Tripping Up: Narrative Failure in Lisa Kron’s *Well*
Failure is what brought me to *Well*. *Well* is a play which revolves around failure, and through the lens of failure it is able to deconstruct the identities and narratives upon which dominant culture is founded. The first time that I read Lisa Kron’s *Well* coincided with an important discovery about myself as a performer. I had been involved in comedy for several years by that point, but it had always been improvised. As a member of an improvisational comedy group, The Throng, the concepts of success and failure held little to no bearing upon our performances. Instead, the freedom of the form allowed for comedic experimentation and exploration, absent from any pressure for perfection. In fact, in this form, failure is built into the form, and becomes part of the joke. Because of this, I never encountered the sort of stage fright that one would expect from standing in front of a crowd and attempting to entertain.

However, when I first read *Well*, I also began to delve into the genre of stand-up comedy, a form that relied upon liveness, which meant the threat of failure was ever-present. This was a whole different sort of storytelling. As preparation became an important part of the performance, I began to notice the pressure involved as well. Any stand-up comedian will describe getting onstage and “bombing” as the worst sort of nightmare. Preparation necessitated thought and consideration, and as those factors were included, failure grew to be the specter looming over each performance. However, there was something more than that, there had to be, or no one would ever put themselves through that experience. For me, the stage fright that came from the possibility of total failure (which would be all too clearly indicated by the crickets that accompany a bad joke) forcibly foregrounded my identity. Rather than attempting to throw away any idea of my own self, and fall into a new and different character for each new improvised scene, the prepared performance relied upon a cohesive sense of self. Moreover, despite my positionality as a white, cis-gender, temporarily able-bodied, heterosexual man,
failure allowed me to map traumatic anxieties and difficulties of non-dominant narratives onto the anxiety associated with live performance. Because of that, failure implied a loss of self, or an inadequacy of the self. So when I stepped onstage to perform, I was anything but confident, and my entire body shook the entire time.

However, failure is not inevitable. As I practiced and honed my skills, the threat of failure became a thrilling drive which gave the stories I told urgency. In fact, I began to structure my stories and jokes around the nervous energy that possible failure created. As I began to investigate these qualities, I was pointed to Well, which utilized the same and similar aesthetic qualities.

Kron begins the play by stating that it is not a play. This intentionally ironic statement immediately sets the mood for the ensuing performance. It is a play because it takes place onstage, and has all of the trappings that we expect from a play: dialogue, characters, a set, etc. Yet, it is not a play because the heart of the play depends upon the ways that those trappings are stripped away, which Kron accomplishes using “failure” as a narrative device.

In this essay I will show how Kron connects a contrived “failure” to the over-simplification of complex narratives. I then argue that failing to accurately portray their complexities becomes a way to emphasize those complexities, while also collapsing the linear narratives upon which normativity and dominant culture are founded.

**Well: A Play about a Play**

*Well* is essentially the story of a New York performance artist named Lisa who is undertaking the challenge of directing and performing in an “intended play.”

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develops, it becomes clear that Lisa is trying to combine three stories around the central theme of
“wellness” and then tie them all together at the end. First, Lisa wants to tell the story of her
mother, Ann, who is “a fantastically energetic person trapped in an utterly exhausted body.”² Ann attributes this phenomenon to “allergies,” but it is never specifically identified. Meanwhile, Lisa discusses this oxymoronic condition with the audience through a set of carefully prepared monologues, but she also begins to discuss it with Ann, who is onstage in a La-Z-Boy. As this storyline progresses, dramatic tension rises between Lisa and Ann. Lisa has a carefully prepared script that she wants to follow, and yet Ann interrupts her in a variety of ways: throwing snacks to the audience, disputing the facts of Lisa’s story, going to check if the VCR taped an ice-skating competition etc. This storyline forms the “present” of the play, with Lisa narrating and guiding the story, and directing a group of actors to help explore two storylines set in the past.

