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**Chronotopic Diffraction: An Analytical Device for Narrative  
Production Methodology applied to ‘Adjustment to Disability’**

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## **Chronotopic Diffraction: An Analytical Device for Narrative Production Methodology applied to ‘Adjustment to Disability’**

This article advances an analytical device in the field of Narrative Production Methodology (NPM) called ‘Chronotopic Diffraction’ (CD) by presenting partial results of an ongoing research project with people who have recently sustained a spinal cord injury. Firstly, the paper discusses the epistemological and ethico-political principles (situated knowledge and diffraction) that frame the emergence of CD. Particularly, I illustrate how the bakhtinian notion of ‘chronotope’ has different meanings that enrich not only these two principles, but also disability studies’ analyses of ‘adjustment to disability’. Secondly, I describe the process of constructing a Narrative through the optics of CD, which takes the form of a diary. Thirdly, I demonstrate how CD allows us to grasp that: (a) Disability and adjustment to it emerge as a liminal chronotope if we let changes in the participants and the researchers’ subjectivities appear in the Narrative. (b) Adjusting to a disability has to do with mal/adjusting to the hegemonic social chronotope over time, and this process also unfolds in the site of Narrative construction itself. (c) Situating power relations between researcher and the participant allows us to be responsible for the phenomena that emerge in our inquiry, and how we transform them.

Keywords: chronotope; diffraction; narrative production; adjustment to disability; dis/ableism.

### **Chronotopic Diffraction in Theory: Epistemological and Ethico-political Foundations**

This article advances Chronotopic Diffraction (CD), an analytical device in the field of Narrative Production Methodology (NPM), by presenting partial results of an ongoing study on what it means to ‘adjust to a disability’ for people who have recently sustained a spinal cord injury (SCI). NPM (Balasch and Montenegro 2003, see this issue for an English translation of the original article) is a qualitative method by which a series of conversational encounters between participant(s) and researcher(s) are narratively textualised by the latter and then discussed and modified in subsequent encounters until

participants reckon that the Narrative adequately accounts for their view on the discussed phenomena. The resulting Narrative is considered a co-authored and situated product of the diffractive articulation between the participant(s) and the researcher(s). Thus, NPM draws on two intertwined epistemological and ethico-political principles: situated knowledge and diffraction (Haraway 1988, 1997). In this section, I discuss how these two principles, when applied to ‘adjustment to disability’, have given rise to CD.

### ***‘Chronotope’ in CD: Situating ‘Adjustment to Disability’ and the Praxis of NPM***

According to NPM, Narratives are not ahistorical outcomes of the research participants’ inner worlds, but *situated* products of embodied connections between partial subject positions occupied by the researcher and the participant. The concept of space-time or ‘chronotope’ (Bakhtin 1981) can contribute to situating both the research topic and the products of NPM in space and time in the following three ways.

First, the chronotope of a text refers to its relationship to its historical context (Holquist 2002). For example, narratives about adjustment to a disability emerged after Second World War (Dembo, Leviton, and Wright 1956). For these authors, injured soldiers would adjust by accepting a ‘personal loss and a social loss’ (33) through changing their personal values (and *not society’s*). During the 1990s and early 2000s, Anglo-Saxon Disability Studies problematised adjustment by arguing that it is deeply rooted in the medical model of disability, so it obscures the possibility of challenging systemic disablism and ableism (Munger 2011; Reeve 2000). The research presented here is ethico-politically akin to this problematisation and aims to take it further by exploring the spatio-temporal dimension of narratives on the advent of an impairment and adjustment itself.

In order to do so, I draw on the second meaning of ‘chronotopes’. According to Holquist (2002), they also refer to a text’ spatial and temporal features that shape its

