic tasks, on family responsibilities, and on sexuality. Having noted the various strategies the spouses devised to overcome the difficulties they encountered, Beauregard and Noreau pointed out that although the repercussions often conveyed negative outcomes, positive outcomes such as bringing the couple closer together were also reported. Likewise, in their study of the impact of SCI on married couple relationships (N = 11), Engblom-Deglmann and Hamilton (2020) noted that some participants made adjustments more flexibly than others which allowed them to maintain greater emotional connection within their relationships post-SCI.

With regard to the quality of life of family members involved with a SCI, an extensive literature review conducted by Lynch and Cahalan (2017) highlighted the considerable impact that this event has on the family unit with many who had become the primary caregiver (often the spouse) enduring a broad range of physical and mental health issues. Reflecting on the qualitative studies they reviewed, Lynch and Cahalan noted several common issues expressed by SCI caregivers. These included fear, uncertainty and familial role changes that occur post-SCI, as well as the impact these changes have on the care recipients, caregivers and the wider family dynamic. Loss of identity was also reported to occur in line with role changes, specifically with the perceived change from partner and lover to carer. Alongside this, the quantitative studies they reviewed reported that SCI caregivers had higher than normal levels of depression, anxiety, stress, distress, and lower overall satisfaction with life. The mental health of caregivers was found to be worse than that of care recipients in several studies they reviewed whilst feelings of being overwhelmed by their role was reported in others.

One does not have to be a spouse or family member to have one's life impacted by the SCI of another. For example, the seven (3 women and 4 men) partners (defined as cohabitant couples at the time of injury) to a spinal cord injured person in the study by Angel and Buus (2011) echoed a number of concerns expressed above by spouses and family members. According to Angel and

Buss, the partners' experiences could be understood as a trajectory with the following three distinct successive phases: (1) To be harmed by the partner's injury. (2) To find oneself on the outside of their partner's life. (3) To struggle for the injured partner and re-establishing life as a couple. Significantly, for Angel and Buss, these three phases were related to the injured partner's trajectory through rehabilitation. The first phase was during the acute stage and the period after the spinal cord injury. The second phase took place when survival was medically secured, and the injured partner was transferred to a specialist SCI unit to follow a rehabilitation programme. The third phase was after the partner had returned home. These three phases, for both the injured partner and the partner, mirror the phases that spouses and family members go through and have similar demands that impact on the partner's life and psychosocial well-being.

The data generated by the studies cited above provide important insights into the experiences of spouses/partners when their lives are impacted by a disabling SCI to someone close to them. While lack of clarity regarding sampling issues makes it difficult to ascertain how many of the participants in these studies had sport-related spinal cord injuries, the rich descriptions they provide suggest that their findings are transferable and that naturalistic generalisations can, with due caution, be made to the experiences of spouses/partners of persons who have become disabled due to a sporting SCI. This said, it is important to note that these studies have little to say about the temporal dimensions and dynamics of such experiences. As with those of SCI persons themselves (Papadimitriou and Stone 2011; Sparkes and Smith 2003), little is known therefore about the phenomenon of *time* and how it works in the lives of spouses/partners.

This is not to say that time has not featured in the studies cited above. Time is *implicitly* recognised in such work because a host of time-centred concepts are drawn upon to explain the experiences of spouses/partners. For example, the terms pre- and post-SCI are used to compare and contrast the experiences of spouses/partners during different time periods and also to illuminate their hopes and fears for the future. Likewise, notions of identity transition or transformation from spouse/partner to caregiver assume a time-related process of becoming something different from what one was before. There are also the ways in which the experiences of spouses/partners are located in various phases that mirror those of the SCI person themselves as they move through the acute, the rehabilitation, and the return to home and community phases. Thus, are the workings of time implicit rather than explicit in such studies.

Talking time

One reason that time remains implicit in research about SCI and those impacted by it is that time is an elusive all-encompassing bio-psycho-socio-cultural phenomenon. As Adam (2004, 1–3) stated.

> Time is lived, experienced, known, theorised, created, regulated, sold and controlled. It is contextual and historical, embodied and objectified, abstracted and constructed, represented and commodified ... We know that the clock tells us *the* time, but it does not tell us what time *is*. We live time, we experience it daily as an integral part of our existence

This view is supported by those who have pointed out that we are always already living in time and so there is no aspect of human activity that does not have a temporal dimension and the perception of time is a universal continuous experience (Baars 2012; Brockmeier 2000; Matthews and Meck 2016; Larson and Zemke 2003). Correspondingly, the judgement of time is central to virtually all behaviours. Time, therefore, is an inescapable fact of human existence that we are aware of, have a relationship with, reckon with, and express in ways that unite us with all other rhythmically organised beings. This said, as Shahjahan (2015, 490) pointed out, 'Even as it silently structures our everyday lives, time is not given or natural; rather, its meanings and forms shift historically and are culturally specific'. All of which poses difficulties for the study of how people understand and construct time. This does not mean that scholars have not tried to clarify what 'time' might be and various conceptualisations have been proposed, some of which will now be considered.

In the industrialised societies of the Global North the most common form of time that influences and organises people is that of measured, objective, 'clock' time which is taken to be linear and sequential in nature. This notion of time, as Brockmeier (2000) noted, can become cyclic and experienced within circles of repetition that form rhythmic patterns based on the daily routines of, for example, family life and the workplace. In this regard, the calendar guides participation in culturally defined cyclic rituals such as birthdays, anniversaries, religious festivals, holidays and major sporting events. For Ring (2009, 10), 'There is agreement, a consensus, among people of industrialised societies regarding clock and calendar time. Measured time orders the perception of reality'.

Whilst measured time might order perceptions of reality, it does not determine them. Thus, the same amount of measured time can be experienced differently. A minute can 'slowly drag' or 'quickly fly by' depending on the circumstances. In relation to this, Wassenhove et al. (2008, 1) pointed out that 'subjective time is not isomorphic to physical time', and that the 'duration of an event is not solely experienced on the basis of its temporal properties: attentional, arousal and emotional levels, expectancy and stimulus context can all affect the experience of time'. Accordingly, from a phenomenological perspective, Papadimitriou and Stone (2011) argued that measured time, is not necessarily how time is, how it is experienced, or how it is actually lived.

