

“WE ARE NOT THE SAME PERSON.”  
(AUTO)BIOGRAPHY, (SELF)REPRESENTATION,  
AND BRECHTIAN PERFORMATIVITY IN LISA  
KRON’S *WELL*<sup>1</sup>

MARTA FERNÁNDEZ-MORALES  
Universitat de les Illes Balears  
*marta.fernandez@uib.es*

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**PALABRAS CLAVE**

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**ABSTRACT:**

*Well* is defined by its protagonist as “a multicharacter theatrical exploration of issues of health and illness both in the individual and in a community” (12). An unusual initiative for Lisa Kron, whose career has grown through one-woman shows and her participation in the Five Lesbian Brothers collective, this Brechtian creation stems from the personal and extends onto the political, using (auto)biography to discuss issues of bodily and social health while questioning the boundaries between author and character, character and actor, character/actor and audience. Through an interdisciplinary approach that activates concepts from Gender, Theater, and Performance Studies, this article intends to prove that autobiographical feminist performance is a living form, constantly updated and refreshed by committed artists; and that performed life stories contain a great potential for efficacy in the narrative of, and consciousness-raising about, issues of health and sickness in the 21<sup>st</sup> century.

**RESUMEN:**

La protagonista de *Well* define la obra como una exploración teatral con varios personajes sobre asuntos de salud y enfermedad, tanto a nivel individual como comunitario (12). Iniciativa poco frecuente para Lisa Kron, que ha construido su carrera a partir de espectáculos tipo “solo” y de su participación en el colectivo Five Lesbian Brothers, esta creación brechtiana parte de lo personal y se expande hacia lo político a la vez que cuestiona los límites autora-personaje, personaje-actor, personaje/actor-público. Con un enfoque interdisciplinario que activará conceptos de las áreas de Estudios Teatrales, de *Performance* y de Género, este artículo pretende demostrar que la *performance* feminista autobiográfica es una forma viva en

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constante actualización por parte de artistas comprometidas, y que la puesta en escena de historias de vida contiene un gran potencial de eficacia en la narrativa de y toma de conciencia sobre asuntos de salud y enfermedad en el siglo XXI.

## INTRODUCTION

Since the inception of feminism in the Western world there has been an ongoing connection between this egalitarian political project and the literary genre of autobiography. As Brodzki and Schenck stated more than two decades ago in *Life/ Lines* (1988), autobiography “localizes the very program of much feminist theory – the reclaiming of the female subject” (1). Furthermore, in the postmodern context, when all givens of identity have been shattered, the dialogism between gender-conscious theories and autobiographical manifestations becomes even more relevant, in that life stories also foreground “the central issue of contemporary critical thought – the problematic status of the self” (Brodzki and Schenck 2). For a movement that has insisted on claiming that “the personal is political,” no genre could have been more appropriate to articulate the struggle for subjecthood.

In her revision of the evolution of female autobiography, Heilbrun identifies 1973 as a turning point. Before this moment, the canon and the social conditions of women imposed a type of text based on the idea that there was beauty in pain; a sort of story that would transform anger into spiritual acceptance through the act of writing. The publication of May Sarton’s *Journal of a Solitude* in 1973 is “the watershed in women’s autobiography,” according to Heilbrun (13), because for the first time a female author deliberately sets out to express her rage as an integral part of a life narrative. The fact that the book saw the light in the context of the second wave of the feminist movement cannot be overlooked, since this political initiative would contribute to the creation of artistic forms where women’s expressions of discontent would have a place of their own.

Because of its public nature, and in coherence with the development of autobiography, theater was not a usual medium for female life narratives before the birth of the Women’s Liberation program. As Heddon recalls, “prior to the feminist movement of the 1970s the ‘personal’ remained firmly private” (Politics 134). It was in that decade, and in the framework of a consciousness-raising tendency shared by most feminist collectives, that the potential of theater to politicize women’s autobiography became obvious. Heddon summarizes the importance of autobiographical performance as it was realized back then: women as subjects of their own art elaborated a new set of self-representations, re-defining the category ‘woman’ in the process. They transformed their lives into creative products, revealing previously silenced experiences and making it clear that the previously considered neutral art of performance was, in fact, gendered. Adopting a proactive attitude, female performers in the 1970s –continues Heddon– explored alternative ways of acting and narrating, proved that it was economically viable for them to be

relevant members of the theater business, raised the consciousness of the spectators, and used theater to engender community (Politics 134-5). In this respect, the women that decided then –and those who do it today– to put their lives on stage took an authoritative stance, because “the act of women speaking their stories publicly thus radically challenges notions of agency, spectacle and spectatorship as female performers move their voices and bodies from the background to the foreground” (Carver 16).