meanings. Narratives about the advent of an impairment are typically characterised by particular chronotopes. Specifically, previous studies have argued that acquiring an impairment generates an ‘existential-temporal disruption’ (Papadimitriou and Stone 2011, 2122) or a ‘chronotopic disruption’ (Gomersall and Madill 2015, 407). On one hand, this means that the disabled person and those around them start narrating events in terms of before/after impairment (Gomersall and Madill 2015; Guerrero-Arias, Agudelo-Orozco, and Pava-Ripoll 2020; Rothfelder and Thomton 2017), coming to inhabit a ‘ruptured time’ (Gomersall and Madill 2015, 408) or a ‘threshold chronotope’ (Rothfelder and Thomton 2017, 370). On the other hand, the subject appears to be ‘out of sync’ (368) with the hegemonic chronotope. Chronotopic disruption resonates with the concept of liminality, which describes the disruptive experience of *spatially* crossing a threshold and of being *about to become* something else (Stenner 2013). Several authors (Murphy et al. 1988; Willett and Deegan 2001) have claimed that disabled people are required to *continuously* adjust to their liminal (i. e. ambivalent and paradoxical) position in several social binarisms (e.g. healthy/sick, inclusion/exclusion, male/female). In the same vein, chronotopic disruption is said to require that disabled people enact *adjustments* or ‘strategies for coping’ (Thompson et al. 2019, 14) with new ways of occupying space and time. The concept of liminality allows us to problematise in what ways these spatial and temporal adjustments may be paradoxical or ambivalent. By combining this chronotopic line of work with disability studies’ problematisation of adjustment, I do not assume that the disabled subject’s only option is ‘coping with occupying a liminal space-time’, but instead consider critically ‘maladjusting’ to it an option.

Thus, adjustment to a liminal space-time should not be understood as a static outcome, but as a contested process that is permanently being performed, *also* during and throughout the Narrative construction sessions. In this sense, I invoke a third meaning of

‘chronotopes’. Namely, they involve studying the relationship between a text and its times (Holquist, 2002, 111). This does not only refer to historical times, but also the ‘micro’ space-times of its production.

Accounting for the processual nature of adjustment and maladjustment (or, for that matter, any other processual research topic) invites us to introduce CD as an analytical device. In NPM each Narrative is typically constructed through several cycles of ‘textualisation’ (Balasch and Montenegro 2003, 45) and revision. Previous studies have acknowledged that changes in the subjectivities of the researcher and the participant occur *in* the space-time of these cycles. However, since the final text does not incorporate such changes, they become the ‘hidden face’ of the research (García-Fernández and Montenegro 2014, 76). Moreover, if we consider the NPM epistemological insistence on exploring the Narrative’s embodied foundations (Pujol-Tarrés, Montenegro, and Balasch 2003), we must also explore how bodily phenomena taking place in the space-time in which we use NPM may entail changes in the ‘adjustment’ process. CD aims to fill this gap by bringing this ‘hidden face’ to the fore. In the following subsection, we explore how all these potentially veiled transformations relate to the principle of diffraction.

### ***‘Diffraction’ in CD: Articulating the Participant, the Researcher and the Audience in an Intersectional Space-time***

Diffraction aims to transcend reflexivity as an optical metaphor for knowledge production because the latter assumes that researchers can see themselves and others transparently (Haraway 1997, 33). In contrast, seeking diffraction implies acknowledging that Narratives do not *reflect* a ‘strong’ narrating subject, but constitute the materialisation of ‘interference patterns’ (Haraway 1997, 16) resulting from partial connections between the researcher, the informant and the audience of the text (Balasch and Montenegro 2003). Following Pujol-Tarrés (1999), the condition of possibility for interpreting a text is the

space-time that opens up *between* its author and its audience. Note that the audience can be the very same informant who has co-constructed the text with the researcher if they read it in a different chronotope, after the researcher has textualised a previous encounter. As García-Fernández and Montenegro (2014, 75) put it, ‘reading one’s own story in the first person and with the linguistic resources of another produces an effect of estrangement’. CD does not seek that participants see their past selves transparently through reflexivity. Conversely, CD aims to capture the patterns of interference induced by this estrangement or ‘space-time in between’ chronotopes.

NPM acknowledges that diffraction stems from the fact that the researcher and the participant occupy different partial subject positions in axes of social differentiation such as dis/ability, gender, age, class or ethnicity (Gandarias-Goikoetxea 2014). As Gomersall and Madill (2015) point out, ‘chronotope generally, and chronotope disruption specifically, can be a gendered phenomenon’ (413), for *doing gender* in space-time may be difficult for now-disabled people. If dis/ability destabilises gender and other normative expectations, we cannot understand intersectionality in terms of ‘how do people who are *women* and *disabled* experience adjustment’, but as a performative process that deploys in space-time. Thus, CD can complicate our understanding of subject *positions* and intersectionality, leading us to think of them as spatial-temporal phenomena.

### **Chronotopic Diffraction in Practice: The Diary as a Tool for CD**

CD takes the form of a diary in which each session of Narrative construction materialises as an entry. The results of the activity that takes place over different sessions are not overwritten but are used as a stimulus for diffraction in subsequent sessions.