Although we commonly think of time as something 'objective' and 'out there', for Hale (1993), our encounter with time is actually an internal subjective experience involving various inter-connected time dimensions. For him, clock time or objective time is 'simply a consensual means of coordinating diverse activities and schedules in a social milieu' (p. 89). Speaking of subjective time, Matthews and Meck (2016, 865) further noted that, 'psychological time is an abstraction, a construct or epiphenomenon of our mind's functioning that we create in order to explain the coherence of events'. This notion of creating order and coherence of life events in and over time implies that some form of 'narrative work' is required by individuals to achieve this (Gubrium and Holstein 2009). That is, whether or not time exists 'outside' (objective) or inside (subjective) or in the interaction between the two, it is given meaning via a process of narration.

In his seminal work on 'narrative time' Ricoeur (1984) argued that narrative and temporality are closely related. For him, narratives not only convey what it is to live in the world or in worlds, but also what it means to live in time. As such, there is no 'living in time' or 'temporal being' without narrative because narrativity is the mode of discourse through which the mode of being that we call temporality or temporal being is brought to language. That is, human time is time told. Emphasising this point, Erben (1998) proposed that all forms of time are experienced and interrelated according to narrative, and that narratives – of past, present or future – are the means by which biographical experience is given meaning. As an example, Baars (2012) pointed out that although chronometric age (also called calendar age) is just a measurement of the amount of time that has passed since that person was born, it begets meaningful content from different sources that include the broader cultural narratives available about people with a certain age. In relation to this, Brockmeier (2000) spoke of 'autobiographical time' that results from the ways in which people continually synthesise cultural and individual orders of time as they narrate and tell stories about their lives in the process of constructing selves and identities. As part of his analysis, Brockmeier distinguished six models of autobiographical time (linear, circular, cyclical, spiral, fragmentary, and static) with each suggesting a particular vision of the course and direction of time. These models functioned to organise the account of a life course.

Of the complex and multiple ways that time is conceptualised and understood, in those studies named earlier that have implicitly drawn on time-centred concepts in relation to SCI the dominant forms have been those of measured, objective, linear and sequential time along with cyclic time. Regardless of what time type is drawn upon, Seymour (2002) noted that in such studies, time tends to be treated as a disembodied independent variable with which the SCI person and, by implication, those close to them are left to come to terms with cognitively in order to understand the progression and nature of the disability so as to manage or cope with its consequences. She argues, therefore, for more corporeal approaches that re-embody time in disability to better understand how time is reintegrated with the body and the body is reconstituted in and by time. Building on this work, Papadimitriou and Stone (2011) argued for a Heideggerian phenomenological approach to temporality that addresses not only the physical disruption caused by SCI but also the existential-temporal disruption that this event instigates for all those involved. All of which suggests the need for studies that focus more on the subjective experience of time and how this is given meaning in the process of narrating a life in specific sets of circumstance.

Against the background described above, in this article I seek to explore the storied experiences of three women whose male spouses/partners have become disabled due to a SCI received whilst playing rugby football union. I focus specifically on how this event instigates a temporal-relational disruption that catapults these women into living *in, by* and *through* different types of time. The originality of this work comes via the illumination of how these women subjectively experience and narrate different forms of time in ways that shape how they come to understand themselves and others as embodied beings with a past, a present, and a future that has yet to come.

Methodology

This study is framed within what Gubrium and Holstein (2008, 3) called the ‘constructionist mosaic’ that seeks to highlight both the dynamic contours of social reality and the processes by which this social reality is put together and assigned meaning by those involved. For them, the leading idea that has informed this mosaic is that the world we live in and our place in it are ‘not simply and evidently “there” for participants. Rather, participants actively construct the world of everyday life and its constituent elements’. More specifically, from a social constructionist perspective as articulated by Maher, Haegele, and Sparkes (2022) in relation to physical impairments, this means that whilst a SCI is brought about due to material changes in the corporeal body as an ‘obdurate fact’ (Frank 2013a) that impose themselves on the person, just *how* this change is given meaning by self and others in, by, and through time, along with the consequences that go with this, depends on how the person is positioned in society and the stories made available to them about SCI. With regard to the socially constructed category of SCI, multiple realities therefore exist in relation to each other regarding how SCI and time are experienced and given meaning by the person with this impairment and others they are involved with in their social world either directly (e.g. spouses/partners) or indirectly (e.g. government legislation).

Given the centrality of narrative in organising our experience of time this study is also informed by the general principles of narrative inquiry as described by Smith and Sparkes (2009), and more specifically by those of the narrative constructionist perspective outlined by Sparkes and Smith (2008b). For them, selves and identities are relational and constituted via narratives that are both personal and social. Significantly, they pointed out that whilst people have varying degrees of agency to construct the stories they tell, they are also not totally free to construct just any story they wish about themselves. This is because people do not tell stories about themselves under conditions of their own making, nor can they always deploy them for purposes of their own choosing. Various institutional orders and their representatives (e.g. health professionals) mandate narratives, each for different purposes and each in different forms. Likewise, when people tell a story about themselves, they draw upon a particular set of narrative resources that are at hand which can be enabling or constraining (e.g. see Agnew and Drummond 2015; Franck and Stambulova 2019; Ryan 2018; Sparkes and Stewart 2019). These narrative resources, however, are not equally distributed and there are differential invitations and barriers involved in telling one’s story in any given context. People, therefore, act on and are acted on by the social and cultural contexts in which interaction occurs and so they can story the same event in different ways depending on the occasion and audience. Such principles, as noted by Papathomas (2016), are complementary with those of social constructionism and operated in a symbiotic relationship throughout the conduct of the current study.

Access and ethics

The data in this article are drawn from a larger study that explored how a group of male amateur rugby union players (N = 20) narratively reconstructed their lives following a disabling SCI. During life story interviews, several men suggested that I talk to their spouses/partners as their support was central to how they coped with and adjusted to life post-SCI. When this suggestion was made, I asked the participant if he would contact his spouse/partner to see if they were agreeable to me contacting them directly with a view to interviewing them about their own experiences relating to the SCI. Via this opportunistic sampling, agreement was given by eight spouses and one partner.