Several critics (Gammel 1999; Heddon 2008; Reinelt 2006; Satin and Jerome 1999) have identified some risks of women performing solo and/or self-centered pieces, such as: 1) the lack of recognition of their authority in androcentric contexts; 2) the menace of postmodern individualism taking over; 3) the ghost of essentialism in the creation and representation of their identities; 4) the trivialization of life stories within a spectacularizing, media-dominated world; or 5) the labelling of autobiography as a lesser genre precisely because women have growingly appropriated it. Nevertheless, the autobiographical genre has continued to be alive in the English-speaking countries, with key figures of feminist theater like Rachel Rosenthal, Laurie Anderson, Peggy Shaw, or Lois Weaver cultivating it systematically.<sup>2</sup> The main reason for this resilience was partially hinted at by Carver in the quote reproduced above: the possibility that autobiography provides to promote agency within a micro-universe (the world of theater) that still maintains women and minorities in the margins, and at the same time within a macro-scenario (the world at large) in which female citizens are not yet fully first-class.

Assuming her optimistic idea that “performance can be a transformational act” (Autobiography 3), this article presents an in-depth case study that supports Heddon’s defence of the potential of the dramatized autobiography as a form of cultural intervention, where the performed life story “might be an act of reclamation, reinvention, transformation or survival” (Politics 133). In a framework conditioned by the influence of the mass media and the excessive presence of confessional forms like reality TV, talk shows, or personal *blogs*, Heddon identifies the need for a new wave of formal experimentation in the field of feminist autobiography, in order to guarantee the political value of the personal testimony. In at least two of her works on the genre, she exemplifies this necessary experimental movement through the play that will be analyzed here: Lisa Kron’s *Well* (2006), where space, the exploration of multiple character possibilities, or metatheater feature high (Politics 142; Autobiography 153-6).<sup>3</sup> Using her and other performance experts’ work as theoretical background, this essay will try and prove two main theses: on the one hand, that autobiographical feminist performance is a living form, constantly being

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<sup>2</sup> For a more comprehensive list of female performers that consistently use autobiographical material in Anglo-American theater, see Heddon’s *Autobiography and Performance*.

<sup>3</sup> Kron’s play premiered in 2004. However, I will be using the date of publication as a reference (2006), since my study will be based on the Theatre Communications Group’s edition.

updated and refreshed by committed artists; and on the other hand, that performed life stories contain a potential for efficacy in the narrative of, and consciousness-raising about, issues of health and sickness. The latter point –health and sickness as rooted in and represented through female bodies– is, like the preoccupation with individual and collective identities, a motif in feminist performed autobiography.

The second wave of Anglo-American feminism extended one of its branches onto the Women's Health Movement (WHM), an initiative that, from 1969 onwards, developed as a political project but also as an epistemological revolution: as Tuana explains, WHM members demanded access to knowledge about their own bodies, as well as new ways of creating and expanding that knowledge (2). From the beginning, the WHM identified performance as a productive strategy within its activist repertoire. Thus, for instance, in 1971 health activist Carol Downer performed the first public cervical self-examination, quite literally taking her body into her own hands in an example of what Morgen has called “gynaecological guerrilla theater” (23).<sup>4</sup> Downer's gesture fulfilled the main condition of guerrilla theater defined by Brown, i.e., “putting the language of the dominant culture to subversive use” (167), in this case twisting the conventions of traditional medical practice. Other good illustrations of the crossover between feminist health activism and performance are: 1) the Social Art Network Ariadne's projects around rape, which produced dramatized events like *Three Weeks in May* and *In Mourning and in Rage* (Los Angeles, 1977); 2) the ACT UP-WHAM! coalition's action *Stop the Church* at Saint Patrick's Cathedral in New York (1989), which included drag, performance, and a dramatic die-in to denounce the church's resistance to women's control over their own bodies;<sup>5</sup> 3) the creation of an affinity group of ACT UP focused specifically on the issue of abortion that uses performance as a form of reaction against Operation Rescue: The Church Ladies for Choice; 4) 1990s autoperformances about cancer like Linda Park-Fuller's *A Clean Breast of It*, which the author described as a piece combining “an educational impulse, a sociopolitical impulse, and a performative impulse” (213);<sup>6</sup> 5) the interactive performance that

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<sup>4</sup> I have studied Downer's transgression in “In Sickness and in Health. ‘Performativity’ and ‘Autopoiesis’ in U.S. Feminist Theater,” forthcoming in the *Journal of American Studies of Turkey*.