As for the participants, I used theoretical sampling (Mejía-Navarrete 2000). Critical variables were gender, SCI type (traumatic or non-traumatic), time since injury and age (>18). Participants have been recruited from a reference rehabilitation hospital<sup>1</sup> in

Spain and have signed an Informed Consent Document. At this stage of the research, there are six participants. However, since the purpose of this paper is to illustrate what kind of ‘diffractions’ on ‘adjustment’ can CD offer, this paper only contains extracts from three participants’ Narratives. They have been discharged from hospital between December 2019 and September 2020. Each one has chosen whether to use their real name, a pseudonym or a generic identifier:

- *Josep Maria*. A 66-year-old man with a non-traumatic paraplegia who has returned to his usual owned flat in a big city.
- *Sue*. A 42-year-old woman with a traumatic paraplegia who has returned to her usual rented flat in a city in the metropolitan area of a big city.
- *Participant 6*. A 50-year-old woman with a non-traumatic paraplegia who is currently living in her usual rented flat in a big city, and is expecting to move to a more accessible flat.

The procedure of Narrative construction/analysis carried out with each participant was:

- (1) *First semi-structured interview*. Each interview took about 20–120 minutes. Some interviews took place in person, and some were carried out virtually because of COVID-related restrictions. Remarkably, while in this paper I am only presenting partial results regarding CD, shadow ethnography (Jirón and Iturra 2014) is also a part of my study’s methodological toolkit. Where previous ethnographic observation was possible during in-person encounters, it stimulated some questions during the Narrative production encounters exploring the participant’s view on my observations. Also, in-person interviews allowed me to grasp relevant temporal-spatial features of their environment. However, virtual interviews did not prevent spatial information from emerging (for example, one participant gave

me a virtual house tour). The interview outline explored: (a) Important events that help to understand who the participant is today. (b) Rehabilitation hospital experience. (c) The transition hospital/community and beyond. (d) Outlook on the future. (e) Additional comments. Also, in order to minimise the inherent hierarchy in the interview scheme and to stimulate the conversation, I disclosed some personal experiences (see the third subsection in the findings) that I felt were related to the informants' (García-Fernández and Montenegro 2014). The audio was recorded with the permission of participants to ensure reliability (Izcara-Palacios 2014), and notes were taken in a field diary after the interview.

- (2) *Textualisation of the first diary entry.* Drawing on the recordings, I transcribed the first encounter non-verbatim and built an entry by combining the participants' linguistic resources and my own. During textualisation, I took field notes regarding ambiguous passages or ideas I wanted to explore further in subsequent encounters.
- (3) *Revision.* On average, three days before the subsequent encounter, I sent the first version of the text to each participant and asked them to read it carefully and identify their general thoughts and feelings about it, and if there were any passages they would like to modify, clarify or elaborate on.
- (4) *Subsequent meetings and diary entries.* These took place in person or virtually 1 week–2 months after the first one<sup>2</sup> and were 40–120 minutes long. Each encounter involved: (a) Discussing the topics mentioned in the revision phase and incorporating deletions and 'minor changes' identified by the participant in the last entry. If changes were 'major' additions derived from interacting with the text, the possibility of incorporating these in a new entry was generally accepted. (b) A follow-up semi-structured interview exploring issues identified in previous field

notes, and the following main areas: domestic, social and community life; physical (in)dependence and self-determination, and the future. After this encounter, phases 3 and 4 are repeated cyclically. These cycles are expected to finish by the end of 2022, covering 2–3 years after injury.

What follows is a research narrative based on the effect that articulating with the participants' Narratives has had on my perspective on adjustment (Balasch and Montenegro 2003). After repeated readings of the Narratives with particular attention to spatial and temporal markers (Holquist 2002), I have selected the extracts that best show what aspects of 'adjustment' CD makes visible. This research narrative also includes some aspects that are part of the field notes I recorded after doing interviews, such as descriptions of spaces or accounts of emergent questions as a result of articulating with participants.

