

Article

Hypodiegetic Witnessing and Relational Knowledge of Schizophrenia in Dominique Laporte's *Mon Fils, schizophrène* and Josie Méndez-Negrete's *A Life on Hold*

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Abstract

This article argues that parental memoirs of schizophrenia are fruitful sites for producing relational knowledge, a form of understanding that emerges through interactions among care recipients, caregivers, and clinicians rather than residing in any single epistemic agent. It analyzes Dominique Laporte's *Mon fils, schizophrène* and Josie Méndez-Negrete's *A Life on Hold* as parental memoirs that narrativize knowledge about schizophrenia that often remain absent from clinical accounts. Building on the notions of narrative multiplicity and epistemic justice, the article shows how these memoirs redistribute epistemic authority across perspectives (psychiatrists', caregivers', and care recipients'). The article situates Laporte's text as a testimonial memoir and Méndez-Negrete's as an autoethnographic memoir, highlighting how both construct knowledge through caregiving. To account for their narrative strategies, it introduces the concept of hypodiegetic witnessing, which draws on Arthur Frank's concept of witnessing and Mieke Bal's theory of hypodiegetic narrative. Through storytelling practices such as pláticas, cuentos, intertextual references, and embedded stories, these memoirs mediate psychotic experience without claiming direct access to it. Rather than merely representing caregiving, parental memoirs generate and circulate relational knowledge, contributing to more epistemically just and polyphonic understandings of schizophrenia and mental illness.

Keywords: schizophrenia; parental memoir; epistemic justice; witnessing; narrative multiplicity; relational knowledge; health humanities; illness narrative; autoethnography; testimony

1. Relational Knowledge of Schizophrenia

In her memoir *Mon fils, schizophrène*, Dominique Laporte describes her experience of looking after her son Xavier, who was diagnosed with schizophrenia.¹ In the chapter "Cruel Dilemme," more specifically, Laporte presents herself as an "expert" in deciphering the signs that characterize a psychotic episode, and finding the most appropriate and caring response that would best benefit Xavier:

Nous étions devenus experts dans l'interprétation de tous les signes: nous ne nous trompions plus jamais. Quand [Xavier] était en crise, notamment de persécution, il ne fallait surtout pas entrer dans son jeu ni porter de jugement négatif. Il fallait être à l'écoute, établir le dialogue, le conseiller sans insister, bref, lui montrer que nous étions présents. (Laporte 2008, pp. 159–60)²



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In this passage, Laporte foregrounds the epistemic value of her lived experience as a parental caregiver for attending to her child who is living with schizophrenia. While Laporte recognizes medical care as crucial for Xavier and refers to psychiatric definitions and insights, she also stresses that care requires a productive trust-based family–psychiatrist collaboration (Laporte 2008, pp. 130–36). Through such a relationship, she suggests, the psychiatrist must consider the parental caregiver’s insights as a legitimate form of knowledge to adopt an individualized approach to care.

Recent research has highlighted that caregivers in mental healthcare produce valuable experiential knowledge (Huisman et al. 2025; Ginoux and McAllum 2025; Enkoyee et al. 2026). Together, these studies show that understanding and treating mental illness is a collaborative, relational process rather than a purely clinical or individual one. They demonstrate that a clinician’s institutional, task-based knowledge is incomplete without the caregiver’s experiential expertise, which results from daily emotional intimacy, developing coping strategies, and identifying intricate behavioral changes. In doing so, this research attempts to move mental healthcare away from a top-down medical model and toward collaboration between clinicians and families, suggesting that the deep, relational insights of parental and family caregivers are vital for recognizing early symptoms and supporting long-term care and wellbeing. While these studies usefully emphasize the role of caregivers as epistemic agents, this article argues that the interactions among caregivers, clinicians, and people living with mental illness generate what I term relational knowledge. Relational knowledge refers to forms of understanding that emerge through interactions among care recipients, caregivers, and clinicians and that cannot be reduced to the knowledge possessed by any one of these actors individually. In that sense, I distinguish relational (produced in the interaction among actors) from experiential (stemming from the lived experience of caregivers and/or care recipients) and clinical knowledge (held by medical and healthcare professionals). Rather than residing in a single epistemic subject, relational knowledge is co-produced through relationships and reveals how mental illness is experienced, interpreted, and negotiated within networks of care.

In this article, I analyze two parental memoirs written by mothers whose sons were diagnosed with schizophrenia as fruitful sites for making legible forms of understanding that often remain absent from clinical accounts of schizophrenia: *Mon fils, schizophrène*, by French author Dominique Laporte, and *A Life on Hold: Living with Schizophrenia*, by Mexican American academic and writer Josie Méndez-Negrete. My central claim is that these memoirs use storytelling practices as forms of witnessing that mediate meaning about schizophrenia. Building on the notions of “narrative multiplicity” (Lewis 2011) and “epistemic justice” (Fricker 2009), I argue that parental memoirs rebalance the roles of various perspectives—the clinician’s, caregiver’s, and care recipient’s—in shaping our understanding of this illness. As a result, epistemic authority is not attributed to medical professionals alone, but redistributed among these actors. In the second section, I elaborate on autotheory, testimony, and autoethnography to establish parental memoirs as valuable epistemic sites. More precisely, I explain how these approaches in parental memoirs show ways through which various narratives and perspectives can coexist, while recognizing these voices as legitimate knowers. The third section explores, through textual analysis of the two memoirs, how witnessing, the act of bearing witness to one’s suffering (Frank 2013), can be reconfigured as narrative mediation through embedded stories that include these multiple perspectives. Building on Frank’s concept of witnessing and Mieke Bal’s theory of narrative embedding (1977), I introduce the concept of hypodiegetic witnessing to characterize a specific form of narrative embedding through which secondary stories within the main story allow for the mediation of another person’s suffering. Hypodiegetic witnessing, I explain, makes experiences that remain inaccessible to direct narration partially intelligible

while redistributing epistemic authority among caregivers, care recipients, and clinicians. Although narrative mediation is a broader phenomenon, hypodiegetic witnessing designates the specific case in which embedded narratives become the means through which impenetrable experiences are witnessed and transformed into relational knowledge. Rather than treating parental memoirs as simple representations of caregiving experience, therefore, this article concludes by presenting them as sites of knowledge production through which relational understandings of schizophrenia are generated and circulated.