<sup>5</sup> ACT UP stands for “AIDS Coalition to Unleash Power”, a collective of health activists that was at the peak of visibility and participation at the end of the 1980s, during the AIDS crisis. WHAM! means “Women's Health Action and Mobilization”, and it was the name of a feminist group that ascribed to the wider WHM and that largely disbanded in 1995. Information about the former can be found on the ACT UP Oral History Project's website ([www.actuporalhistory.org](http://www.actuporalhistory.org)). For a scholarly perspective on the activities of the latter, Carroll's *Grassroots Feminism: Direct Action Organizing and Coalition Building in New York City, 1955-1995* is the best reference as of today. I discussed the theatrical initiatives of Ariadne, ACT UP, WHAM!, and the Church Ladies for Choice (mentioned below) in a paper presented at the 4<sup>th</sup> International Conference on American Drama and Theater (Seville, 2012), entitled “Our Bodies, Our Shows: Performing (Her)Stories of Health and Sickness from a Feminist Perspective”.

<sup>6</sup> I have studied Park-Fuller's work in “The New Breast Cancer (Im)Patient,” included in the volume *Performing Gender Violence. Plays by Contemporary Women Dramatists* (2012).

opened the exhibition *Everybody! Visual Resistance in Feminist Health Movements, 1969-2009*, elaborated by SubRosa, a self-defined “cell of cultural researchers committed to combining art, activism, and politics to explore and critique the effects of the intersections of the new information and biotechnologies on women’s bodies, lives, and work”;<sup>7</sup> and, ongoing as this article is written, 6) Eve Ensler’s plays about the female body (*The Vagina Monologues*; *The Good Body*; *I Am an Emotional Creature*) and their activist spin-off articulated around theater: V-Day.<sup>8</sup>

All the examples mentioned above and the one that we are going to focus on here have several elements in common: first of all, as we can infer from Ensler’s titles, they take the suffering/sick/healing/dying female body as a starting point for their *mise en scène*, which tends to foreground issues of (self)representation. Secondly, they place women at the center of the performed narrative and in the position of an agent/subject that politicizes her own (auto)biography, frequently rebelling against the social and/or medical establishment, as is the case of Park-Fuller, who explains that she composed *A Clean Breast of It* “as an intervention against the dominant medical discourse that privileges abstract knowledge over individual stories about cancer” (215). Finally, all of these performances, as well as Kron’s, make frequent use of Brechtian strategies intended to promote consciousness-raising among the audience, as we can see with *The Church Ladies for Choice*, in whose theatrical actions the activists wear “drugs whose seams are intended to show” (Cohen-Cruz 92), thus making the actor behind the character intentionally visible. All in all, the corpus approached in this introduction is characterized by one main feature: its *performativity*, as this term is conceived by Fischer-Lichte, i.e., as a combination of Austin’s and Butler’s theories applicable to theatricalized events: in these projects the sick and gender identities are created as we go; that is, the performers *do* gender and *do* health (or the lack thereof) in the process of staging their plight. In this respect, these theatrical proposals –like Austin’s performative utterances– are constitutive, “in so far as they bring forth the social reality they are referring to” (Fischer-Lichte 24), and they are also performative in a Butlerian sense, since the process of (auto)biographical (self)representation makes it obvious that identity is “brought forth by the continuous constitution of bodily acts [ . . . ] [engendering] identity through these very acts” (Fischer-Lichte 27).

The primary text selected for his paper is Lisa Kron’s *Well*, which received its world premiere on March 16, 2004, at The Public Theater in New York, with Kron herself in the main role. The text was included in the anthology *Best Plays of 2004-2005*, and the show got one Drama League nomination and one Outer Critics

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<sup>7</sup> Source: [www.cyberfeminism.net](http://www.cyberfeminism.net). Accessed 13 June 2012.

<sup>8</sup> For more information about V-Day and its use of theater, see “When Theater Becomes a Crusade against Violence: The Case of V-Day” (in *Violence and Gender in the Globalized World*, 2008), or browse [www.vday.org](http://www.vday.org).

Circle Best Play nomination. Two years later it opened on Broadway, still with Kron as the protagonist and directed by Leigh Silverman, and it was nominated for two Tony Awards. Reviewers have repeatedly called it “Pirandellian,” highlighting a radical metatheatrical discourse that will be analyzed below (Brantley 6; Cole 1; Feingold 1; Isherwood 1; Stevenson 672). One actress involved in the production of the work (Kathleen Brady, playing Ann Kron for the Denver Center Theater Company) has described it as a “brilliantly crafted piece of chaos,” and has compared it to an artichoke, with many layers that are peeled off in the process of staging, until the heart is revealed.<sup>9</sup> Scholars have pinpointed in it the influence of the WOW Café, “one of the longest-running women’s theatres in the United States” (Rehm 114), which Kron herself acknowledges (Preface xi; Straight 53).<sup>10</sup> In a quilt-like exercise of creation and *mise-en-scène*, Kron “fuses autobiographical solo performance, memory play and traditional theatre to create a complex net of identifications and disrupt the boundaries between representation and reality” (Saddik 208). She questions the canonical dichotomies playwright/performer; author/character; actor/character, and she makes the audience participate in a process of meaning-making that takes place before their very eyes, as such a performative piece calls for.