Following university ethical approval, I telephoned each spouse/partner to introduce myself and explain the nature of the interviews I wished to conduct with them, and the ethical principles involved in the process, such as, they would remain anonymous in future writing, and they had the right to terminate or cancel an interview without having to give any explanation to me and with no consequences for themselves. I also clarified that, for reasons of confidentiality, I would not divulge anything said by them in interview to their spouse/partner and vice versa. Finally, I pointed out that recalling their past and current experiences in relation to SCI might be emotionally upsetting and that confidential and professional psychological support was available to them post-interview should they wish to access this.

Life story interviews

Life story interviews were conducted with each participant. This type of interview is useful for revealing the subjective inner life of the person in terms of how they see themselves at this and other points in their lives, and it is well suited to discovering the confusion, ambiguities and contradictions that are played out in everyday experiences (Atkinson 2007; Plummer 2001). Face-to-face interviews were conducted with four spouses. Due to their geographical distribution telephone interviews were conducted with four spouses and one partner. Interviews lasted between 1.5–2.5 hours, and all were recorded and transcribed verbatim.

The interviews were unstructured in nature. My broad opening question to each participant was, ‘Please tell me about the impact of X’s (name of spouse/partner) SCI on your life’. As they told their story, as an active listener, I asked elaboration questions relevant to the issues raised by the participants regarding their experiences pre-SCI, post-SCI and their thoughts about the future. For example, as part of her story one participant mentioned that serious issues only began to emerge with her five-year old daughter when her father left the rehabilitation centre and returned home. At which point I asked her, ‘Can you tell me more about just what these issues were and how they impacted on you?’ Likewise, when a participant mentioned that she had to ‘seriously rethink’ her thoughts about the future following her spouse’s SCI, I asked her ‘Could you tell me more about your hopes for the future before X’s SCI and how these have changed?’ Importantly, such questions did not interrupt the flow of the story being told by the participant. They also allowed me, without having to impose a more formal structure on the interview, to explore concepts and issues I was sensitised towards from my previous reading of the literature on the experiences of spouses/partners of SCI persons.

Analysis

Analysis began with multiple readings of the interview transcripts to immerse myself in the data. Here, in Frank’s (2013a) terms, I thought *about* the stories the participants were telling me and *what* they said regarding their experiences. This then led to a more formal thematic narrative analysis as described by Riessman (2008) which gives primary attention to ‘what’ is said, or ‘told’, about events and experiences in the telling rather than ‘how’ the story is told, ‘to whom’, or ‘for what purposes’. One theme to emerge inductively from the data was that of *time*. For example, all the participants spoke of their plans for the future being radically changed by the impact of the SCI to their spouse/partner.

Having noted the theme of time, I then turned to the literature on this topic and read about time from different perspectives. For example, the work of Charmaz (1991) who focused on the different experiences and perceptions of time during the initial and continued disruptions caused by chronic illness, drew my attention to the notions of elusive time, waiting time, crisis time, unchanging time, dragging and drifting time, and immersion time. In contrast, Brockmeier's (2000) work led me to reflect on the six narrative models (linear, circular, cyclical, spiral, static, and fragmentary) he proposed in relation to what he calls autobiographical time. Equally, I also gained insight from those whose research has focused directly on time and disability, such as, Papadimitriou and Stone's (2011) work on temporal disruption and Seymour's (2002) analysis of disability and the re-embodiment of time.

These perspectives on time are framed by different theoretical interests and positions. For example, the work of Charmaz (1991) is informed by social constructionism whereas that of Papadimitriou and Stone's (2011) draws on the phenomenological philosophy of Martin Heidegger. For Holstein and Gubrium (2013), and Riessman (2008) this eclectic use of theories and concepts from across disciplines is not unusual for narrative researchers in their attempts to analyse how the realities of others are constructed and given meaning. Accordingly, in what follows, I act in the spirit of the researcher-as-bricoleur-theorist who, as Denzin et al. (2018) explained, seeks to move within and between multiple, overlapping and often competing perspectives with a view to producing a complex, quilt-like bricolage constructed or created from a diverse range of theories and concepts.

Having accessed the literature on time, I then returned to the interview transcripts and searched them in a deductive manner to ascertain what *kinds* of time the participants were talking about, when in their stories they experienced such times, and how this shaped their understanding of themselves and others. Given that my analysis contained both inductive and deductive forms of reasoning, it may be viewed as abductive in nature. This said, it is important to acknowledge that I also engaged in an emotional reading and analysis of the interviews where I thought *with* the stories told by the participants. For Frank (2013a, 158) thinking with stories is the basis of narrative ethics and 'means joining with them, allowing one's own thoughts to adopt the story's immanent logic of causality, its temporality, and its narrative tensions . . . . The goal is empathy'. Such empathy is not simply about internalising the feelings of the other but resonating with them and the nuances of their stories.

This mix of inductive, deductive and emotional reasoning led to a consideration of how to represent the lives of my participants to the reader in relation to their experiences of time. Here, I faced the dilemma articulated by Frank (2013b) of how best to sustain the tensions between dialogue (speaking with) and analysis (speaking about) in ways that do not finalise the lives of my participants but respects their capacity to revise their stories and self-understanding as part of a process of continuing change. To sustain these tensions coupled with a commitment to unfinalisability, I opted for a realist tale as described by King (2016) and Sparkes (2002). This kind of telling, they pointed out, can connect theory to data in ways that create space for participant voices to be heard within a coherent data-rich text, with specific points in mind, so as to provide an engaging, complex, and nuanced depiction of a social world that is presented with ethical care. Such tales can evoke responses from readers and help them to resonate with the stories being told.

Consistent with a core convention of the realist tale, my intention is to share the participants' point of view by including extensive quotations from them about their experiences of time. This strategy also serves to achieve one of the purposes of narrative analysis that, according to Frank (2013b, 36), is to 'bring diffuse voices into contact with each other, enabling each voice to be heard alongside other voices that expressed similar experiences, thus giving shape to what could become a dialogue'. In doing this, as the maker of the quilt, I acknowledge my orchestration of their words and my choice of concepts as I weave them together in ways that support my current interpretations. I therefore reject claims to interpretive omnipotence that characterises many realist tales and acknowledge that my interpretations, as second-order acts of narrative representation, are just that, current, provisional, tentative and open to different analyses that can expand the dialogue. As Frank reminded us, narrative analysis has no interest in presenting itself as the 'last word' and that one measure of its goodness is the opening it creates for further representations.