### **Diffractional Mal/adjustment to Disability in Space-time**

#### ***Adjustment to a Liminal Chronotope: An Effect of CD***

In this section, I exemplify how the diffractive effect of articulating with a previous diary entry allows us to make visible the liminal chronotope the disabled subjects find themselves in. The second CD session with Participant 6 took place at her flat on September 7, 2020, a few days after her hospital discharge. We were in her living room, the corners of which were full of objects of all kinds: a dressed-up mannequin, several paintings and a lighted mirror struck me the most. Those were all things she would have to *relocate* or *dispose of* to be able to move around in the wheelchair. She was lying on the sofa, I had grabbed a chair and sat in front of it. The sofa had *just* become her bed, since she could not access her bedroom anymore. Nor her shower: during the rehabilitation session that day, I had observed how she told the doctor she had to wash her hair in the

kitchen, with a washbowl. The doctor had commented wryly: 'Just like cats do'. During the NPM session, she observed as follows regarding her previous diary entry:

One of the things I have read in the narrative that has changed over time is that *a month ago* I had the illusion that I would be able to take a few steps into the shower. *Today* I can't take those steps and *maybe I never will*. (...) [S]ince I can't get into it, we're going to *move*. (...) In the hospital, they insist a lot on the fact that it takes a *long time*, that it's very *slow*. But you *never* know. *At the pace I was going, I thought it would take a month, but today I see it's going to take longer*. So, because I know other cases from the hospital, and the *progress* I have made in these four months [there], I want to see the progress I make by *Christmas time*. But I am giving myself a *year to give myself more time* (...) Since this happened to me, *I have no future. No future projected far ahead*. What I have is the *present*. (...) Because when you're in bed like this, you can't do anything and you're *recovering*, you follow what the doctors and physiotherapists tell you because *you have no choice: you can't go home, you can't go on with your previous life*.

This extract illustrates that the advent of an SCI puts the subject in a liminal or threshold chronotope (Gomersall and Madill 2015; Guerrero-Arias et al. 2020; Rothfelder and Thomton 2017). According to Bakhtinian dialogism (Holquist 2002), every utterance responds to another, whether said or unsaid. If 'life after' the injury is characterised by the absence of future and uncertain waiting, life before was necessarily characterised by the projection into a predictable future, denoting 'chronotopic disruption' (Gomersall and Madill 2015).

*Only as CD* makes it possible to see how Participant 6's experience of time and space has changed over the last month, does the following paradox become visible. On one hand, she finds herself in a *compressed chronotope*: *after* the SCI, the spaces she can use and thus belong to have been reduced, forcing her to move somewhere else. Time is also 'fading' (Gomersall and Madill 2015, 410) and 'condensed' (Thompson et al. 2019, 699) since there is no 'future projected far ahead'. However, hers is also an *ever-expanded*

*chronotope*: healthcare professionals present time as ‘slow’ (Rothfelder and Thomson 2017), and Participant 6’s narrative imposes *ever-postponed* deadlines on an expected but uncertain ‘recovery’. This places the subject in a ‘provisional time’ (Gomersal and Madill 2015, 410) since the permanence of the disabled body over time is doubtful. We can grasp the paradox of the simultaneous compression and expansion of this liminal chronotope if we take into account that ableism is based on the imaginary of ‘curative time’ (Kafer 2013, 28), according to which the disabled body must always be waiting for cure as there is no viable future for it other than its disappearance through recovery.

### ***Mal/adjusting to Chronotope Maladjustment***

In this section, I will show how CD allows us to see how the mal/adjustive *process* outlined above is performatively enacted over space-time, as well as in the space-time of Narrative construction itself. The liminal nature of the chronotope disabled subjects find themselves in also stems from *chronotope maladjustment*, which is the kind of chronotope disruption related to being ‘out of step and out of time with the social life-world of healthy others’ (Gomersall and Madill 2015, 414)<sup>3</sup>. In the following excerpt from the same entry of Participant 6’s Narrative, the following paradox is expressed: although the disabled subject returns to the community after hospital discharge to *integrate* into it, it is only after *getting there* that the body begins to feel *ill* (a position associated with segregated spaces) because it does not *fit* the hegemonic social chronotope, epitomised by the ‘civil servant’:

*Eventually*, you reach a point where you get home, like *today*, when I can go back to my artistic work. (...) Because I’m not a civil servant. If I were, I wouldn’t be able to go back to the office. (...) Because I have to lie down *now*, maybe sleep *for two hours* (...) Now, the only fixed activity I have is going to [the rehabilitation hospital] *in the morning*. (...) *Rehabilitation is our job as patients*. And *afterwards*, you can go back to your activity. (...) Normally, *in my previous life*, I would lie down for fifteen

minutes and continue working. (...) Now there are more important things to do *before* everything else. (...) I have been discharged from [the rehabilitation hospital], but I am *still ill*. I have realised this *at home*. (...) *At home, when you want to do more* [than you do at the hospital], you realise you can't. (...) Whether you are at [the rehabilitation hospital] or not, you have to be taken good care of.