### **“THIS IS NOT A PLAY ABOUT MY MOTHER”: (AUTO)BIOGRAPHY, (SELF)REPRESENTATION, AND SICKNESS**

According to the stage directions, *Well* opens with the protagonist, Lisa, taking center stage and talking directly to the audience.<sup>11</sup> Stage left is Ann, her mother, “sleeping in a La-Z-Boy recliner” (11). In a didactic manner, Lisa explains to the spectators that they are about to see a play that “deals with issues of illness and wellness,” asking questions like “[w]hy are some people sick and other people are well?” (11). In the subsequent minutes, the project unravels in three different spaces that coexist on stage: 1) the “here (and now)” where Lisa is trying to develop her idea and Ann is constantly interrupting her: a domestic environment, “a slice of Lisa’s parents’ living room” (8); 2) the section that Kron’s directions define as “flexible” (8) and that incorporates the neighborhood meetings and the Allergy Unit where Lisa was institutionalized when she was a student; and 3) Lisa’s “special

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<sup>9</sup> Source: “A Well Made Segment,” a Denver Center Theater Company video about the production of *Well* ([www.youtube.com/watch?v=x\\_pO27Lxh-I&list=PL765F68D350CF25F1&index=1&feature=plpp\\_video](http://www.youtube.com/watch?v=x_pO27Lxh-I&list=PL765F68D350CF25F1&index=1&feature=plpp_video); accessed 14 June 2012).

<sup>10</sup> For general information about Kron, see her web [www.lisakron.com](http://www.lisakron.com), the Five Lesbian Brothers’ Facebook profile, and academic materials like Greene’s *Women Who Write Plays* (2001), Fisher’s *We Will Be Citizens: New Essays on Gay and Lesbian Theater* (2008), or Davy’s *Lady Dicks and Lesbian Brothers. Staging the Unimaginable at the WOW Café Theatre* (2010).

<sup>11</sup> To avoid confusion, I will always refer to the character as “Lisa” and to the author/performer as either “Kron” or “Lisa Kron”.

light,” defined in the initial instructions as “literally a square of isolated light that Lisa retreats into when she feels it necessary to have a private conversation with the audience” (8). This fragmented use of the dramatic space hints at the different theatrical forms that Kron will combine in *Well*: 1) the traditional theater production where characters have regular conversations; 2) the memory play that takes us to the protagonists’ past and conflicting versions of their own lives; and 3) the autobiographical performance, which moves here beyond the one-woman show and puts the author/character in a difficult position when it comes to explaining her staging decisions. Kron has tried to disentangle this complex web of strategies by stating that “*Well* is an actual play. But the nature of its dramatic structure is absolutely informed by my history of doing solo work” (in Weisman 36).

Thematically speaking, the work deals explicitly with health and the lack thereof by presenting Lisa’s struggle with allergies and Ann’s ailment: severe allergy with chronic fatigue on top. Implicitly, *Well* is about the process of creating an (auto)biographical piece that involves other people. Although Lisa insists that “[t]his play is not about my mother and me” (11), the process of staging it comes to be about the two of them and their relationship with each other and with the community, foregrounding a recurrent aspect in Kron’s theatrical career: “the ethics of representing others in the moment of self-representation” (Heddon, *Autobiography* 153). As the author affirms, “[w]hen you write about other people in a direct way, it is always a moral gray area” (in Weisman 36), and the text uses this as an integral part of the theatrical conflict. Thus, Lisa’s mother soon begins to question her daughter’s intentions and her role within the narrative: “You’re not writing a play about me are you?” (16). As somebody who has acquired a sense of her own agency after years of community organizing in an integrated neighborhood, she rebels at the thought of being treated as an object in someone else’s autobiographical account. “Who are you using to explore it [your health issue]?” she wants to know. “I don’t know what you mean by ‘using,’” responds Lisa, aware of her own responsibility as a narrator (16). Her justification is that she will be activating autobiographical material, but just as a means to an end: “ultimately this is an exploration of a universal experience” (17). In the process, however, Ann and the characters of the actors that Lisa has hired to perform her piece will end up forming an unexpected intratextual coalition that will resist the playwright’s authority, progressively revealing the paradox behind Lisa’s definition of *Well* as “a solo show with other people in it” (16). Self-representation, they will prove, is still representation, and others do not go untouched when an individual puts her own life on stage, because “the self is always relational. It is not only a historical and cultural construct but it is imbued with, and indeed is inseparable from, others” (Heddon, *Absent* 113). By the conclusion, Ann and her accomplices will have destroyed Lisa’s intentions of avoiding the “emotional minefield” that she foresaw at the beginning (18), and all the characters will have gone through the “messy

carefrontation” imagined by the protagonist when she set off to perform her story. As Pitt has written, then, “*Well* uses comedy to expose the violence inherent in trying to tell someone else’s story, even when that story is part of your own history” (275).