2. Epistemic Justice in Parental Memoirs

2.1. Beyond Autotheory

In their analysis of contemporary life narratives of psychosis, Theresa Kulbaga and Leland Spencer mobilize Lauren Fournier’s notion of “autotheory” (Fournier 2022, p. 7) to understand works like Esmé Wang’s *The Collected Schizophrenias* that integrate personal memoir with critical theory and philosophy (Kulbaga and Spencer 2025, p. 331). Autotheory has shown that hybrid life writing can generate knowledge outside biomedical discourse. Because autotheory privileges first-person illness experience, however, it cannot fully account for parental memoirs, as these require a different framework centered on the relational knowledge that emerges through interactions with medical professionals and caregivers.

Schizophrenia, I argue, requires the epistemic contribution of multiple actors. Influentially described as “the sublime object of psychiatry” by Angela Woods (Woods 2011), schizophrenia has drawn fascination specifically because it has not yet been exhaustively explained by medical professionals, leading to clichés and stigma (Granger and Naudin 2022), and to a consistently low rate of long-term successful treatment (Kantrowitz et al. 2023; Chinonyerem et al. 2025). Because schizophrenia exceeds biomedical and cure-oriented explanations, parental memoirs foster epistemic justice by incorporating multiple perspectives. In this context, as opposed to epistemic *injustice* (Fricker 2009), epistemic justice lies in acknowledging the complementary roles of clinicians, care recipients, and caregivers in shaping our understanding of mental illness, which challenges diagnostic and treatment certainty. While research has been conducted to foreground the care recipient’s contribution to meaning-making in psychiatric care (Crichton et al. 2017; Tekin and Outram 2018; Drożdżowicz 2021; Tekin 2022), including of schizophrenia (Abasova and Pacholik-Żuomska 2025), this article focuses on the knowledge produced through the relationships people living with mental illness have with their parental caregivers.

More specifically, I consider the perspective of parental caregivers in two memoirs that could be characterized as parental memoirs with specific testimonial (Laporte) and autoethnographic (Méndez-Negrete) practices. The approach of the two authors is different from autotheory: while Laporte heavily relies on personal experience and testimony, Méndez-Negrete combines research in fields like anthropology, sociology, and psychiatry with lived experience and references to other schizophrenia memoirs. In both cases, the narrative avoids the overcoming story or curative model, and lived experience translates to experience of caring for someone living with schizophrenia rather than to experience of having been diagnosed with schizophrenia. Because of these thematic and formal departures from autotheory and from the recovery or “restitution” narrative (Frank 2013), I refer to Laporte’s and Méndez-Negrete’s texts respectively as ‘testimonial’ and ‘autoethnographic’ parental memoirs.

Laporte’s use of testimony is different from that of evidence-based texts designed to serve as factual records of historical trauma, but it engages similarly with truth, facts, and personal experience. The genre of testimony, Frédéric Detue and Charlotte Lacoste explain, focuses on what makes the lived experience that is depicted “most representative of what

others subjected to the same treatment have also undergone” (Detue and Lacoste 2021, p. 6). This “psychological truth” is developed and refined retrospectively, in the aftermath of trauma, giving the author the possibility to relive the account when narrating it and to give it a new, revised, or updated meaning (Detue and Lacoste 2021, p. 7). In addition, the genre has three essential and inextricably bound functions—“to attest, to pay homage and to educate” (Detue and Lacoste 2021, p. 7). Laporte acts as a witness to her son’s suffering and decides to honor his memory through writing her text, which ultimately informs readers about the experience of schizophrenia. This is precisely how Arthur Frank defines the testimony: a dialogical relationship between author (or “listener”) and sufferer (or “teller”), transformed through writing into a pedagogical text “teaching” society about illness and illness experience (Frank 2013, pp. 143–45).³ Laporte’s narrative is therefore best understood as a ‘testimonial memoir,’ a subgenre which produces knowledge through witnessing and retrospective meaning-making.

Méndez-Negrete’s autoethnographic approach differs from the testimony’s personal search for psychological truth. Spry (2001, p. 710) defines autoethnography “as a self-narrative that critiques the situatedness of self with others in social contexts” and functions both as a methodology and as a textual narrative combining various methodologies. Autoethnography starts from the principle that research cannot be fully objective, and thus views the researcher as “the epistemological and ontological nexus upon which the research process turns” (Spry 2001, p. 711). The researcher’s identity in autoethnography, however, is always presented as a relational self shaped through transformative interactions with culture as well as with other selves (Spry 2001, pp. 711–12).⁴ While Méndez-Negrete is aware that neither she nor psychiatrists can fully grasp schizophrenia, she suggests that her intersectional and intercultural identity provides her with a situated understanding of her son’s illness. It is by inhabiting a “multiplicity of subjective spaces,” being “a survivor of incest and domestic violence, a girl/woman in a patriarchal world[,]” and an American of Mexican origin, she explains, that she managed to incarnate the illness (Méndez-Negrete 2015, p. 260). Autoethnography, Méndez-Negrete confirms, produces knowledge through reflexive positionality and interdisciplinary inquiry.⁵

Referring to Frank’s *The Wounded Storyteller*, more specifically, Ellis et al. (2011, p. 280) argue that “autoethnographers not only work with others to validate the meaning of their pain, but also allow participants and readers to feel validated and/or better able to cope with or want to change their circumstances.” In that regard, the genres of testimony and autoethnography are comparable, even though the latter is more scientific in its approach: they both explore lived experience and the pain it generated as co-constitutive of relational knowledge of illness. While the former creates a communal, didactic archive, however, the autoethnographic form explicitly interrogates the researcher’s own intersectional positionality as a lens for investigating psychosis. Consequently, both appear as promising genres for shaping, in related but different ways, a relational understanding of schizophrenia. Still, it could be argued that the child’s voice is ventriloquized through the author’s in parental memoirs, leading to a problematic portrayal of illness that risks silencing the disabled subject. In the next section, I build on Amanda Apgar’s generic category of “special needs parental memoir” (Apgar 2023) and Eva F. Kittay’s understanding of “dependency” (Kittay 2019) to explain how Laporte’s and Méndez-Negrete’s storytelling strategies debunk the illusion of a direct epistemic access to the disabled person’s experience. Instead, as I argue, what is offered in parental memoirs is a different account of this experience with a distinctively relational dimension and epistemological value that is articulated through narrative mediation.