This extract describes the current personal chronotope as an expanded space-time for 'leisure' activities, such as resting, that were impossible *before*. At the same time, it is implicitly characterised by 'fixed schedules' marked by rehabilitation. 'Our' *job* — perhaps also *my job* according to the extract? — is to *rehabilitate and be care recipients*, both typical activities of segregated or private spaces. Only *afterwards* (whatever that means) should the disabled 'go back to their activity'.

Also, built and social space-times are imbued with ableist values (Imrie 1996) that cause chronotope maladjustment as they make it difficult for disabled bodies to move through these space-times safely and independently. This can be seen in the following extract of Sue's narrative, constructed in a bar terrace in her city on March 4, 2020, almost 3 months after her discharge and a few days after her return to work:

[I]t has shocked me that children, for example, in the shopping centre, *cross paths* with you. (...) You realise people don't have a culture of being attentive. A friend of mine even said: 'You could use a crutch so that people (...) are more careful with you', but I refused: '*No, because I have to adapt to it myself. I don't have to do anything for the other person to adapt to me. I have to be the one who adjusts to it, who gets used to turns, people running into me...*'.

In this extract, Sue claims that the subject has to adjust to this 'insecure landscape' (Thompson et al. 2019, 705) that is the hegemonic social chronotope, placing the focus of the problem on the individual and assuming a neutral environment. However, if we articulate this extract with the following one from Josep Maria's Narrative, constructed on October 7, 2020 in a park after a shadow ethnography session, there appear some 'patterns

of interference' between informants and between chronotopes:

*Lately, it has struck me that people are not aware of where they stand. When you get on the subway or the bus and go to your area, you have to tell them this is your area and they should move away. It does not happen automatically (...). At the beginning, maybe because it was the beginning, I saw it differently. I thought that people cooperated a bit more. (...) What's the matter? Do I not exist? Can't a handicapped enter here? (...) They exist. There are many. What happens is that they are not 'expected' (...) Whoever is occupying your space is attacking your right.*

Instead of adjusting to chronotope maladjustment as Sue claimed shortly after being discharged, *over time*, Josep Maria came to examine his position critically and demanded the expansion of the compressed chronotope he had been put in. Thus, CD makes visible that discourses of resistance can arise.

### ***Problematizing Researcher/Participant Power Relations in CD***

Everything participants share during NPM depends not only on theirs, but also on *my* position in space-time as a young, disabled-since-childhood bio woman with an anti-dis/ableist theoretical-political background (García-Santesmases 2014). Despite both parties sharing a position on the dis/ability axis, my impairment has sometimes placed me in a liminal chronotope in the insider/outsider binary (Scott 2013). On the one hand, I have been constructed by some participants as an '*usurper of wheelchair users' space*', as in the following extract from the entry co-constructed with Participant 6 on September 7, 2020, related to the 'disabled parking vignette':

*At least people in wheelchairs [should be given the vignette immediately as they leave the hospital], because you can't just park anywhere (...) The rest, like you, well, you also should get one, but not really, because you walk and you can get out of the car normally.*

On the other hand, my impairment has sometimes threatened my status as a legitimate researcher. For example, before the NPM session that took place with Josep Maria on

October 7, 2020, we had been in conversation with an acquaintance of his during the shadow ethnography. When this person saw me, he referred to us as people who ‘raise other people’s morale’ and noted that ‘he wouldn’t know how to live like that’. Because of my theoretical and political standpoint, I interpret this as an act of affective disablism (Goodley 2014) that casts doubt over disabled people’s ‘*place*’ in the time-space of life. García-Santesmases (2014) points to the need for the researchers to ask themselves what consequences might follow from (not) acting *in response to* oppressive practices in the course of fieldwork. In that scenario, I decided not to invalidate that person’s viewpoint, but I brought up the incident to explore how Josep Maria had interpreted it during the NPM session that took place right after. He commented:

I think I met [my acquaintance] about eight years ago, but (...) *since* I am *like this* he has got *closer* to me than *before*. (...) He may feel he has to keep an eye on me *now*. (...) *As I am talking, I can see that the way he sees me has changed*. For me, it hasn’t changed. Therefore, that’s enough for me.