Ann’s earliest disturbance of the peace comes immediately after she wakes up on her La-Z-Boy, when she insists on treating the audience to drinks and snacks, which she ends up throwing at them, in a radical breach of the fourth wall (15). She then questions Lisa’s chronological organization of her autobiographical material (“You were having problems long before that” –19), her style, which seems to leave out important chunks of the mother’s experience (“That seemed awfully compressed” –25), and her retelling of her words and actions. She repeatedly vindicates her own voice (“Honey, just let me tell this story” –36), and she ends up stealing the focus from the alleged protagonist: one of the “actors” dismisses Lisa with a patronizing “Hang on a second, honey. I’m talking to your mom” (37). When Ann begins addressing the “actors” directly (32) the show goes through a turning point with no return: they start by confessing that they find Lisa’s proposal “a little confusing” (33), they cross over from their side of the stage to Ann’s area (38), they encourage Lisa to modify the script (51), they criticize the emotional tension they perceive (64), and they condemn Lisa’s setup as “[m]anipulative and *wrong*” (66). The main character finds an explanation in her lack of experience (“I was a solo performer for a long time, you know. It’s a lot easier to do your own thing than dealing with a bunch of ‘characters’ criticizing what they really don’t know anything about” –67), but she is adamant that “[t]his whole thing is gonna come together” (68).

Kron’s play does come together despite the characters’ mutiny, thanks to the presence of health and sickness as a unifying principle. Her theatrical *alter ego* acknowledges in one of her first monologues that she comes from a family where everyone is ill. In her context, Lisa says, lack of health “is the norm” (13). Some of her relatives have been diagnosed with “recognizable, identifiable illnesses like cancer and heart disease”; others, like her mother, suffer from “the family mystery illness – the general inability to move, to physically cope, to stay awake” (13). Her personal need is to explore the differences between those types of disorders and, above all, the great irony that Ann “is a fantastically energetic person trapped in an utterly exhausted body” (15). In spite of her condition, the mother managed to conduct an active life, leading neighborhood projects and being key to the racial integration of their area of Lansing. Her health issues, however, were passed on to Lisa, who was labelled as allergic early in her life and went through a series of trying treatments, including enemas (20), constant surveillance of her bodily functions (21), absurd water testing (26), and fasting (41).

In *Well*, individual health issues are placed side by side with social wellbeing, exploring the paradox of Ann being able to heal a community, but not

herself. The narrated past and the narrative present of the play are alternately used in order to help the audience establish meaningful connections: what the show tries to do, explains Lisa, is “looking at some scenes back and forth from the neighborhood and from when I was in the Allergy Unit to see if we can find some resonances and some parallels between those stories of healing” (18). The process of making oneself well as a person and/or as an active member of a certain social group is the organizing thread that lies underneath the apparent confusion. Within Kleinman’s taxonomy, Kron’s conceptualization of her mother’s and her community’s issues fits into the field of *sickness*, that is, “the understanding of a disorder in its generic sense across a population in relation to macrosocial (economic, political, institutional) forces” (Kleinman 6). This differs from *illness*, defined as the way “the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability” (3), which would characterize Ann’s approach, with its emphasis on the incapacitating physical signs of her allergies; and from *disease*, i.e., “what the practitioner creates in the recasting of illness in terms of theories of disorder” (5), a term that would be appropriate to explain the Head Nurse’s construction of Lisa’s problem. In this sense, Ann’s sickness is presented as part of a wider social malaise that manifests itself in racism and discrimination and that impinges on the following generations.

Looking back at her time as a patient, adult Lisa is very sceptical about the diagnosis and treatments that she was put through. As her mother’s child, young Lisa had bought into the dominant medical discourse unquestioningly, but things have changed by the time she devises her autobiographical exploration: “at the time I went into the Allergy Unit,” she explains ironically, “I believed in allergies” (22). Retelling the stories of her institutionalization, however, she makes it clear that even as a teenager she had tried to escape from the *sick role* that doctors and society had defined for women like her: “when I got to the Unit I was confused and miserable. Because I was a nineteen-year old college student, and almost all of the other patients on the Unit were middle-aged ladies. And I remember thinking to myself: I am sick, and you are sick, but I am not like you” (19). Lisa seems to know, probably because of her mother’s chronic health troubles, that the sick role, like racial prejudice, “is primarily a description of social expectations” (Freund and McGuire 131), and she is not willing to fulfil them as she has seen Ann do. When in their first meeting the Nurse treats her like a child and offers her milk of magnesia in a fake happy tone, Lisa sheepishly responds “[s]ounds fantastic” (22). But not long after that, having spent some time with other women and observed what their obsession with allergies is doing to them, she starts to use humor as a resistance strategy. When fellow patient Kay asks her “what kind of symptoms do you have?,” she replies: “I don’t have any symptoms, actually. I’m just here for the enemas” (27). Similarly, when the Nurse tells her that citrate of magnesia, which she has to drink as part of her treatment, tastes “like 7-UP”, the not-so-patient Lisa answers: “I guess.