2.2. Beyond “Special Needs” Parental Memoirs

Memoirs about mental disability often border on a broader self-help culture supporting the neoliberal idea that life is a project to be managed, and that disability needs to be ‘fixed’ to comply with normativity (Brown 2013, pp. 372–73; Van Goidsenhoven and Masschelein 2018, pp. 172–74; Apgar 2023, pp. 13–14). My two case studies, however, resist the overcoming and recovery narrative patterns in a way that challenges such neoliberal understandings of illness. Scrutinizing the market of disability and schizophrenia memoirs through a thorough institutional analysis is beyond the scope of this article. That said, Amanda Apgar’s generic category of “special needs parental memoir” (Apgar 2023) and Eva F. Kittay’s understanding of “dependency” (Kittay 2019) help us understand how parental memoirs often risk reinforcing normativity and ableism. Below, I explain how this could happen if the epistemic access to the first-hand illness experience does not seek mutual flourishing for the parent and the child.

Apgar (2023, pp. 2–3) defines “‘special needs’ parental memoirs [as] a subgenre of disability life writing that take the lived experience of parenting a disabled child as their primary point of focus and narrative anchor.” Such memoirs, Apgar (2023, p. 6) stresses, usually betray an intention to inscribe disabled children “into the realms of ‘normality,’ rather than contesting the entanglement of normativity and privilege that position disabled children outside these same realms.” This “neoliberalization of inclusion” is but one of the dominant discourses that she identifies in her wide corpus, along with “the narrative of overcoming,” “the entanglement of heterosexuality and able-bodied development” and “the ‘threat’ of dependency” (Apgar 2023, p. 6). Instead of engaging with problematic narratives of overcoming, recovery, or restitution, the two parental memoirs analyzed in this article actively develop alternative models of caregiving, dependency, and knowledge production.

In *Learning from My Daughter*, Kittay (2019, p. 11) explains how “the personal and the autobiographical can facilitate and be a resource for the enlargement of knowledge.” Her book therefore unfolds as autoethnography, combining philosophical insights with her personal experience as a mother caring for a child with severe physical and cognitive disabilities (PURA syndrome). Still, loving parents, she argues, are particularly well suited to respond to their children’s needs, but have a limited “epistemic access” due to their possible exposure to ableism (Kittay 2019, p. 228). Instead of praising parents as an uncritical authority, Kittay (2019, p. 149) suggests that acknowledging the inevitable dependency of people living with severe disabilities forces a reimagination of care, enabling them to navigate an ableist world that denies them equal opportunities. Apgar (2023, p. 13) situates her argument within this discussion of white academic parents of children with disabilities, like Kittay, Michael Bérubé, and Martha Nussbaum, who have reconceptualized parenting as care work and as a springboard for rethinking dependency. Méndez-Negrete implicitly complicates this canon by viewing care through an intersectional, Mexican-American lens, and through Chicano/Latino storytelling practices (cuentos and pláticas), to which I will return in the next section. Kittay’s “ethics of care,” indeed, positions the self in a caring relationship as “a *relational self*” whose priority becomes making the flourishing of the other possible (Kittay 2019, p. 173, emphasis in original). *Mon fils, schizophrène* and *A Life on Hold* therefore belong to Apgar’s “notable exceptions” among parental memoirs (Apgar 2023, p. 13). Indeed, they do not suggest that dependency can be “avoidable” but can, instead, be “inevitable” and result in a relationship of care that would be mutually flourishing for the parent and the child (Apgar 2023, p. 13). More precisely, it is by narratively reconfiguring what Frank terms “witnessing” that the two parent-authors evoke dependency as a gateway to developing a more complex and relational understanding of schizophrenia.

Having established parental memoirs as epistemically productive genres, the next section examines the narrative mechanisms through which knowledge is generated. I therefore turn to how my case studies' uses of storytelling practices call for a reconceptualization of witnessing as a form of narrative embedding to mediate someone's distress.

3. Hypodiegetic Witnessing

3.1. From Narrative Mediation to Multiplicity

The two memoirs I have selected for this article illustrate how Arthur Frank's concept of "witnessing" can be reconfigured through the techniques of hypodiegetic narration and intertextuality. As Frank (2014, p. S19) explains, illness narratives acquire meaning and fulfill their therapeutic role in a dialogical interaction between care recipient and listener. In other words, such narratives require "witnessing," namely the act of recognizing the suffering of the other and the knowledge this suffering carries (Frank 2013, p. 17). I suggest that witnessing can be both a form of ethical acknowledgment and a mediating practice through which psychotic experiences difficult to communicate can be partially narrated and shared. In this way, the disabled child's illness experience is made intelligible and potentially ascribed a different, relational meaning through narrative forms. In Méndez-Negrete's and Laporte's memoirs, as I show in the next section, the authors perform witnessing through Chicano/Latino cultural practices of storytelling of *cuentos* and *pláticas* (Méndez-Negrete), and through intertextuality (Laporte). As they appear in the memoir itself, these narrative mediations of witnessing also function rhetorically to rebalance the epistemic roles of psychiatrists, care recipients, and caregivers in shaping meaning about schizophrenia. For this reason, mediation in these parental memoirs contribute to narrative multiplicity.

In *Narrative Psychiatry: How Stories Can Shape Clinical Practice*, Lewis (2011) introduces the trope of narrative multiplicity as a direct antidote to the overconfidence and control of biomedical psychiatry. While biopsychiatry tends to condense a person's mental distress into a single, objective, clinical truth (e.g., a DSM diagnosis), narrative multiplicity suggests that any single account of a person's distress is reductionist. In that sense, narrative psychiatry considers how multiple metaphors, characters, styles, models, perspectives, paradigms, and discourses complicate our understanding of mental illness (Lewis 2011, p. 15). Lewis (2011, pp. 76–77) distinguishes between "thin stories"—the reductive narrative based on medical charts—and "thick stories"—the richer, more complex, and chaotic intricacies of human experience. In doing so, he illustrates narrative psychiatry's commitment to "thickening" the story of the person living with mental distress by considering multiple alternative narratives in addition to the biomedical one (Lewis 2011, pp. 76–77). Using the framework of narrative psychiatry in this article allows me not to reject biopsychiatry but to emphasize that any insistence on it being the only valid truth is a form of epistemic injustice. By multiplying the versions of the story (by clinicians, the mother, and the son), the dominance of the psychiatric model can be challenged in favor of a relational understanding of schizophrenia.