One of those stories is connected to Ann’s past. Lisa informs the audience that during her childhood, Ann “decided she wanted my brother and me to be raised in a racially integrated neighborhood, and then she set about to create one.”³ Lisa wants to discuss the ways that her mother helped to make the neighborhood “well” by trying to address the racial tensions that were causing trouble. Of course, that means that the discussion is still related to her mother’s illness, since Lisa is trying to tell a story around the theme of wellness. This particular subplot focuses upon the parts of Lisa’s childhood during which Ann was community organizing as president of the West Side Neighborhood Association, and a group of other actors play supporting roles as people involved in the community. Scenes of meetings of the Neighborhood Association unfold; Lisa (as a child) playing with a racially diverse group of children; and even an argument between

² Kron, 15.
³ Ibid.
Ann and a next door neighbor with a drinking problem who is specifically cast as an African American.4

Interspersed between the scenes of “present time” and the neighborhood, Lisa is also telling the story of her time in the Allergy Ward of a hospital during her college age years. In these scenes, Lisa explains that at the time she entered the ward she “believed in allergies. In my family we believe in allergies.”5 Because of this, Lisa tracks the trajectory of her experiences in the ward that led her to stop believing in these “allergies,” and get well. Again with the help of the supporting actors, Lisa acts outs the scene of her arriving at the hospital and meeting her roommate; scenes of the difficult and sometimes painful testing that she and the other patients endure; and, ultimately, her decision to leave the ward. Again, these scenes are interspersed with the other storylines, and as the play progresses, the divisions between them begin to lose their rigidity.

Throughout the course of Well, Lisa is attempting to create a play which fuses the subplots of her childhood, hospitalization, and her present into some sort of resolution. However, the elements of the play that she needs for it to move forward smoothly stop cooperating. The group of actors who are supposed to play roles that are specific to each particular storyline begin to bleed into other stories and to break character to argue with Lisa about the decisions she is making as playwright. Ann begins to dispute the facts of each story upon which Lisa is drawing. At a few critical points, a bully from Lisa’s childhood runs onto stage. All of these things combine to drive the play to its climax. That climax is a conversation

4 Kron uses these narratives of race as a foil for her critique of dominant narratives of disability. Rather than only using race narrative as a metaphor for disability, Kron has her narrator try to push the highly recognizable white savior narrative, so that the ways that each type of story is predetermined strengthens the critique of the other.

5 Kron, 22.
between Lisa and Ann where the last of the storytelling techniques that Lisa has been using to move her story along is stripped away. Ann informs Lisa that the spotlight that Lisa has been using to separate herself from the action on stage and discuss things with the audience does not actually separate her at all. Instead of allowing Lisa to calmly discuss issues of wellness with the audience, Ann makes her confront the “real” situations, demanding that Lisa “stay here and deal with me.”6 As their argument continues, suddenly the actor playing Ann, named Jayne, breaks character and refuses to act out the ending to the story that Lisa has planned because “The ending… the way you wrote it… it’s—trite. It’s too… it’s too—small.”7 Because of this interruption, the story that Lisa is telling does not end with Lisa “about to wrap it all up and… tie it together.”8 Instead, Jayne tells Lisa that she cannot answer any of the large thematic questions that she wants to, because those kind of questions just do not have answers. So instead, the play ends with Lisa reading a speech which her mother gave at one of the neighborhood meetings. In the speech, Ann talks about integration as “weaving into the whole even the parts that are uncomfortable or don’t seem to fit. Even the parts that are complicated and painful.”9 So really, the plot of Well is a storyteller who tries to organize and perform a straightforward play, and then fails because the stories cannot be resolved easily. Finally, the fact that these stories fail is not because the narrator is a failure. In the section that follows, I will show that Well relies on the dynamic of a practiced performer, who starts the play overly prepared, and then creates a contrived “failure.”

The Narrator as Character: Contrived Insecurity in Lisa Kron’s Body of Work

6 Kron, 70.
7 Kron, 73.
8 Ibid.
9 Kron, 76.
Since there is a preoccupation with narrative in *Well*, the role of the narrator in the play takes on an added importance. For this reason, to gain an entry point for analysis, Lisa Kron’s biography is a critical place to start. Similar to my own narrative, Kron’s performance techniques evolved from improvised spontaneity to a carefully crafted art. Tracing that evolution will show the powerful way that failure is used in *Well*, and that by the time *Well* came to be, true failure is no longer a possibility for Kron.

Kron came to the New York City performance community with plans, and the training, to be a traditional actor. Instead, she quickly became involved in, and an integral part of, the radical feminist theater collective, the WOW Café. Kron began by simply standing alone onstage and telling stories (perhaps where she gained her understanding of “bombing” as a narrative device), a sensibility that she brings to *Well*. Then, she began to collaborate with other performers as a member of the Five Lesbian Brothers, a queer and feminist collective that created spontaneous and satirical works first at the WOW Café, and then at larger venues throughout New York City.