If 7-UP were bottled by the devil and served in hell” (39). Years later, during one of her intimate moments under the “special light,” she reflects about her healing, making it clear that it was not medicalized isolation or standard allergy treatment that did the trick for her, but a consciousness-raising process built on relationships and individualized therapy and, more importantly, her insertion into a new community as a free, sexual, and active professional woman:

I was thinking –it’s sex. I’ve got this girlfriend who’s cured me with sex. It’s therapy. I moved to New York and got into therapy. I left Lansing and started to eat better food. I studied theater so I learned how to breathe and stretch. I learned, finally, what I never learned at home, that there is a correlation between not sleeping at night and feeling tired during the day, something I truly did not know before. I started to learn how to inhabit my body – that there is an alternative to dragging your body around like a stone and wishing it would disappear. That it is possible to integrate your physical self with the rest of you [. . .] I escaped to the land of the healthy people. (69)

This perspective on health, which goes beyond the traditional, passive sick role to consider the possibility of healing through a combination of individual/private and social/public actions (therapy, love, sex, theater), thus connecting the personal with the political in a typically feminist manner, resonates in other plays about health and sickness written from a lesbian perspective, such as Susan Miller’s *My Left Breast*, first performed in 1994. Like Kron, Miller uses radical strategies against the canonical role of the female patient, like she does when she appears center stage cupping her breasts and challenging the audience to guess which one is not real (98). When at the end of her show Miller discusses the healing process after the mastectomy, she does not describe chemotherapy or medical attention (which she had dealt with as a necessary evil): she talks about her lover and how she learned to desire her now asymmetrical body; she mentions the pride she places on her scar; and, above, all she highlights motherhood and her integration within a community that shared the preoccupation for their children (119-120).

The second part of Lisa’s confession echoes the words of another playwright mentioned above that has tackled the female body and its wellbeing repeatedly: Eve Ensler. In her introduction to *The Vagina Monologues*, Ensler shares this reflection about the gap that women tend to experience between their bodies and their selves within a male chauvinist society: “I’d been raped as a little girl, and although I’d grown up, and done all the adult things one does with one’s vagina, I had never really reentered that part of my body” (xxi). Writing for the theater, Ensler has added in an interview, was one of the ways she found to reconcile with her own body: “I wrote to exist” (in Greene 156). In a similar way, after a traumatic experience that cannot be compared to rape but that includes moments of institutional and biomedical violence, Kron reconstructs her biography from the

point of view of a cured woman, questioning traditional conceptualizations of sickness and healing that have obviously not worked for her or her mother. Through her life narrative, Kron represents herself, Ann, and their respective communities, vindicating the relevance of the individual and the social, the private and the public: after she has defined her work as a “theatrical exploration of issues of health and illness both in the individual and in a community” (16), Ann comments: “I suppose they are both important stories,” to which Lisa firmly answers: “Yes they are. They’re very important stories” (17).

### **“DO NOT MIX SOLO PERFORMER WITH OTHER CHARACTERS”: BRECHTIAN STRATEGIES AND CONSCIOUSNESS-RAISING**

The way Kron chooses to share her and her people’s stories is profoundly Brechtian. In *Well*, as she explains in the preface, form and content go hand in hand, “making room enough to allow life to spill over in all its contradictory messiness” (xii). Her adaptation of the German author’s strategies makes sense with her intention of opening questions about health and illness, making spectators reconsider the characters’/actors’ and –by extension– their own selves, individually and in relation to others, and creating an *autopoietic* piece that foregrounds “the interdependent bond between performer and audience” (Preface xi) while revealing the inner workings of the theatrical event.<sup>12</sup> The self-declared purpose of Kron’s theatrical exploration is “to give coherence to things that are really confusing” (75), trying to appeal to the audience’s reason –Lisa uses words like “understand” to describe what she expects from the spectators– without totally excluding emotion. Brecht allowed for a combination of both in his theory and practice, albeit with a stronger presence of the rational side: “The essential point of the epic theatre is perhaps that it appeals less to the feelings than to the spectator’s reason” (Willett 23); and women playwrights have been adapting his model for some time now, its feminist potential having been proved by theorists like Laughlin (1990), Diamond (1997), and Cuenca, Ozieblo, and Perles (2005). Alongside Kron, contemporary feminist and/or lesbian American playwrights and performers that have activated Brechtian resources in their work include Martha Boesing, Joan Schenkar, Maria Irene Fornes, Emily Mann, Ntozake Shange, or the aforementioned Linda Park-Fuller and Susan Miller. The author of *Well* continues this tradition by constructing a didactic play that historicizes health and illness and in which direct addresses to the audience, fragmentation and the conscious blurring of the distinction between actor and character should ideally prompt a Brechtian alienation effect that would