As I demonstrate in the next section, hypodiegetic witnessing in parental memoirs is a productive means of contributing to narrative multiplicity while including and respecting both the voice of the individual living with schizophrenia and medical knowledge. In this way, it validates parental caregivers as knowing subjects while safeguarding them against problematic ventriloquism. In Laporte's and Méndez-Negrete's narratives, psychiatric knowledge and reports are not dismissed or replaced but transformed into a "thicker" intersubjective reality. Moreover, the authors do not need to perfectly capture the son's state of mind to be epistemologically valuable. Instead, the mother's story operates as one more crucial text in a polyphonic network of care, which counters medical dominance by

proving that schizophrenia leaves an epistemic footprint on the entire relational network, not just the individual living with schizophrenia. Both Méndez-Negrete and Laporte are conscious that they are contributing to this polyphonic account of schizophrenia. Méndez-Negrete, for example, explicitly mentions that her book on the lived experience of a Mexican-American person complements an already extensive body of scientific literature on schizophrenia (Méndez-Negrete 2015, p. xv). Laporte, for her part, repeatedly hints at the epistemic role of family caregivers and criticizes, in the chapter “Qui tient compte des souffrances?,” to which I return later, medical doctors for having largely ignored how patients’ and caregivers’ experiences inform our understanding of schizophrenia (Laporte 2008, p. 146). In the caregiving context, the epistemic value is situated in the relationship itself, thus neutralizing the threat of silencing the disabled subject. Parental memoirs, in this way, become a valuable resource that provides access to this relational network of knowledge. Consequently, I suggest that hypodiegetic witnessing in these memoirs is not secondary to schizophrenia experience but is central to how that experience becomes intelligible within intersubjective relationships.

3.2. Hypodiegetic Witnessing in Méndez-Negrete: *Pláticas* and *Cuentos*

In *A Life on Hold*, Méndez-Negrete (2015, p. xvi) explains that she explores her son Tito’s schizophrenia “through memories and recollections of the life he had before” the illness and through references to scientific/medical research. This triangulated narration—unearthing communications between the mother, the son, and research and writings on schizophrenia—mediates Méndez-Negrete’s engagement with the lived experience of her son’s symptoms.

It is mainly through what I term hypodiegetic witnessing, drawing on Bal (1977, p. 35) and Frank (2013, p. 17), that Méndez-Negrete enacts a form of witnessing through which meaning about schizophrenia emerges. Frank explains why witnessing matters ethically but pays comparatively little attention to the narrative mechanisms through which witnessing becomes possible. Hypodiegetic witnessing addresses precisely this narratological dimension. Bal (1981, p. 44) claims that “a phenomenon is embedded whenever it is composed of two units which are subordinate to each other following a transition.” These embedded stories in a main narrative, or “hypo-units,” are produced by changes in narrators and focalizers, can be of various natures (e.g., “intertextuality,” “interior monologues,” or “flashbacks”), and fulfill different functions (Bal 1981, pp. 46–49). As I will show, whereas Bal’s theory describes the structural functions of embedded narratives in general, hypodiegetic witnessing identifies a specific narratological and ethical function, namely a form of narrative embedding that mediates another person’s suffering without claiming transparent access to it. Throughout this article, I therefore use the concept of hypodiegetic witnessing to refer to embedded stories that enable another person’s suffering to become partially narratable, intelligible, and epistemically productive through acts of witnessing. In this article’s case studies, these acts are performed by parental caregivers.

In Méndez-Negrete’s memoir, the hypo-units or embedded stories mainly consist of recollected memories that are told through past dialogues and interactions between the author/narrator and her son. These are subordinated to the main narrative (Méndez-Negrete’s memoir about Tito’s schizophrenia). This section, however, addresses a more complex hypodiegetic level insofar as Méndez-Negrete makes use of *cuentos*, namely “tales about [her son’s] upbringing” that can be more or less accurate or imagined (Méndez-Negrete 2015, p. 119), and *pláticas*, which are conversational exchanges of thoughts and stories with her son. At this stage, it is worth emphasizing that neither Méndez-Negrete nor Laporte seek to offer any factual, final truth about schizophrenia. While authors and their memory can never be completely reliable, and truth in the memoir genre remains

malleable (Couser 2011, pp. 98–111), Méndez-Negrete and Laporte mobilize hypodiegetic witnessing as a strategy to render meaning about their son's experience of schizophrenia partially narratable and understandable. In what follows, I analyze two instances of how Méndez-Negrete uses pláticas and cuentos to achieve this.

Pláticas do not only consist in a cultural storytelling and conversational practice but also in, as Fierros and Bernal (2016) argue, a “Chicana/Latina feminist methodology” in academic research. Fierros and Bernal (2016, pp. 109–14) outline five principles for this methodology: it builds on Chicana/Latina feminist theory and centers minoritized groups to highlight how they are oppressed; it is relational and stresses how knowledge is shaped by all participants; it connects lived experience to academic investigation; it can be therapeutic and/or cathartic; and it relies on a trust-based relationship between the interviewee and the researcher. Consequently, pláticas as a research methodology echoes autoethnography inasmuch as it emphasizes the epistemic roles of both the participant and the researcher in shaping knowledge relationally and socially (Zanoni 2008; Guajardo et al. 2014). For this reason, Méndez-Negrete describes pláticas as a valuable method for understanding her son's illness, one that is fully integrated into and complements her autoethnographic approach.