When Kron first performed at the WOW Café, failure was ever present, and even built into the experience. As Kron says in the preface to *Well*, “I began my writing life by not writing at all, but by improvising humorous anecdotal stories on the many tiny stages that used to pepper the East Village […] My goals were to learn to make an authentic connection with an audience, to feel and shape the energy in a room and to teach myself the skills to make an audience laugh on a consistent basis.”10 This sort of storytelling hinges upon live performance, and because of this, failure can always happen. Additionally, her stories often revolved around her own failure to meet dominant culture’s expectations, focusing on “her lovable but highly eccentric family

10 Kron, x.
and working with directors and teachers who recognized her talent but were flummoxed by her queer Jewish body.” Kron seized on this type of failure in her work, and then created more constructed works that investigated that dynamic.

Performances done at the WOW Café or done by the performers from WOW created a similar kind of failure. They utilized a DIY aesthetic, and so often costumes and scenery, as well as the fourth wall, would break. However, the artistic mission of WOW was also to show things like normative sexuality or gender roles falling apart. The Five Lesbian Brothers stood out among other WOW Café performers because they achieved success that branched out to the mainstream (their success coincided with a practiced form which made the possibility of actual failure impossible), but their works also show the WOW aesthetic. For example, their Paradykes Lost is a performance that uses the classic “whodunit” style of an Agatha Christie-type story to focus on a “queer feminist take on otherwise stock characters.” Each of these characters are played by women, and the plot of the show includes cross-dressing and queer love triangles, all of which help to deconstruct normative culture. That these types of collaboratively produced plays with queer and feminist sensibilities appeared on Broadway, and were reviewed by the mainstream press, is perhaps an indication of the usefulness of carefully constructed failure as a tool to relate non-normative narratives.

Within the Brothers themselves, Kron has been embraced the most in those areas. Her solo works 101 Humiliating Stories and 2.5 Minute Ride achieved great success, including positive reviews by the mainstream media, earning multiple theater awards, and being produced in mainstream theaters across the country. Both of these works use ideas of failure as a method

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12 Ibid
to address a challenge which she identifies in the preface to Well; that “it’s very difficult to create dramatic action when there is no second character onstage to provide an obstacle to the agenda of the primary character.” The solution that she arrives at in those solo plays is to focus the conflict and the action upon the process of telling a story. So in 2.5 Minute Ride and 101 Humiliating Stories much of the plot hinges upon whether or not she will be able to successfully tell the stories, or whether she will fail. This is of course a false image, because each of these works are carefully created, and heavily rehearsed. Kron often uses the “insecurity” that the threat produces in the narrator to get to the heart of the larger issues of her plays. By insecurity, I refer to the ways that even from the start of the play, Lisa pretends to have limited control of the play. Here, I am not referring to any aspect of the text, but instead to the realities of performance. Even the most polished stage production can crumble in an instant with a forgotten line, a mistimed cue, or a disruption from the audience. A confident performer glosses over these pitfalls, and hopefully avoids them. However, as Kron writes it, the character of an insecure performer is overly concerned with the possibility of failure. In 2.5 Minute Ride, the narrator uses tools to fight against failure: note cards and pictures on slides (although these slides are shown simply as colored lights). Nevertheless, the presence of the threat of failure remains.

2.5 Minute Ride forces Kron as narrator to enact the process of understanding her father and his relationship to the Holocaust. 2.5 Minute Ride spends much of its time discussing things like a middle American amusement park, and large Midwestern shopping complexes, and then alternates to a description of a trip to Auschwitz. The narrator uses this to disorient the audience, and to delve into issues of family and trauma. This is an attempt by the insecure narrator to find