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<sup>12</sup> Marvin Carlson has defined autopoietic systems as “simultaneously producers and products” that bring about a continually operating feedback loop through “the ongoing interactions of performers and audiences” (7). I have explored the connections between performativity and autopoiesis in U.S. feminist theater in an article for the *Journal of American Studies of Turkey* (see note 4).

“allow the spectator to criticize constructively from a social point of view” (Willett 125), thus opening the consciousness-raising process that is necessary for individual and/or social transformation.

The didactic impulse behind *Well* has already been mentioned while describing Lisa’s presentation of her project. Until the ending of the play, the protagonist continues to talk to the spectators, not even considering the possibility of a fourth wall. In a Brechtian manner, assuming like the German practitioner that “the spectator must come to grips with things” (Willett 23), she tries to explain every step of the growingly chaotic process both to the direct participants and, most importantly, to the viewers. She even reserves a specific space –the “special light”– for private conversations with the people seeing the show, although Ann smashes to pieces the already improbable theatrical fiction when she questions the usefulness of the device in a highly metatheatrical manner: “You get out of that... special... light and stay here and deal with me. // (*A stunned pause.*) // LISA: Can you hear me? // ANN: Yes, of course. It’s a spotlight not a sound-proof booth. // (*The special light dissolves, leaving Lisa exposed in every way*)” (70).

Conscious historicization is also a relevant strategy in Kron’s play. In the Brechtian framework this device “challenges the presumed neutrality of any historical reflection. Rather it assumes and promotes both unofficial histories and unofficial historians” (Diamond 50). In this respect, and in line with the feminist stance she has maintained throughout her career, Kron constructs a multi-layered *herstory* based on her own and her mother’s lives, bringing onto the stage issues of gender, sexuality, race, and other political variables that condition the experiences she is trying to (re)present. Like Brecht’s dramaturgy, Kron’s helps the audience “to see the specific and changeable conditions shaping a character’s situation” (Laughlin 152), for instance when she stages the neighborhood meetings in which the evolution of the integration process are reflected; when she humorously portrays her own development as a patient; or when she naturally articulates –thus normalizing them– what Atkins calls “the multiple dimensions of lesbian lives” today: “how a woman relates to her mother, how she remembers her childhood, how she makes her art...” (Atkins 154). All of it in combination with a staging and acting style aimed at promoting an also typically Brechtian alienation effect, “a technique of taking the human social incidents to be portrayed and labelling them as something striking, something that calls for explanation” (Willett 125). Thus, in *Well* female identity, heterosexuality, family relationships, and traditional views of health are all but taken for granted: they are offered to the audience to reconsider anew, ideally moving them to question the givens, since through A-effect at its best, spectators “discover the limitations of their own perceptions, and begin to change their lives” (Diamond 49).

The aim of distancing the viewers from the play is pursued mainly through two means in Kron’s work: firstly, as it was hinted at with the quilt image used in

the introduction, through a collage-like structure that works as a significant metaphor of the fragmented, unstable identities and experiences of citizens in the postmodern context. *Well* jumps from one situation to the next, from one setting to another, letting the transitions be visible for the audience, who can then see theater for what it is: “a sign system as a sign system” (Diamond 47). The proxemic and kinetic instructions in the stage directions are performed in the open, with no curtain to hide the reality that we are watching men and women in full exercise of their profession. And this takes us to the second strategy activated by Kron: the characteristically Brechtian blurring of the limits between actors and characters, taken very far here, because we not only have to face Lisa Kron (the author/performer) as “Lisa Kron” (the character), but we also encounter an actress embodying a real person (Ann Kron) with a relationship to the author/performer/character, as well an ensemble of performers in the role of the actors that are chosen to play the characters in Lisa’s show and that pretend to be constantly breaking character to make comments about the situation, to the point that we eventually “feel as if we are simultaneously watching actors in a play and real people in a real situation” (Sheward 56). Like other feminist dramatists who have explored the possibilities of role reversal, double or cross-gender casting to achieve an A-effect (Laughlin 149), Kron plays with the expectations of the audience in order to reveal the insides of the theatrical event. By having actors/characters question her decisions, Kron makes her own creative process an issue, while raising others that are inherently related to the (auto)biographical genre: the ethics of remembering; the subject’s obligation to history, people and events; and the role of the spectator as witness (Heddon, *Absent* 112-113). At the end of the day, the conventional limits of the theatrical space have been turned irrelevant by the author and, as Stevenson concludes, “*Well* finds its strength not in the answers, but in the tangible connections that Kron establishes between herself and her material, and between herself and her audience –actors or no actors” (674).