In the chapter “Urban Upbringing,” Méndez-Negrete explores more concretely the potential of pláticas as a method of inquiry. “Even though talk therapy is not the focus of treatment for people with schizophrenia,” she writes, “I have learned to recognize that our talks are useful to Tito” (Méndez-Negrete 2015, p. 62). More specifically, pláticas with Tito fulfill a therapeutic and epistemological role: they help him cope with depression, while allowing the author to identify a recurring “pattern in his narratives” (Méndez-Negrete 2015, p. 62). When visiting Tito at the psychiatric facility, indeed, Méndez-Negrete (2015, pp. 61–62) realizes the importance of a supportive family for her son, and that the absence of “a relationship with his biological father” (Beto) has contributed to Tito's trauma. When Tito tells his mother what he remembers about Beto, he highlights the things he has in common with his father: “He was forced to live without a past or a future, and I have to remember my past so I can stay in the present and not get lost inside the madness” (Méndez-Negrete 2015, p. 65). As Tito relates to his father's Chicano identity and pride over his Mexican heritage, he describes a troubled relationship with the past that he and his father share: while his father cannot forget his traumatic adolescence marked by drug use and prostitution, Tito wants to remember his past since it offers him a sense of self, a connection to family history (Méndez-Negrete 2015, pp. 63–65). By including this plática with Tito in her memoir, Méndez-Negrete unearths shared trauma as a possible cause of Tito's distress. In this way, the practice of pláticas enables Méndez-Negrete not only to witness Tito's suffering and provide him support, but also to render its meaning partially intelligible. While the chapter “Urban Upbringing” explicitly mentions the term “pláticas,” Méndez-Negrete utilizes pláticas in the form of dialogical conversations with her son throughout her memoir, making it a key method along with cuentos.

To illustrate how hypodiegetic witnessing works with cuentos in Méndez-Negrete's narrative, I focus on one cuento in particular: the story of Titotzín, which the author invented to teach her son about honesty in the second grade, “when he started to feel confused about the meaning of truth” (Méndez-Negrete 2015, p. 117). Through two related chapters—“At Another Time, I Would Have Been Don Quixote” and “Reality Is Imagined”—Méndez-Negrete explores how her son re-narrates the story of Titotzín to manage to express personal trauma, which is customarily understood as unspeakable (Bond and Craps 2019, p. 6). This process could be understood as what Bal terms “*complex embedding of mixed focalization*” because of the nesting of multiple, distinct narrative perspectives inside one another that blurs whose thoughts are shaping the story (Bal 1981, p. 46,

emphasis in original). However, hypodiegetic witnessing, as I will explain, occurs more precisely when suffering becomes narratable through a secondary narrative layer that mediates access to an experience, like Tito's personal trauma, which cannot be directly narrated. After another resident at Tito's facility tried to sexually assault him, he calls his mother to tell her about what happened. Méndez-Negrete (2015, p. 118) thus "decide[s] to listen to his side of the story" even though "it didn't sound like [her] son," as multiple unfamiliar "voices"—referred to as "druggie," "homeboy," "syrupy girl," "elderly male," and "angry man,"—are involved in Tito's story. Still, Méndez-Negrete (2015, p. 119) emphasizes her commitment to listening and "responding only when asked a question," despite her "busy schedule."

The different voices introduce Tito's intention to retell his mother's story of Titotzín, exactly as he remembers it: Titotzín is from the planet of Verdatl (a combination of 'verdad' for truth, and Nahuatl) and decides to visit Earth to find the meaning of truth by discovering its opposite (lies) and meets two birds (Urraca and Aguila, or Grackle and Eagle, referred to in the feminine). As Titotzín is asked to witness the debate, he realizes that Aguila is imposing her truth without considering Urraca's perspective. This leads Titotzín to acknowledge the existence of multiple and "partial truths" (that the story distinguishes from lies) and that Urraca's views are as important as Aguila's (Méndez-Negrete 2015, pp. 119–22). Tito claims that he and his family did not approach truth in the same way and, in the chapter "Reality Is Imagined," returns to the second part of this story (Méndez-Negrete 2015, p. 123). This first chapter ("At Another Time, I Would Have Been Don Quixote"), it is worth noting, is framed with an epigraph by Rebecca Birnbaum (a psychiatrist) and ends with a drawing of Tito as a child (Méndez-Negrete 2015, pp. 117–23). The epigraph details how Birnbaum's father, who was living with mental illness, "expected rejection" and "fancied himself a Don Quixote, tilting at windmills" (Méndez-Negrete 2015, p. 117). The quotation from Birnbaum's article supports the story's emphasis on partial truth or 'deviance' from normative truths. More precisely, it shows how Tito struggles to navigate an ableist world that has rejected him based on "able-mindedness" (Kafer 2013), or on non-compliance with norms of mental behaviors. The drawing, for its part, reinforces the connection of the story to Tito's childhood, to a past without schizophrenia. As shown in my analysis of the chapter "Urban Upbringing," this connection brings Tito comfort as it offers a possibility of conceiving a sense of self linked to his past without the illness. Méndez-Negrete (2015, pp. 123–24) interprets Tito's feeling of exclusion through witnessing his story, that is, as his inability to believe that his family loves and supports him, while acknowledging the potential of the Titotzín story for "giv[ing] [Tito] a sense of who he is in relation to those he loves." As a result, I characterize the use of cuento in this case as hypodiegetic witnessing rather than complex embedding of mixed focalization in order to stress the role of witnessing in making this information about Tito's process of self-realization legible.