13 Kron, ix-x.
some way to articulate trauma, without cheapening it by making it too straightforward. Trauma rebels against the logical timeline of dominant culture; but often trauma is something which we expect to fit into a linear frame. Peggy Phelan identifies one example of this as our “lens of ‘terminal illness’”—[through which] we expect building clouds, darker skies, and then the final surrender.”\textsuperscript{15} In \textit{2.5 Minute Ride}, Kron attempts to grapple with the trauma of the Holocaust, an event too traumatic to be processed linearly. Instead, as Ann Cvetkovich puts it in her analysis of \textit{2.5 Minute Ride}, “[it’s] abrupt transitions between narratives tell a story by not telling it.”\textsuperscript{16} Kron plays the character of an insecure narrator, and then a depiction of that character failing foregrounds her identity as a queer Jewish woman. Specifically, she loses her father’s glasses on a visit to Auschwitz, and in failing to find them realizes “my dad has lost much more important things than his glasses in this place, but that was a long time ago[…] I thought I could come here for a day and then get on with my life.”\textsuperscript{17} She fails in a minor way, and then the intergenerational trauma of the Holocaust hits her. The narrator must experience the brushes with identity and self rather than character that I felt performing stand up comedy for the first time, while also showing the way that identities (unlike mine) which are ignored by dominant culture make narrative failure inevitable.

Kron then took that technique of contrived failure, and applied it to \textit{Well}, a work with many characters rather than a solo show. \textit{Well} is \textit{avant garde}, yet has achieved mainstream success. The play relies upon the appearance of disorder and a DIY aesthetic, and yet it is a finely wrought and carefully rehearsed performance that reached Broadway. So again, failure in

\textsuperscript{17} Kron, Lisa. \textit{2.5 Minute Ride ; And, 101 Humiliating Stories}. New York: Theatre Communications Group, 2001. Print. 34.
Well, even when it appears to be the total failure of Lisa at the end, is not true failure, but instead a narrative device. Kron herself describes this in the preface to Well, explaining that to create conflict she created “a character with a transparent agenda about whom the audience could ask ‘who is this person and why is she telling me this story? What does she need out of this?’”\textsuperscript{18} Because the narrator is telling something urgently important to her, and wants something to come out of the telling, she creates an incredibly specific plan. Then, through the volatile act of storytelling, that plan fails. The show is telling a story, but simultaneously enacts all of the difficulties involved in that attempt, and embraces failure as more of an inevitability than simply as a threat. In the section that follows, I examine the storytelling of Well in order to better understand how complex narratives—such as illness, family, race, and class, which historically have been told in linear and over-simplified ways—must refuse narrative closure. I argue that these ideas are designed to frustrate an audience’s search for closure within the play.

The Impossibility of Storytelling in Well

Kron as a storyteller in Well both uses techniques which have been long established in the theater, and those which have evolved from a more underground aesthetic sensibility. As she describes herself in the Preface to Well, she had an “inherent appreciation for traditional theatrical structures,” that was “confronted with performances built on structures that ranged from nontraditional to nonexistent.”\textsuperscript{19} Here again, she is referring to her time performing at and around The WOW Cafe Theatre: a “hugely amorphous entity,” with an “anarchic approach,”\textsuperscript{20} as Kate Davy describes it in her critical history of the theatre. Davy explains that WOW is “an

\textsuperscript{18} Well, x.
\textsuperscript{19} Well, ix.
entity that has rarely, if ever, appeared in the official annals of either ‘legitimate theater’ or avant-garde performance.”21 As detailed previously, WOW eschewed traditional theater, and instead embracing a style of performance that included (and encouraged) “thrown-together sets and costumes, missed entrances, and actors fishing for their lines.”22 Kron came to this environment at the suggestion of a friend after first pursuing a much more traditional career in theater. As I will detail, *Well* combines the haphazard storytelling sensibility that Kron learned at WOW with the more formalized theater approaches articulated by Bertholt Brecht in order to place them in conversation with each other around the narratives of illness and healing.

Rather than creating a storytelling hierarchy, *Well* uses those two seemingly opposite ideas simultaneously to undermine the idea of a successful narrative, especially the narrative of “healing” which is the focus of the intended play. At first, a scene will appear to tell a story in a traditional way, and will actually use traditional storytelling techniques to accomplish that. These traditional techniques signal to an audience the next logical and linear step in a narrative; however, the scene will also undermine those techniques at the same time. In order to analyze that dynamic, I will follow that pattern in my readings of these scenes. I will start with the traditional narrative, and then move to the ways that Kron undermines that narrative, and then the idea of narrative at all.