Finally, in terms of the ethics of representation, I felt that trying to include the voices of all my participants in this article would not allow me to provide the rich description required to do justice to their nuanced experiences of time and enable the reader to resonate with them as rounded individuals leading complex lives. Such rich description is also necessary to assist readers in making naturalistic generalisations to other cases involving SCI and different traumatic injuries (Smith 2018; Sparkes and Smith 2014). In view of these concerns, I have opted, on this occasion, to focus on the stories of Laura, Hayley and Rebecca as their experiences were framed by contrasting sets of circumstance that highlighted how the different types of time identified in my literature review played out in shaping their experiences. Furthermore, their stories most vividly crystallised the temporal disruption instigated by the SCI to their spouse/partner that were echoed in various ways by the other participants interviewed in the study.

My choice to focus on these three women was also made because the powerful metaphors and images they used in telling their stories evoked a strong emotional response in me as a white, heterosexual, cisgender man who currently self-identifies as non-disabled and who, in my younger days, played rugby football union to a high level before a spinal injury prematurely terminated my career. As a researcher-listener positioned as such, I resonated with their tellings as they drew me into imagining the impact on my own partner and children had I become disabled due to a SCI received whilst playing rugby in my earlier years. This is not to say that the stories told by the other participants did not impact on me because they most certainly did, and their voices will be included in future work as appropriate.

The participants

Rebecca: Partner of James for 6 months and 23 years of age when his SCI happened. Negotiated reduced work commitments to support James during acute and rehabilitation phases then returned to work full-time. They currently live apart but see each other now as close companions and regularly spend time together. James' SCI occurred at the cervical level (C4, complete) which is classed as one of the most severe types of injury causing paralysis below the neck in arms, hands, trunk and legs. He requires complete assistance with activities of daily living, such as eating, dressing, bathing, and getting in or out of bed but is able to use a powered wheelchair with special controls to move around on his own.

Hayley: Married to Peter, aged 38 and mother to a teenage son and two older children in full-time employment when he suffered his SCI. Hayley was in full employment pre-SCI but took paid leave from work post-SCI to support Peter during the acute and rehabilitation phases of his recovery and to learn how to administer care to him on his return home. Maintained carer role before returning to full-time employment. A year after his return to the home and community, Hayley and Peter separated. Peter's SCI occurred at the cervical level (C4, complete) and the consequences are the same as for James described above.

Laura: Married to Harry, aged 35 and mother to Lucy who was 5 years old when Harry suffered his SCI. Was in full employment pre-SCI and continued to be so post-SCI. Laura and Harry remain married. Harry's SCI is at the cervical level (C6) and is incomplete. While this typically means paralysis in the hands, trunk and legs for people with an incomplete SCI, he retains some degree of muscle movement and sensation. Harry does not require full-time carers.

Results

Catapulting into different times and the loss of temporal sovereignty

Like many people, in 'normal' circumstances, Laura, Hayley and Rebecca tended to take time for granted and experience it as linear and/or cyclical. Both these types of time can be disrupted by bodily injury to self or another. As Charmaz (1991, 4) stated, 'disability can catapult people into a separate reality – with its own rules, rhythm, and tempo. Time changes – drastically'. Echoing this view, Laura, Hayley and Rebecca vividly remember the moment they learned their spouse/partner had been hospitalised due to an injury sustained playing rugby. It was *immortalised in time* (Seymour 2002) as a fateful turning point in their lives. Here, in common with the partners interviewed by Angel and Buus (2011, 8), 'Life as it used to be disappeared in a split second'. As Laura stated.

> The second I got the phone call, everything changed … I went from being a wife, to a wife plus carer and decision maker. Everything was on my shoulders, absolutely everything that is shared as a couple. It was basically like your husband dying to start with, as horrible as that sounds … because everything is back on you. You have to make every decision and every decision you have to make alone. You have to decide what is right for the family, what is right for you, what is right for Harry, what is right for your daughter and what you tell the wider family as well. How much do you tell his mum and dad? How much do you tell his sisters and how much do you tell my mum and dad, bearing in mind the age of parents and things like that? So, everything changed.

In the 'second' of the phone call, Laura is propelled into what Charmaz (1991) describes as *crisis* time. For her, like Hayley and Rebecca, central to the experience of crisis is being propelled into different temporal orders from the ones she normally lives within. Thus, on entering hospital one moves into what Ring (2009, 11) described as the 'temporal culture of biomedicine' that operates by its own rules, rhythms, and tempos in order to provide the care essential for patient survival. In this medical space, during the acute phase when life-saving procedures are instigated, Hayley, Laura and Rebecca immediately begin to experience *ruptured* time. Drawing on Seymour (2002), this refers to the disruption of time as the reality of their spouse's/partner's bodily frailty, vulnerability, and finitude confronts the previously taken-for-granted manner in which life was storied with them as part of a shared future. As Rebecca stated, 'The first two weeks, I just remember being horrendous. I couldn't eat. I felt sick all the time. We were constantly worried that he was going to die because he was on a ventilator and it was all touch and go with his breathing and things'.

Alongside ruptured time, Hayley, Laura and Rebecca also began to experience the prolonged uncertainty and anxiety of *waiting time* (Charmaz 1991) regarding their desire for a prognosis. Often the hospital doctors were cautious about giving a prognosis in the acute phase as much depended on the progress made during the rehabilitation phase. Waiting time, therefore, is intimately linked to *biological time* in terms of how the material body responds to various medical interventions and therapeutic regimes used during the acute and rehabilitation phases of SCI recovery.