## BY WAY OF CONCLUSION

In her website, Lisa Kron defines her works as “pieces that inhabit the gray area between theater and performance art,” creating “a conversation with an audience that is simultaneously a conversation happening in real time and a carefully constructed theatrical event”.<sup>13</sup> An explanation that, as we have seen, fits perfectly with *Well*; a liminal product that combines theatricalized (auto)biography, solo performance, and Brechtian drama, with the first element as the dominant one, foregrounding issues of narrative/social agency and exposing the mechanisms, difficulties, and fallacies underlying the process of (self)representation. It is, in

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<sup>13</sup> www.lisakron.com. Accessed 19 June 2012.

Lisa's words, "a whole new thing" (16) that confirms the experimental tendencies of feminist (auto)biography suggested in *Autobiography and Performance* and the validity of the genre to "engage with the pressing matters of the present which relate to equality, to justice, to citizenship, to human rights" (Heddon, *Autobiography* 2). By opening discussions about health (curing vs. caring, the sick role, the parallelism between individual and social wellbeing) and contemporary identities (woman, mother, daughter, patient, Jewish, lesbian), Kron's proposal stands as a form of cultural intervention with a significant potential for efficacy.

Writing about the possibilities of alternative theater in the same optimistic spirit as Heddon (2008) or Román, author of *Performance in America* (2005), Kershaw argues that certain performances "might –individually and collectively– contribute to changes," moving the micro-level of individual shows and the macro-level of the socio-political order to interact (1). He defines *efficacy* as "the potential that theatre may have to make the immediate effects of performance influence, however minutely, the general historical evolution of wider social and political realities" (1). In this sense, some of the shows tackled in our introduction have proved to be *efficacious*: Ariadne's *In Mourning and in Rage* forced a phone company in L.A. to list rape hotlines; a \$100,000 reward was offered by the county for information about the Hillside Strangler, a serial rapist and killer whose media coverage had initially prompted the action; self-defense workshops for city employees were organized; and in general, according to one of the creators, "[i]t's fair to suggest that this performance considerably enhanced future interaction between artists and feminist activists in the city" (Lacy 71). Other initiatives, like the Church Ladies for Choice's shows, have served to boost the morale of women involved in a process of abortion; have repeatedly neutralized the violence of the Operation Rescue guerrillas; and have nourished the participants in the events, furthering their growth as performers/activists/social agents (Cohen-Cruz 95-97).

In the case of *Well*, which leans more onto the artistic than the directly activist, but which maintains a radical quality in the staging of a feminist and lesbian perspective of health and sickness, the long-term impact is difficult to measure without establishing discussion and follow-up groups –which could be a project for another paper. The positive immediate response, however, is made obvious by the fact that such an unusual, initially marginal show would end up on Broadway. The playwright reads this as an acknowledgment of her ability to promote a dynamic connection between the audience and herself, her character, and her material (in Weisman 37), which guarantees an engagement that is a must for personal/social transformation. As Green describes, *Well* drags the author/performer "out of the land of interior narrative into the much more complicated, and even dangerous, drama of community" (5), putting into question the canonical, individualistic view of health in the Western world. The fact that it does not provide answers, but opens a series of questions about individual and collective wellbeing is also a starting point for a

process of consciousness-raising that feminism has cultivated for decades. Through the staging of conflicting versions of Lisa's and Ann's experiences of sickness and healing, *Well* sets into motion a process of *ideological transaction*, both intratextual –between the characters– and extratextual –between performers and audiences, who are invited, via Brechtian strategies, to actively de-codify what they witness. As described by Kershaw, “[i]deology is the source of the collective ability of performers and audience to make more or less common sense of the signs used in the performance” (16). In this sense, Kron's self-defined “theatrical exploration” constitutes an example of what Weisman has called “subversive autobiography” (34), going a long way beyond a postmodern, depoliticized representation of the self. It problematizes individual and collective identity and it extends its aims onto a kind of political intervention that, in the line of other alternative performances of the 21<sup>st</sup> century, “help[s] audiences restructure or, at the very least, reimagine their social selves” (Román 4). In short, *Well* is a play within a play that, in a performative manner, simultaneously produces and deconstructs theatrical structures and metaphysical/social givens as it happens. It proves that originality is still possible in feminist autobiography and that, as Brantley concluded in a review, “theater can achieve what no other art form can” (5): in this case, to raise collective awareness about who we are, how we relate to our bodies, ourselves and our communities, and why some people are sick and other people are well.

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<sup>14</sup> Originally published in *Hypatia* 21.3 (Summer 2006): 1-19.