This dynamic is present before the play even begins. In the playwright’s notes Lisa Kron describes the main character as “a New York performance artist writing a play NOT about herself.”23 This calls attention to the fact that a performance is being constructed, which informs the members of the audience and trusts each of them to consider the play from the outside rather

21 Davy, 1.
22 Ibid.
23 *Well.*
than attempting to lure them into the play world. This is reinforced by the character notes of the ensemble, who “should be referred to throughout the play by their actual names,” and should be played as “‘real people.’” \(^{24}\) The actors are instructed to do what Brecht describes as “remaining detached from the character they were playing and clearly inviting criticism of him.” \(^{25}\) Kron takes this a step farther by placing actors on stage and then instructing them to gradually become real people reacting to the events of the play. In other words, by the end of *Well*, the ensemble is made up of example audience members who “gesture,” \(^{26}\) in the Brechtian sense, to the true audience how to react to the play. The fact that the ensemble is intentionally diverse (both in the actors who make it up and the plurality of characters that they each play), only serves to reach a wider portion of each performance’s audience. The play’s notes similarly produce this dynamic with the description of the setting. Kron instructs that “as the ‘intended play’ derails, this half of the stage should reflect the derailment with incomplete scene changes, broken and malfunctioning scenery, etc.” \(^{27}\) So, even with the scenery, Kron reveals the fourth wall rather than hiding it, which Brecht identifies as a device to remind the audience that a story is being told.

Similarly, Kron begins her play by immediately breaking the fourth wall and indicating that a play is happening.

LISA (*To the audience*): Hello. Good evening. Hi. Thank you all so much for coming. I want to tell you a little bit about what we’re going to be doing. This play that we’re about to do deals with issues of illness and wellness. It asks the question: Why are some people sick and other people are well? Why are some

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\(^{24}\) *Well*.


\(^{26}\) Brecht’s theory of “gestus” is that by gesturing, an actor can convey things like physical attitude, tone, social dynamics, etc, which are typically too complicated and contradictory to be conveyed through dialogue.

\(^{27}\) *Well*. 
people sick for years and years and other people are sick for a while but then they get better? Why is that? What is the difference between those people? Lisa speaks this monologue to the audience, performing the role of a classic narrator. She has a play to tell, she reads off a stack of note cards, and she has framing questions. Lisa is only addressing the audience through that dynamic, and the questions that she proposes are the beginnings of the over-simplified plot of the intended play. She asks “what is the difference between those people?” propping up a normative hierarchy of illness and health. However, Well actually critiques the idea of any simple difference between illness and wellness.

The next character that is introduced also breaks the fourth wall, but to different ends. Ann is introduced and then she begins to address the audience directly.

Oh, hello. (To Lisa) You didn’t tell me there were people here. (Back to the audience) Hi. How’re you doing. I’d offer you a more comfortable chair but then where would we put the coats? Lisa, why don’t you offer these people something to drink? I’ve got to go up and check that VCR. (Goes upstairs, painfully limping on every step)

Ann is the complete opposite of Lisa. Instead of breaking the fourth wall as a narrator, focused upon driving the narrative forward, Ann is a character who asks the audience “How’re you doing?” and then throws them snacks. Ann is able to influence the story, and interact with the audience, but is not emotionally invested in the “intended play” succeeding. Ann becomes connected with the audience, but on a complex emotional level, rather than simply as a narrator.

Finally, the opening scene considers illness in an important way. Lisa opens the discussion of ability by speaking of the personal. She sets up a dichotomy between

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28 Well, 11.
29 Ibid.
30 Well, 13
31 Well, 13.
knowable illness: “some of the people in my family have recognizable, identifiable illnesses like cancer and heart disease;”\textsuperscript{32} and the members of her family who have “the mystery family illness.”\textsuperscript{33} By placing the “unwell” characters (and later in the allergy ward) out of the cultural context that a specific type of sickness would supply, Kron makes them culturally hybrid rather than what Elin Diamond refers to as “transcendently coherent.”\textsuperscript{34} Diamond is explaining the way that playwright Adrienne Kennedy refers to famous white Hollywood stars and then uses her own Blackness to trouble the spectator’s experience. Diamond identifies a technique of multiple specificity which causes alienation and highlights the way these characters’ narratives are developed. In \textit{Well}, Kron does the exact opposite. She leaves the illnesses in the play ambiguous, and so the audience is unable to project the socially and culturally produced narratives that occur around specific types of illness (for example: mental illness, cancer, sexually transmitted diseases) onto the characters in \textit{Well}.