The combined impact of crisis, ruptured, waiting time and biological time, over which they had little or no control, meant that Hayley, Laura and Rebecca found it difficult to determine their own individual and collective daily rhythms when confronted with the externally determined orders of time within the hospital and rehabilitation settings. As such, they lacked what Larson and Zemke (2003, 82) described as *temporal sovereignty* which involves the ability to recover one's own time from externally imposed orders of time so as to determine 'the position and sequence of obligatory and leisure activities within the individual and collective rhythms'. This lack of temporal sovereignty also informed a sense of existential disruption in their lives regarding their relationship with previously routinised, daily, and taken-for-granted temporal structures. Such a disruption, for example, challenged Rebecca's notion of herself as a young professional woman able to organise and make efficient use of time in both her work and social life. Faced with such a challenge, coupled with her feelings of lacking control over time due to the SCI to James, Rebecca reacted as follows.

> I started getting obsessed about exercise because I suppose it was my way of coping. I lost a lot of weight because the only thing I could control I guess was my weight. So, I used to weigh myself all the time and constantly try and control that. So, it did take its toll massively on my health … It made me feel better, but it made other people worry about me. My family were concerned but at the same time it made me feel good. Like when James came out of rehab and life felt a bit more normal, I had got control of it a little again. I was never anorexically thin or dangerously under-weight, but you can tell by looking at the pictures then and now that there is a big difference.

In contrast, having identities as both a worker *and a mother* of a 5-year-old daughter, Laura had a different experience of reduced temporal sovereignty. Reflecting on the 'good mother' discourse, Johnson, Russell, and Peralta (2021) noted that it has many characteristics, such as, taking on the nurturing role in the family, being aware of the needs of her family, and always placing the needs of the family before her own. In relation to this, Spotswood, Nobles, and Armstrong (2021) pointed out that one of the key temporal features conditioning the everyday experience of mothering involves a collective temporal disposition about 'proper' or 'good' mothering that leads some practices to be prioritised over others when competition for time occurs. Despite the time Laura had to commit to travelling to visit Harry in hospital and then in rehabilitation, the overarching temporal disposition of 'being present to care' played out in her efforts to maintain her identity as a 'good' mother by organising time in such a way that daily life would appear 'normal' to Lucy. This involved skilfully synchronising work time, school time, family time and visiting Harry time. When asked why she chose to do this, she responded: 'To keep normality, I think. It was, get up, take Lucy to school, go to work, all the normal things we were doing before. To try and keep it as normal as possible'. On reflection, Laura added.

> It was a false sense of security I suppose. By me trying to keep it normal that was my way of dealing with it. Thinking that if I keep it normal it will be normal. So, I don't know. I honestly don't know

Thus, for Laura, to help her cope with a loss of temporal sovereignty as well as being a 'good mother' to Lucy in terms of the dominant discourse surrounding this role (Rock 2007), entailed a temporal disposition to keep things 'normal' as defined by her in the circumstances. The huge psychological and physical investment this required was not only tiring and stressful for Laura, but also excluded the option open to Rebecca of engaging in leisure time physical activity. As Spotswood, Nobles, and Armstrong (2021) pointed out, this exclusion is not an unusual feature in the lives of mothers, but clearly, for Laura the impact of Harry's SCI intensified the dilemmas involved when different temporal frameworks competed with each other.

Static time

Intermingling with the types of time named above, Laura, Rebecca and Hayley, also reported experiencing *static time*. For Brockmeier (2000) such time can envelope people when their lives revolve around one central, usually catastrophic event that dominates their experience and is filled with irresolvable contradictions and conflicts. In these circumstances, he noted the occurrence of metaphors, such as, 'it was if my watch stopped', or 'frozen in time'. In relation to this, Angel and Buus (2011, 4) stated that for the partners of those injured by SCI in their study, 'their world stood still'.

Laura, Rebecca, and Hayley spoke of 'losing track of time', being on 'autopilot' or in 'zombie' mode during the acute phase of hospitalisation. Here their bodies operated mechanically, unthinkingly and reactively to events with little conscious awareness of time which seemed to collapse in on them in a situation beyond their control. Significantly, static time was also experienced in the rehabilitation stage as Rebecca pointed out.

> I had time off work from sort of stress and I suppose depression and things, but I was quite fortunate that they (employer) let me go down to three days a week. So, I used to go to work on a Monday and Tuesday. I went to X (rehabilitation centre) on a Wednesday and looked after him all day and then I went to work on a Thursday. I went to X on a Friday and spent the whole day there again, and then pretty much the weekends I would be down at X. Sometimes I stayed down in X and sometimes I was driving up and down the motorway. So, I was just in a kind of zombie mode. Like I was just 'keep functioning, keep going', but I really wasn't doing anything else.

Static time can also be experienced beyond the acute and rehabilitation periods when the SCI person returns to the home and community. As Laura stated.

> I don't really know how I coped. I just did … It was like I was on autopilot. It was like I was somebody else, it wasn't me … I think for two and a half years I was probably on autopilot, just getting stuff done, getting up and

> going to work and getting Lucy to school . . . making sure she had a normal life and that she still played her sport, I ferried her around everywhere while still making sure that Harry was alright . . . I don't know, I must just have been on autopilot.

Being in zombie mode or working on autopilot in combination with experiencing crisis, ruptured and waiting time, has significant implications for physical and mental wellbeing. In addition, as indicated in Laura's comment above, where she devotes herself to providing a 'normal' life for her daughter as well as looking after Harry, self-less time also comes into play.

Self-Less time

According to Angel and Buus (2011) during the acute phase following SCI the partner almost forgets about themselves, their own needs and their self-care. For them, deep seated feelings of compassion can often 'completely deactivate the healthy partner's sense of self-awareness and can severely affect their concern for their own well-being' (p. 8). Ironically, therefore, as Dickson et al. (2010) noted, in attempting to improve the injured person's quality of life, the caregiver's own quality of life can often deteriorate. For Rebecca, Hayley and Laura this may be classed as *self-less time* where the needs of others are consistently prioritised over their own. For example, speaking about the acute and rehabilitation stages, Hayley commented.

> My main concern was for Peter . . . I tried to focus on what I thought would be best for him. I wasn't really thinking about what it was going to be for me. I was thinking about it more from his point of view, what he was thinking, and that we had to make him know that everything was going to be OK.

Likewise, Rebecca offers the following reflection about herself during these two stages and the consequences of living in self-less time.