In the second chapter, "Reality Is Imagined," Tito narrates the second part of the story of Titotzín, in which the protagonist visits a house where a child (Raquel) is about to get punished by her mother (Barbara) because she broke something (Méndez-Negrete 2015, p. 125). Titotzín is once again asked to witness the debate between Raquel and Barbara, ultimately recognizing the impossibility of determining who is right or wrong because he feels Raquel's pain and condoles with her (Méndez-Negrete 2015, pp. 126–27). Titotzín therefore concludes that truth can have multiple forms depending on power balance as well as on "the person telling it, the listener hearing it, and the interpreter translating the values of those whose ears selectively heard their own truth" (Méndez-Negrete 2015, p. 127). For this reason, Tito explains that finding a 'unique truth' matters less than sympathizing with the actual pain one may feel (Méndez-Negrete 2015, p. 127). When Tito finishes telling the story, he teases his mother by realizing that the story builds on

Antoine de Saint-Exupéry's *Le Petit Prince*. He then relates it to his experience of being not only a victim of attempted sexual assault at the facility, but also of epistemic injustice, as psychiatric technicians minimized and did not respond to the situation: "My truths have value, not just the system's truth. What I see, say, and think is important" (Méndez-Negrete 2015, p. 128). The function of the story is therefore twofold: it allows Tito to articulate his lived experience despite it being traumatic and Méndez-Negrete, through witnessing Tito's reappropriation of her cuento, to identify a form of epistemic injustice and better understand what Tito is going through. The general benefit of exchanging stories is also illustrated by the epigraph of the chapter, an extract from Vincent Macraven's *Tales from the Mind of a Schizophrenic*: "They freely exchanged stories. [...] [and] a thrust of energy came for Jim to handle the current situation" (Méndez-Negrete 2015, p. 124). This complex embedding involves Méndez-Negrete's interpretation of Tito's act of retelling her mother's cuento through memoir writing and putting it in conversation with other texts (Birnbaum's and Macraven's). Hypodiegetic witnessing here thus emphasizes the role of the memoirist in listening to the person living with illness and trying to make the intricacies of the experience that is described legible via narrative embedding (cuentos) and multiplicity (including multiple perspectives). The process of retelling the story to his mother becomes a mediating practice through which suffering is rendered partially bearable and narratable, which is then used by Méndez-Negrete to make this narrated story intelligible in her memoir and as valuable as other texts for understanding Tito's experience.

In the next part of this section, I turn to a different form of hypodiegetic witnessing in Laporte's *Mon fils, schizophrène*, which relies on intertextuality and culminates in the redistribution of epistemic authority.

3.3. Hypodiegetic Witnessing in Laporte: Intertextuality and Renegotiated Epistemic Authority

In Dominique Laporte's *Mon fils, schizophrène*, witnessing first functions as a practice of interpreting Xavier's narrative mediations through intertextual references, and then expands into a form of public advocacy that translates this experiential knowledge into a critique of psychiatric authority.

While Laporte (2008, p. 15) acknowledges the confusion and chaos that her son's illness induces, she highlights how her parents, her sister, and herself have formed a tight-knit "clan" that knows how to handle and respond to Xavier's behaviors. Laporte and her grandfather, more precisely, have always provided medical and healthcare professionals with detailed information about Xavier's experience of living with schizophrenia, thus forming "a true team" ("une véritable équipe") (Laporte 2008, p. 181). In her approach to caregiving, Laporte suggests that storytelling is central not only in soothing Xavier's suffering, but also in interpreting his modes of expression. For instance, in the chapter "Digne de l'être," Laporte (2008, pp. 32–33) explains how her mother used to tell Xavier stories such as *Boucle d'or* and Corneille's *Horace* as well as biblical narratives and stories about Ulysses when he was a child. Xavier used to quote from these stories in attempts to communicate with his family and, by responding appropriately to these literary references, his mother showed understanding, which brought comfort to Xavier:

Un matin Xavier arriva torse nu, déguisé en personnage indéfinissable. Devant notre air effaré, il s'énerva:

– Je suis digne de l'être!

Regard noir, intense, coléreux face à notre incompréhension. Il répéta:

– Je suis digne de l'être, celui qui n'est pas romain!

Très vite, nous décryptâmes le vers de Corneille: 'Si vous n'êtes romain, soyez digne de l'être!' Son regard s'adoucit, nous avions compris. (Laporte 2008, p. 33)⁶

Instead of dismissing her son's behavior as abnormal or deviant, Laporte adopts, in this passage, a strategy of witnessing requiring familiarity with her son's literary repertoire. It is when, in other words, Laporte and her mother identify the reference to Corneille and respond to Xavier that he feels understood, thus suggesting that intertextuality is key to any attempts to communicate with Xavier and grasp his behavior.

In the chapter "Journée ordinaire," Laporte describes an event when Xavier would stay locked up in his bedroom without answering his mother's calls. Laporte (2008, p. 14) details her fear to potentially trigger an episode by entering the bedroom, but finally decides to do so, notices the damage and urine in the room, but still attempts to take care of Xavier by asking him whether he has eaten and taken his medication. In the absence of response, Laporte (2008, p. 14) worries about her son's silence, who finally says: "Tu sais maman, quand Lawrence a traversé le désert, il n'était pas seul."⁷ Xavier's use of Lawrence of Arabia's story to mediate his suffering echoes Tito's use of Méndez-Negrete's cuento of Titotzín in *A Life on Hold* because it appears as a way of paraphrasing his feeling of loneliness, of implying it in the form of subtext. Laporte (2008, p. 14) then explains that Xavier is fascinated with T. E. Lawrence, or Lawrence of Arabia, to such an extent that philosophizing about this adventurer's life is the only way to exchange with and try to understand Xavier: "Cet Anglais a envahi ma vie; il fait partie de ma famille, nous avons tous ses écrits, toutes ses biographies. . . Cet écrivain aventurier me permet de m'engouffrer dans l'esprit de mon fils et de communiquer avec lui."⁸ While references to Lawrence of Arabia would have been impenetrable for an outsider, Laporte's knowledge of his writings and life allows her to render Xavier's suffering intelligible. Hypodiegetic witnessing, in Laporte's account, thus operates through shared narrative repertoires that make psychotic expression partially understandable.

Yet Laporte's memoir also demonstrates that witnessing has broader epistemological and political implications. Because Xavier's experience becomes accessible only through narrative mediation, Laporte repeatedly positions herself as an interpreter and transmitter of this mediated knowledge in public discussions of schizophrenia. Witnessing therefore moves beyond familial communication and becomes a means of challenging institutional understandings of mental illness. To exemplify this alternative form of hypodiegetic witnessing, I discuss two chapters from Laporte's book, "Schizophrénie et psychiatres" and "Qui tient compte des souffrances?," both involving a critique of epistemic injustice characterized by medical professionals ignoring and/or neglecting parental caregivers' and care recipients' experiential knowledge.