So, even from the beginning, ostensibly within the intentional play, Kron troubles our idea of narrative closure. Kron problematizes ideas of “wellness” and “illness” at the level of plot. By refusing to specifically label her mother’s illness as anything except “allergies,” Kron allows space for Ann to create her own identity, rather than her identity forming because of its difference from the societal norm of “able-bodiedness.” Like heterosexuality, compulsory able-bodiedness is “constituted through repetitive performances,”\textsuperscript{35} which calls attention to the

\begin{footnotes}
\item[32] \textit{Well}, 13.
\item[33] Ibid.
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number of “institutions in our culture [that] are showcases for able-bodied performance.”³⁶ Similarly, in the opening scene, Ann attempts to perform many of those actions which call for able-bodied performance: climbing stairs, throwing things, carrying things, and she both succeeds and fails. Lisa describes Ann as sickly and without energy, but Ann is also a bustle of energy, described as “almost impish.”³⁷ In other words, rather than being defined as solely sick or well, she falls in an in-between space. As Alison Kafer points out, “the medical field in particular has a long tradition of describing disability in reference to time, ‘chronic’ fatigue, ‘intermittent’ symptoms, and ‘constant’ pain are each ways of defining illness and disability in and through time.”³⁸ Kafer explains a framework for queering time away from the straight (and necessarily white and able-bodied) conception of time to which those formulations of illness point. Queer time proposes that ordinary, or straight time, cannot represent the different ways that time passes for those outside of dominant culture. Similarly, Lisa defines Ann’s illness, and later her own, in these same terms. She explains that “my mother’s been sick, like that, for as long as I can remember.”³⁹ Lisa does not place the story of her mother’s illness into the realm of what Kafer calls “prognosis time,” or the liminal temporality that occurs when the future (how long to live) is knowable, but “futurity itself becomes tenuous.”⁴⁰ For Kron’s play, prognosis time (or the way that a defined illness can place a definite timeline on life) is too well delineated. Instead, both Lisa and Ann are placed into the “time of undiagnosis.”⁴¹ Undiagnosis involves a lack of certainty, an impossibility of storytelling, and Kron’s narrator is unconsciously struggling

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³⁶ McRuer, 9.
³⁷ Well, 15.
³⁹ Well, 13.
⁴⁰ Kafer, 36.
⁴¹ Kafer, 37.
with that fact even here. Moreover, by narrating Ann as a character outside of straight time, Kron affects an alienation from the audience, all of which troubles our narratives of able-bodiedness, as well as storytelling in general.

Kron also introduces the topic of race in the early part of *Well*. Lisa brings up the topic as she is laying out her plans for the “intended play,” telling Ann that the play is “about your work and how you helped to heal this neighborhood.” The concept of healing is central to the intended plays formulation of race narratives. This lays out the story, which is told from Lisa’s memory, as if it is a white savior narrative. Lisa quotes Ann as always saying “it’s important to be different.” Lisa connects this value of her mother’s to Ann’s time as head of the neighborhood association. Lisa depicts these meetings in an intentionally simple way, and then uses that to highlight the driving forces behind the narrative.

As the first neighborhood meeting assembles, Lisa addresses the audience as narrator while other characters chat with young Lisa (still played by Lisa) and reenact a montage of meetings. This places Lisa as a hybrid character. She is here the educated, composed playwright telling a story from memory; however, she is also playing the character of a young child, the one actually experiencing the action. Although the story is presented as an accurate memory, the presence of young Lisa questions that accuracy. This leads to a similar consideration of the racist social structures under which the story she is telling developed. Diamond agrees that narrators who are also characters make it so that the “space of action is temporally doubled.”

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42 *Well*, 17.
43 *Well*, 22.
44 This is a section that does seem to use race narratives as a way to further destabilize disability narratives. Kron does use race in that way, however, the reason it is such a useful tool, is that the “white savior” narrative exists so prominently in our society. By emphasizing it, Kron draws parallels to disability narratives, but she also undermines the race narrative as well.
45 Diamond, Rethinking Identification. 96.
This forces the audience to consider how the perspective of Lisa telling a story about race relations in her childhood elides the complexities of those stories. On one hand, the story is told from a child’s naively over-simplified point of view. On the other hand, the fact that it is a memory shows that the story has been over-simplified in order to fit with dominant culture. Put simply, this shows that Lisa’s lines as the narrator are too apropos. She describes the neighborhood as “terminally ill,” and remembers her mother “suggesting to people that not only was the West Side not sick, but that an integrated neighborhood was actually healthier than a nonintegrated neighborhood.”46 By placing her childhood neighborhood’s story into the discourse of sickness and health, which the play has already begun to destabilize, Kron is emphasizing the intersections between the issues of race and disability. Both of these storylines within Well’s “intended play” are being influenced by social and cultural forces.