> Looking back, that is something I should have done more of, take time out for myself and just forget, because for all this time you always put James first as obviously his needs are so much more than yours. But then you realise that you have kind of given up your own life for that . . . So, I would not see my friends. I would not want to socialise with people because they didn't understand the situation, they couldn't sympathise.

In her comment above, Rebecca suggests that being immersed in self-less time excludes the possibility of having time for oneself. Thus, there is no time for self-compassion that among other things, according to Neff (2011), includes being kind and understanding to oneself when suffering occurs through no fault of one's own and when the external circumstances of life are simply hard to bear. This absence can be accentuated when self-less time also involves having to meet the emotional needs of other family members in relation to the impact of SCI on their lives. This, along with its consequences are hinted at in Hayley's comment below.

> When I look back now, I can see that I did try and keep everybody else's spirits up as well as his, and I think eventually that was what my downfall was . . . I used to try and say to his mum and dad if they were in a tearful mood, 'Don't worry about him'. I did feel as if I did try and hold everybody together really. But inside it was killing me because I felt as if every time that I looked at him, I had lost him. I felt I was being a wife and a widow simultaneously because I had lost a big part of him . . . I think everybody just thought, 'Well, Hayley's there so everything is fine', and they just got on with their lives . . . I think I took a lot of pressure off other people.

The emotional and physical cost of living in self-less time with a consequent lack of time for self-compassion took a heavy toll on Hayley. This was especially so given that she had taken a year off work to devote herself to supporting Peter post-SCI as part of a major identity transition from that of a spouse to a full-time carer. Making this transition involved spending a great deal of time and effort learning from hospital and rehabilitation staff about how to attend to Peter's care by herself so that he could return home ahead of schedule.

> I think that the initial period of going into hospital and learning how to do his care so that he could come home sooner than he was supposed to, doing all that and taking all that responsibility on, I think in the end that got to

> me. It became too much . . . Every day when I got up, I was dressing him, and I was getting up in the night and doing bladder washes and changing catheters and doing his bowel management. I used to do everything. Then I would get him comfortable at night and then I would go upstairs [to her room], and then we had a baby monitor so we could speak to each other. That was how we said goodnight for the last time before we went to sleep, and I would just sob . . . I put an awful lot of pressure on myself. On the days that I felt I couldn't cope, I felt guilty.

Even when she returned to work and full-time carers took over her role, Hayley still ended her days sobbing and missing what she and Peter had lost due to his SCI. Following conversations with Peter about her struggling to cope, Hayley eventually admitted to herself, 'I can't do this anymore. I'm going to have to bite the bullet and admit it'. After 22 years of marriage, Hayley bit the existential bullet. She relinquished her identities as a spouse and carer by separating from Peter: 'We are still good friends, and we get together as a family. Me and X (name of partner) have been over to his house, and he has come here. It is great for the kids . . . In the end it has worked out well in that sense'.

Reconceptualising future time

As rehabilitation proceeds, Angel and Buus (2011) noted that permanent alienations and losses became manifest as a picture of future life begins to emerge post-SCI. Developing this future picture or narrative map as a means of giving meaning to lives in relation to linear time, the classical time modalities of past, present, and future become intertwined in the telling and sense making process. As Brockmeier (2000) pointed out, in relating temporally distinct events and places there is a continual back-and-forth movement between the past and the present that furthermore relates to the future.

In temporal terms, according to Papadimitriou and Stone (2011), given that Hayley, Laura and Rebecca, lacked any experience of having a disabled spouse/partner the SCI event resulted in them becoming disconnected from their pasts, that is, their 'having been'. As Laura stated, 'when they said to me that Harry was a tetraplegic, I had never heard of that in my life . . . I didn't understand disability until three years ago'. In such a situation, Papadimitriou and Stone suggested that the 'reservoir of possibilities that, until recently informed their understanding of themselves and where they were going, is dramatically disconnected from their present situation and may even seem to mock them in their attempts to envision a future' (p. 2127).

Despite being immersed in self-less time, thoughts of a future post-SCI began to be considered by Hayley, Laura and Rebecca. As Hayley remembers on first entering the rehabilitation unit, 'the first thing that hit me when I walked in there were the hoists and wheelchairs and all this apparatus. I remember thinking that it was surreal, that this was going to be a part of our life from now on.' This 'from now on' included a recognition of the impact of Peter's disability on their lives that disconnected her in linear time with the narrative map she shared with him of their future. Hayley stated:

> It (life) was just going along quite nicely really. We had had the children when we were young, so I was still in my 30s, Peter was in his early 40s. The children were all in their late teens and we had started to get some sort of life back of our own because they were getting independent. We had a holiday in the February, the first time we had actually been away without the kids . . . We thought we are still young enough to really enjoy life to the full . . . I had got a career, Peter had just been promoted . . . The following December, Peter had his injury and then the rug was pulled from underneath us and everything changed. Everything was just turned upside down really.

Hayley's comment above hints at the perceived lack of access to tangible future possibilities noted by Papadimitriou and Stone (2011) as the consequences of the SCI are realised. Her, comment also reveals how the 'temporal synchronicity' (Thomas and Bailey 2009) of her future life with its shared temporal markers involving Peter becomes disrupted following his SCI. This process is also displayed in the following comment by Rebecca.

> We had talked about moving in together and we had talked about having children and getting married . . . We were essentially young professionals hoping to rent a property together and then build a future. The accident takes all that hope away. The sad thing as well is that's all I'd ever wanted in life, a family and just like a normal 2.4 children, house, car, normal life and that is then literally just gone. I think you almost grieve what you have lost even though you never had it . . . It was very hard when friends used to talk about their relationships and when people start getting engaged and having babies. It is still a bit of a knife to the heart really because it is not something I have got, and it would have been.

Significantly, with regard to the possibility of temporal synchronicity in the future, Laura reflected on how the trajectories of linear time and biological time become disrupted in terms of perceptions regarding the ageing body and how this impacted on her relationship with Harry. In short, SCI and its consequences had prematurely 'aged' his body while hers had remained at her appropriate biological age and would change accordingly over linear time in the future.