In "Schizophrénie et psychiatres," Laporte describes her engagement with psychiatric knowledge (e.g., Catherin Tobin's *La Schizophrénie au quotidien*) and how it was helpful for her to interpret her son's behaviors. Nevertheless, she also evokes the importance of collaborative work between family caregivers and psychiatrists through recounting her relationship with Mme G., one of Xavier's psychiatrists: "Elle nous considéra toujours comme ses alliés. Avec elle, la collaboration famille-psychiatre prenait tout son sens. Elle aussi détenait le pouvoir mais elle l'exerçait avec humanité, diplomatie. Nous savions très bien faire la part des choses entre ce qui était de sa responsabilité et de la nôtre. Nous lui faisions totalement confiance. . ." (Laporte 2008, p. 136).⁹ Laporte stresses how Mme G. perceives family caregivers as partners ("alliés"), suggesting that, even though the psychiatrist is the main authority ("Elle aussi détenait le pouvoir"), this authority is somehow distributed in terms of responsibility and trust. What is valued in this collaborative model is not merely the caregiver's opinion, but the relational knowledge generated through sustained interactions among Xavier, his family, and healthcare professionals. Laporte therefore presents caregiving as an epistemic practice through which forms of understanding unavailable to any single actor emerge. Her praise of Mme G. stems precisely from the

psychiatrist's willingness to recognize and work with this distributed form of knowledge rather than relying exclusively on institutional expertise. In her broader discussion of how Xavier was treated by healthcare professionals and psychiatrists, however, the main story of Xavier is relegated to the background, making it a hypo-unit. This approach contrasts with Méndez-Negrete's, who deliberately includes Tito's voice to stress the triangular dimension of her inquiry. Still, Xavier's voice is not erased inasmuch as Laporte's testimony is a way of honoring it and supporting her assessment of psychiatric care and critique of its perceived dysfunctions.

These possible malfunctions become evident in the chapter "Qui tient compte des souffrances?," which incorporates another hypo-unit, namely Laporte's intervention during a conference on schizophrenia where she shared her experience as a parental caregiver. In this context, Laporte (2008, p. 144) notices discrepancies between the discourses of medical professionals and the lived experience of caregivers and care recipients. More specifically, Laporte (2008, p. 145) suggests that the experience of patients is erased amid statistics and percentages. She therefore uses what she describes as "neophyte arguments," that is, arguments grounded in experiential rather than institutional authority. One of these arguments includes her claim that "le schizophrène n'est pas uniquement un patient mais l'explorateur d'un univers dont lui-même ne connaît pas les frontières" (Laporte 2008, p. 145), which foregrounds schizophrenia as an experience exceeding stable theoretical and narrative containment.¹⁰ In this chapter, Laporte (2008, p. 146) takes on the role of witness to Xavier's suffering while instrumentalizing this suffering to argue that doctors never discuss the everyday experience of sufferers and their families. "Tous les médecins dissertaient sur la maladie sans jamais parler du malade," she writes, "c'était le grand absent" (Laporte 2008, p. 146).¹¹ Laporte thus presents herself as a sufferer's mother who is speaking for mothers of other care recipients who did not dare or did not have the strength to do so, in an attempt to reinvigorate experiential knowledge: "J'étais la mère d'un grand malade et je parlais au nom de toutes les mères, pour celles qui n'avaient pas le courage, pour celles qui n'avaient plus de forces" (Laporte 2008, p. 146).¹² The key to understanding schizophrenia, Laporte suggests, is to consider the multiple actors that are involved in caregiving and not just medical professionals. While Xavier seems to be missing in this discussion, it is worth emphasizing, Laporte brings him back at the end of chapter:

Xavier ne pouvait pas savoir que je participais régulièrement à toutes ces réunions.

Un jour pourtant il me dit:

– Je sais que tu parles de moi en public, que tu racontes ce que je vis.

Et comme je ne répondais pas, il ajouta:

– Je le vois dans mes rêves. (Laporte 2008, p. 147)¹³

Xavier's intervention at the end of the chapter complicates any suggestion that his voice has disappeared from Laporte's account. Although largely absent from the conference itself, he nonetheless reappears unexpectedly through this interaction with his mother and his mention of dreams as potential memories or narrative traces. In this sense, Xavier resembles Avery Gordon's conceptualization of the "ghost": a figure whose presence cannot be fully perceived or contained but yet continues to shape social relations and systems of knowledge (Gordon 2008, pp. xvi–8). Rather than disappearing from the narrative, Xavier persistently returns to disrupt attempts to speak about schizophrenia without attending to lived experience. In "Qui tient compte des souffrances?," hypodiegetic witnessing functions through Laporte's engagement with her own narrative about her son, which is weaponized to renegotiate power imbalances in constructing our understanding of schizophrenia. Consequently, both her intervention and her story about her son's schizophrenia operate as hypo-units that mediate knowledge about this mental illness.

This relational meaning only emerges in interactions between multiple actors, whether they are physically present or not.

4. Conclusions

This article has argued that parental memoirs of schizophrenia are not merely accounts of caregiving experience but important sites for the production and circulation of meaning about this illness. Building on recent scholarship that recognizes caregivers as epistemic agents, I have proposed that a relational form of understanding schizophrenia emerges through the interactions among care recipients, caregivers, and clinicians. This relational knowledge cannot be reduced to the perspective of any one participant in the network of care. Rather, it is co-produced through ongoing processes of interpretation, negotiation, and response to suffering and distress that shape how schizophrenia becomes meaningful in everyday life.

Through the analysis of Dominique Laporte's *Mon fils, schizophrène* and Josie Méndez-Negrete's *A Life on Hold*, I have shown that parental memoirs constitute particularly valuable epistemic sites for narrativizing this relational dimension of illness. While Laporte's testimonial approach and Méndez-Negrete's autoethnographic methodology differ formally and culturally, both texts foreground a relational self whose understanding of schizophrenia emerges through sustained engagement with a son living with psychosis. In doing so, they challenge assumptions that legitimate knowledge about schizophrenia belongs exclusively to psychiatric expertise or to first-person illness narratives. Instead, they demonstrate how experiential, familial, and clinical forms of knowledge intersect and mutually inform one another.