This extract illustrates how the very analytical device of CD had modified his position in space-time, leading him to understand his subjectivity in terms of before/after the injury<sup>4</sup>. On the other hand, the statement ‘For me, it hasn’t changed. Therefore, that’s enough for me’ addressed an implicit imagined question: ‘Have you found it difficult to *adjust to the potentially painful position of an object of care?*’. Such a psychologising subtext was against my anti-dis/ableist political agenda. Thus, I chose to make explicit that my focus was rather whether changes such as the one that occurred in his relationship with his acquaintance had modified his ability to affect his environment and be affected by it. To do this, I gave a recent example from my own experience where I was in a restaurant with an able-bodied and a disabled friend, and the waiter asked the former if ‘she had taken her *relatives* out that night’, denoting that we were not expected to be her ‘friends’. Josep Maria commented:

How do you distinguish friends from family? You can't. (...) Now I'll ask you a question: who do you think felt worse when this happened, you or your friend? You might think that the disabled person does, but I'm not sure. It's uncomfortable for everyone. Anyway, I understand that there may be things that don't affect you *at first*, but do *over time*. These conversations are fine: you are doing a piece of work for yourself thanks to the knowledge other people can give you. What's more, you also have your own experiences. You have been *different* in this world for *longer* and you have had more experience.

Once again, the story reindividualised the problem and privileged acknowledging the able-bodied subject's discomfort, demonstrating that my intervention as 'the researcher' had not invalidated the participants' view. However, my interlocutor gave credit to my version because I 'have been different in this world for *longer*' although he is an *older man*. This illustrates that not only is intersectionality (and the power relations that derive from it) a *topic phenomenon* (one related to one's position in the gender, age and dis/ability axes), but a *chronotopic* one, where the time you have spent occupying a position may alter the expected power dynamics.

### **Final Thoughts**

In this article, I have addressed how CD expands our understanding of the epistemological, ethical and political foundations of NPM in general, and the chronotopic dimension of adjustment to disability in particular.

As for epistemology, using chronotopes as an epistemological and analytical lens expands the project of a process-oriented psychology (Brown and Stenner 2009). By showing that the liminal and thus paradoxical status of disability only becomes visible if our research techniques capture *processes of mal/adjustment* that occur inside and outside fieldwork, I have attempted to ground the claim that phenomena are not *in the researcher* nor in the participant, but in the liminal space-time that NPM opens between them. This liminal

space-time is governed by dynamic power relations between the partial subject *chronotopes* (not just *positions*) of the participant, the researcher and the audience of their narratives.

Regarding ethical and political issues, Haraway claims that 'Diffraction is an optical metaphor for the effort to make a difference in the world' (1997, 16). It could be argued that, when dealing with the liminal chronotope of disability, characterised by provisionality and futurelessness, it is inherently politically subversive to clash the newly disabled participants' narratives (which often rely on an ableist register as they have not had the *time and space* to problematise it) with the anti-dis/ableist narratives to create 'interference patterns' that make space for a different world. However, acknowledging power relations between different subject chronotopes leads us to the following ethical-political dilemma. When are we engaging in an epistemically violent power exercise: when we leave oppressive discourses unquestioned for the sake of producing 'authentic' knowledge, or when we assume that any subaltern subject evoking oppressive discourses is alienated and we *should* challenge their position? If, as I have claimed, every utterance by the participant responds to a set of previous utterances, including those of the researcher (Balasch and Montenegro 2003), it is impossible to access a supposedly 'pure position' on any topic (e. g. adjustment to a disability). What follows is that researchers have to be *responsible* for their effects on their research products, and this requires situating the space-time from which they speak. Of course, the particular effects this research will have are unknowable in advance, but I hope it will contribute to challenging ableism's single narrative on disability adjustment.

## Notes

1. The Ethics Committee on Animal and Human Experimentation of [Institution name] has approved this project (no. CEEAH 4732).
2. NPM was suspended between March – June 2020 because most participants expressed their will to stop during the lockdown. In order to get back in contact with them and to experiment with the virtual format, we decided to conduct short weekly interviews during June and July 2020, and to space the meetings afterwards.
3. Elsewhere (Sanmiquel-Molinero, forthcoming), I have developed a more detailed analysis of chronotopic disruption and SCI. There, I have referred to the ‘before/after injury’ rupture as ‘diachronotopic disruption’, and I have termed what I here call ‘chronotope maladjustment’ as ‘synchronotopic disruption’.
4. During one of the last Narrative construction sessions I undertook with this participant in 2022, he commented that, after rereading the narrative, he no longer thought that the turning point of his relationship with his acquaintance was the advent of impairment. Rather, it was that the latter had retired, and thus had more time to socialise. This illustrates how CD captures the situatedness of the interactions that result in a Narrative, as well as its dynamism as participants revisit their stories.

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