> I have tried to explain to him, I've got to learn 50 years in five minutes. He has got the chance to watch me grow old and get saggy bits and wrinkly bits whereas for me he has instantly gone from 40 to 80 . . . He has got the clawed hands and the way he touches, isn't the same. So, I have said to him that it is hard because you have skipped ahead for me 40 years. I am still the same person, so I still look the same, feel the same. You're different and it is hard, but I don't think anybody can help you with that. I think that is just something you have got to get over in your own mind.

Laura's comment above brings Harry's changed and changing body along with its capacities to the fore in terms of its impact on certain aspects of her life. As for Rebecca and Hayley, this has implications for the re-embodiment of *intimate time*.

The re-embodiment of intimate time

Thoughts about what their spouses/partners SCI would mean for intimate relationships and how they would deal with this occurred to Hayley, Rebecca and Laura during both the acute and rehabilitation stages. As Hayley recalled.

> I just remember thinking that we were very tactile. We always sat together at night. I always had my legs draped over him and he'd be stroking my leg while we were watching telly. We had always been very close in that way. If I had a headache, he would stoke my hair. I just remember thinking: 'What is it going to be like?'

Rebecca also noted how she missed and still misses being touched by James and how his SCI changed the notion of herself as an active sexual being

> Like my girlfriends have kind of joked, you become a-sexual almost. It just changes. For a long time, it was something I couldn't have so I never think about it now. I suppose you just get used to the fact that your intimate life is not the same. It is very sad. You miss cuddles and hugs and someone just touching you or giving you a little kiss. Because although James can kiss, he can't put his arms around me . . . I miss him giving me a hug more than I miss sex or anything like that really . . . Nothing like that happens anymore so it completely changes everything . . . It is the kind of comforting stuff, whereas with sex, I always used to say to myself: 'Well, most couples end up basically being companions anyway because old people don't have sex'.

As part of her rationalisation above for the present situation, it is interesting how Rebecca's draws on her narrative map of the future in which she sees ageing bodies as becoming less sexually active over time as they move towards platonic companionship. Significantly, other issues also shaped how Rebecca had to reimagine intimate time with James which related to others necessarily intruding into their intimate time and space. As Rebecca put it.

> Realistically, if James and I were to be a couple, the only person whose life changes massively is mine . . . If I lived here (adapted house of James) I would have to cope with having a live-in carer 24/7, and I would have to cope with sharing a bed with somebody and then someone comes in to do his bowels, you know, all these sorts of things that nobody else would have.

Hayley also expressed frustration at the lack of privacy afforded to her and Peter with 'three or four different people coming through your house every day doing his care . . . That was hard to take and cope with'. Such thoughts were echoed by the spouses in the study by Dickson et al. (2011) who felt that the necessary use of paid caregivers post-SCI meant that 'nothing is private anymore'. In contrast, Laura did not have the intrusion of paid carers into her home to contend with. Her challenge, three years post-SCI, was how to re-embody intimate time with Harry. This is especially so in relation to the sense of touch.

> It requires more effort. You've just got to try and start again basically. Start from scratch and learn what you like and what you don't like, and what he likes and what he doesn't like and what works and what doesn't work ... I didn't sit there and write a list (laughs). I thought about it, but I didn't: 'And he can do this, this and this' (laughs). It doesn't work like that. You just have to learn. And because Harry doesn't have a lot of feeling in his hands he doesn't know if he is pressing too hard or too soft, you know, it is all little things like that. He doesn't realise if he has got a bit of nail that is sticking out of the side that he can't see but I can feel ... You have to be blunt basically which can be quite hurtful sometimes. You have got to be blunt but be careful how blunt you are because you don't want to hurt someone's feelings.

As part of the process of re-embodying intimate time with Harry, Laura acknowledged that this means undertaking the difficult identity transition required of her from that of carer back to spouse.

> It's still an ongoing issue. As I said, because I am having trouble swapping back from the carer to the wife, it is coming slowly but it is taking a lot longer than I thought it probably would because I tend to be more of a carer than a wife and I will admit that. I tend to worry more that he is okay, that he has had something to eat, not mother him, that is the wrong word but nurse him basically and he doesn't really need that anymore. What he needs now is his wife back and he needs the carer to step back and he needs his wife to come back. That is now what I am trying to do ... We are only starting to do that now, three years in. It takes a long time. You go from being a wife to a carer quickly, in an instant, and then it takes a lot longer to go from a carer to a wife, it is very hard going back the other way ... You can't swap that quickly. I think personally it takes time to learn to integrate the two.

Transitioning between the identities of carer and spouse or maintaining a balance between the two, as Laura points out is a difficult and profoundly embodied process that takes time with no definite endpoint. Her view is confirmed by other women who have found themselves in similar situations (Angel and Buus 2011; Dickson et al. 2010, 2011; Jeyathevan et al. 2019). For some, like Hayley, this transition from carer back to spouse is not possible and can lead to the break-up of the relationship.

Reflections and recommendations

Just as those who suffer a disabling SCI though sport become what Frank (2013a) describes as wounded storytellers, as the comments from Laura, Hayley and Rebecca illustrate, so do their spouses and partners. As wounded storytellers they encountered similar psychosocial and physical challenges *over* time to other spouses/partners reported in the literature following a SCI to a family member as discussed in the introduction to this article. This said, it is important to acknowledge that these encounters and challenges might be influenced, and in some ways perhaps intensified, by their spouses/partners being involved in the contact sport of rugby football union. In such sports, as Wellard (2009, 46) noted, a version of hegemonic masculinity that he calls 'expected sporting masculinity' prevails which is expressed via bodily displays of aggressiveness, competitiveness, power and assertiveness along with the subordination of competing forms of masculinity as well as femininity. As the work of Sparkes and Smith (2002) has shown, investment in this form of masculinity especially when coupled with a strong athletic identity, can create specific dilemmas for male rugby players when both these identities are threatened by SCI and acquired disability. These dilemmas may to be different to men not involved in sport who sustained their SCI due to, for example, a road accident, and so might impact differently on the ways that their spouses/partners experience time. Despite these potential differences, which need to be researched further in the future, it is important to emphasise that the originality of the current study is precisely because it illuminates how the lived experiences of spouses/partners of SCI sportsmen are not only shaped over time but also *in*, *by* and *through* different temporal frameworks.