To account for these narrative processes, I introduced the concept of hypodiegetic witnessing. Drawing on Arthur Frank's notion of witnessing and Mieke Bal's theory of embedded narrative, I have argued that both memoirs rely on mediating narrative forms that make psychotic experience partially intelligible without claiming transparent access to it. In Méndez-Negrete's memoir, *pláticas* and *cuentos* create narrative spaces through which Tito's experiences can be expressed, interpreted, and situated within broader familial and cultural histories. In Laporte's account, intertextual references and embedded stories function as shared narrative repertoires that enable Xavier's experiences to be recognized while also supporting critiques of psychiatric authority. In both cases, witnessing becomes less a matter of directly representing and/or acknowledging another's experience than of attending to, interpreting, and transmitting it through narrative mediation. Hypodiegetic witnessing thus offers a promising framework for analyzing narrative strategies in caregiving memoirs, illness narratives, trauma narratives, and other life-writing genres that render partially intelligible experiences otherwise resistant to direct articulation.

Reading parental memoirs through the lenses of narrative multiplicity (Lewis 2011) and epistemic justice (Fricker 2009) further reveals how they complicate reductive understandings of schizophrenia. Rather than replacing psychiatric knowledge, they place it alongside the perspectives of caregivers and care recipients, thereby contributing to a thicker and more polyphonic account of mental illness. The result is not a rejection of biomedical psychiatry but a challenge to any claim that it alone can provide an exhaustive account of schizophrenia. By foregrounding the epistemic significance of caregiving relationships, these memoirs expose the limitations of singular explanatory frameworks and highlight the distributed nature of knowledge within networks of care.

Ultimately, parental memoirs such as *Mon fils, schizophrène* and *A Life on Hold* invite us to rethink schizophrenia not solely as an individual medical condition but as a relational phenomenon that reshapes families, caregiving practices, and forms of understanding. As Méndez-Negrete (2015, p. 236) puts it, "the illness is not just [Tito's]; it belongs to his entire

family.” The value of parental memoirs lies not in granting unmediated access to psychotic experience but in revealing how that experience becomes narratable, interpretable, and socially meaningful through relationships. In this sense, parental memoirs do more than bear witness to schizophrenia: they participate in the ongoing production of relational knowledge and contribute to more epistemically just ways of understanding mental illness.

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Notes

- ¹ I use the term ‘schizophrenia’ throughout the article simply because it is the term that the authors I consider prefer in their memoirs, and to engage with the psychiatric discourse that still heavily relies on this term. However, I am sensitive to the stigma that ‘schizophrenia’ has generated and to attempts to rename it using a more inclusive and less stigmatizing terminology such as “psychosis” and “psychosis susceptibility syndrome” (George and Klijn 2014). In addition, because the term ‘patient’ suggests a relationship that only exists in clinical contexts, I use the terms ‘person/people living with mental illness/schizophrenia’ and ‘care recipient’ throughout to emphasize that caregiving extends beyond such contexts (e.g., at home).
- ² “We had become experts at interpreting all the signs: we never made a mistake anymore. When [Xavier] was having an episode—especially one involving delusions of persecution—it was crucial not to play along or pass negative judgment. We had to listen, engage in dialogue, offer advice without being pushy—in short, show him that we were there for him” (Laporte 2008, pp. 159–60). All translations are by the author of this article.
- ³ *Mon fils, schizophrène* was itself marketed as a “document” by its publisher, Bourin Éditeur, which also prides itself in addressing contemporary social issues, thus reinforcing the informative and didactic dimension of the text (Editions François Bourin n.d.).
- ⁴ In that sense, autoethnography echoes life-writing scholar Paul J. Eakin’s concept of “the relational life,” which “describe[s] the story of a relational model of identity, developed collaboratively with others, often family members” (Eakin 1999, p. 57, emphasis in original). Eakin (1999, pp. 43–63, emphasis in original) rejects binary categories dictated by gender—e.g., “female” identity is “collective” and the “male” self is “individualistic”—promoted by rationalist thinking and individualism to foreground that “all identity is relational.”
- ⁵ In view of Méndez-Negrete’s emphasis on her intersectional identity, it is worth highlighting that this article investigates mother–son relationships of domestic care, which itself has been conventionally coded as feminine. Gender therefore remains an important factor to be taken into consideration in the production of knowledge about schizophrenia, both in testimonial and autoethnographic parental memoirs. Mothers, in this context, are marginalized caregivers, and this article attempts to show that parental memoirs give them prominence in shaping valuable relational knowledge of schizophrenia.
- ⁶ “One morning, Xavier showed up shirtless, dressed as some unidentifiable character. Seeing our shocked expressions, he got angry:— I am worthy of it! His gaze was dark, intense, and angry in the face of our incomprehension. He repeated:— I am worthy of it, he who is not Roman! Very quickly, we deciphered Corneille’s line: ‘If you are not Roman, be worthy of it!’ His gaze softened; we had understood.” (Laporte 2008, p. 30).
- ⁷ “You know Mom, when Lawrence crossed the desert, he was not alone” (Laporte 2008, p. 14).
- ⁸ “This Englishman has taken over my life; he’s part of my family, we have all his writings, all his biographies. . . This adventurous writer allows me to step into my son’s mind and connect with him” (Laporte 2008, p. 14).
- ⁹ “She always saw us as her allies. With her, the partnership between family and psychiatrist truly came into its own. She, too, held power, but she exercised it with humanity and diplomacy. We were very clear about the distinction between what was her responsibility and what was ours. We trusted her completely. . .” (Laporte 2008, p. 136).
- ¹⁰ “[S]omeone living with schizophrenia is not just a patient but the explorer of a universe whose borders remain unknown” (Laporte 2008, p. 145).
- ¹¹ “All the doctors went on and on about the disease without ever mentioning the patient: he was the one who was conspicuously absent” (Laporte 2008, p. 146).
- ¹² “I was the mother of a seriously ill child, and I spoke on behalf of all mothers, for those who lacked the courage, for those who had no strength left” (Laporte 2008, p. 146).

- ¹³ “Xavier couldn’t have known that I regularly attended all those meetings. One day, however, he said to me:– I know you talk about me in public, that you tell people what I’m going through. And since I didn’t answer, he added:– I see it in my dreams” (Laporte 2008, p. 147).

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