The comments by Laura, Hayley and Rebecca reveal that various types of time rarely work in isolation. As Brockmeier (2000, 56) pointed out, autobiographical narratives are not so much about time but about *times* in that they 'encompass and evoke a number of different forms and orders of time, creating a multi-layered weave of human temporality'. In relation to this, Adam (2004, 143) proposed that we think about temporal relationships in terms of 'timescapes' that, for her, are a 'cluster of temporal features, each implicated in all the others but not necessarily of equal importance in each instance'. Likewise, Freeman (2017, 279) spoke of the multi-dimensionality and multi-directionality of time and argued that 'it may be more appropriate to think of time, in the human realm, in terms of spirals rather than lines; twists and turns and re-turns, rather than strict chronological sequence'. It is important, therefore, to recognise that different temporal frameworks can come and go as well as operate in conjunction with each other. Thus, for example, cyclic time in the form of various repetitive routines can operate for Laura, Hayley and Rebecca whilst they simultaneously exist in static time and self-less time. As such, these temporal frameworks or types (and others) should not be seen as mutually exclusive but relational in how they operate to shape individual experience and influence current and future actions.

In any rethinking of how time operates to shape the experiences of women like Laura, Hayley and Rebecca it is also important to recognise the importance of space and place. Reflecting on the concept of 'timescape', Adam (2004, 143) noted how the notion of 'scape' was important as it indicated, 'first, that time is inseparable from space and matter, and second, that context matters'. This said, Baynham (2015) noted that much narrative work has downplayed the constitutive aspects of space and spatialisation practices in narrative and limited it to a kind of backdrop or stage-setting for the action which unfolds in time. Given that time and space are intimately bound up with each other in any act of narration, he argued that there is a need to focus on the performative dynamics of space/time relations in how stories are told. This view is supported by Schmidt (2018) who distinguished between 'space' as the encompassing volumetric void in which things are positioned, and 'place' which is the immediate environment of the lived body. For him, it is through our bodily interactions with place that we gain an understanding of both subjective time and objective time. Thus, for Laura, Hayley and Rebecca their experiences of different types of time were shaped by the spaces and places they inhabited as events unfolded, such as, intensive care units, hospital wards, rehabilitation centres, the family home, and car journeys up and down motorway to visit their spouse/partner.

With space/place as a backdrop in the current study, the findings revealed the manner in which different temporal frameworks have shaped the experiences of Laura, Hayley and Rebecca. These findings support the view that the SCI to their spouse/partner constituted a major existential-temporal disruption as described by Papadimitriou and Stone (2011) which should be given due consideration by health professionals in any attempt to provide support for those who find themselves in similar circumstances. As they pointed out, this requires focussing not only on the experience of time but also 'on the existential significance of a disrupted temporality and its reconstruction' (p. 2130). For Angel and Buus (2011), as a means of ensuring care for the spouse/partner, this requires a reinterpretation of what it means to be a spouse/partner and examining what is on offer for the non-disabled partner from the professionals. They put forward the possibility that if the non-disabled partner in these severe situations were to be classified as a patient or a potential patient then it might optimise the professional care for the spouses/partners to spinal cord injured patients.

The optimisation of professional care for spouses/partners should not, however be considered in isolation. This is particularly so from a narrative perspective that takes selves and identities to be constituted through narratives, with people doing and performing storied selves and identities within webs of relationality. Thus, narratives need to be conceptualised as both personal and social at the same time. In relation to the dynamics of this process, Frank (2010) emphasised that stories are performative in that they *do* things by acting both for and on the self and *others*. This raises questions about how the individual stories of Laura, Hayley and Rebecca *as women* are shaped by gendered narratives within our culture about what constitutes a 'good' as opposed to a 'bad' female spouse/partner in general, and more specifically a 'good' or 'bad' female spouse/partner of males with a SCI. As suggested by Johnson, Russell, and Peralta (2021), such narratives along with the norms and expectations embedded within them can operate in a regulatory manner by putting pressure on women to act and behave in particular ways that may not always be in their best interests. We therefore need to know more about the narrative resources made available to women who find themselves in such circumstances and especially how different types of time and temporality operate in these narratives to enable or constrain their lives so that the cultural menu or repertoire made available to them is expanded. This suggestion would fit with the advice offered by Dickson et al. (2010) that health care professionals need to centre interventions on the facilitation of the new caregiver 'career' and conception of what this means in different contexts while, at the same time, maintaining caregiver well-being. Indeed, as part of this process we might want to consider the possibility that different temporal frameworks themselves can operate as actors within stories and thereby play an active role in constructing and constraining the range of possibilities for being a 'good' female spouse/partner *and* carer combined.

In keeping with the narrative perspective and its notion of people doing and performing storied selves and identities within webs of relationality, it is important to recognise that whilst there is much we can, and need to learn about how time works in, by and through the stories told by Laura, Hayley and Rebecca, just focusing on them alone is equally as problematic as the previous studies mentioned in the introduction that have focused solely on the experiences of the sportspeople who have suffered the SCI. This is because such an approach focuses specifically on a subsystem within the family (e.g. spouses *or* parents *or* SCI persons). However, in relational terms, the stories told by Laura, Hayley and Rebecca are entangled and interact with those of Harry, Peter and James as well as other family members who themselves draw upon the narrative resources made available to them to make sense of the situation. This view is supported by Karpa et al. (2020, 1) who, in their study of families' experiences of living with acquired brain injury, argued that 'individuals cannot be understood in isolation; rather they need to be understood within the context of the "whole" family unit. Family members interact reciprocally; therefore, family members' perspectives are a result of the interplay between each other'.

Karpa (2021) calls for health professionals involved with acquired brain injury to integrate a narrative methodology along with a family systems approach with a view to supporting a family-centred model of care. A similar case for such an approach could be made for those who experience a SCI in sport and their family members. This said, any approach adopted to support spouses, partners and other family members would need to give due consideration to how the identities and experiences of those involved are mutually shaped and changed in, by, and through different temporal frameworks. Equally, future research into traumatic injuries in sport should consider 'thinking family' and seek to illuminate the lives of the individual and the family together to better understand the relational dynamics for all those involved in such a life-changing event.

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