Once those forces are brought to the foreground, parts of this scene show the way that a simple story can occlude significant details. Lisa informs the audience that “it never occurred to my mother she’d end up running [the neighborhood association]. She didn’t have any political experience.”47 Lisa includes this fact as an ironic detail compared to her mother’s frailty. However, in the highlighted context of the racist structures of the past, this detail reminds the audience of the privileged status of white characters.

As the montage of neighborhood association meetings ends, Ann calls Lisa over to discuss her storytelling. The story that Lisa tells is, according to Ann, “awfully compressed.” 48 Ann raises this objection, and what follows is a discussion that hinges on the difficulties of

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46 Well, 23.
47 Well, 23.
48 Well, 25.
storytelling. Lisa explains to her mother, “It was compressed. That was a montage.”49 In order to act out the story on stage as she intends, Lisa has to compress and edit parts of the story. Ann asks “was that supposed to be Howard and Jim?” and Lisa answers “Mom, I know we’re not getting in every detail, but what I’m aiming for is more the overall effect.” Lisa is performing the role of playwright, and is articulating the decisions that have to be made in order to construct narrative. Moreover, by Ann reminding the audience that “there were sure an awful lot of complications in seven years”50 and asking Lisa “what else do you remember about that time?”51 Kron again emphasizes the instability of the storytelling process. Despite the narrator and the author sharing a name, Well actively undermines its narrator rather than granting her any authority. This means that when she narrates, the audience questions rather than accepts, her side of the story.

Lisa’s narrative control slips further into question as Ann begins to chat with the actors and the audience. Ann adds detail to the story, but Lisa (as storyteller) attempts to silence her, repeatedly saying “Mom, please don’t talk over the scene.”52 Ann explains that she “just wanted a quick hello,” and that it “seems a little awkward to be going along here without a little introduction.”53 Here, Lisa gives preference to the storyline, while Ann shows genuine interest and care for the characters. This is the first time that Lisa really fails to carry the story forward. Previously, Ann’s interruptions have been quickly silenced and overruled. Here though, Ann interrupts the story, but also places the theatrical production under the spotlight. The actors are

49 Ibid.
50 Well, 26.
51 Ibid.
52 Well, 31.
53 Well, 31.
asked “are you all enjoying being in the play?”54 and they all react to it in different ways, even admitting that “it’s a little confusing.”55 Lisa maintains that “it’s not meant to be a ‘well-made play,’”56 attempting to regain control of the narrative. Here she restates all of the goals of the intended play, but now an air of uncertainty and possible failure has been introduced. Lisa is afraid of losing narrative control, and her lines show the palpable anxiety of her performance: “it’s not a simple structure, I’ll grant you that, but it’s going to...come together. I was sick and then I got well...the neighborhood was sick and it got well… (uncomfortable pause).” This is the moment where Lisa is confronted with the possibility of her intended play failing.

The idea of the relationship between failure and disability is critical to an understanding of Well. In her chapter on crip time (a subset of queer time which emphasizes the different time frames caused by being differently abled), Kafer discusses the way that falling (a failure of ability) leads to “tripping up categories of identification and disidentification.”57 I want to discuss Lisa’s failure on the stage in these terms of tripping up. Lisa wants to tell her story in a complicated way, as a “theatrical exploration,” but she is still attempting to let the story “pass” as a narrative with structure and form. However, “falling makes passing impossible,” because “as she inhabits one category in her mind at the same time as she inhabits another in the eyes of others.”58 Kron makes the character of Lisa (a storyteller) start to fail, which highlights the ways that a “successful” story can fit into societal norms. Here, Lisa fails, living up to societal ideas of how a disabled narrator—coping with whatever unnamed disease placed her in the allergy ward to begin with—might fail; however, she also fails to meet expectations for what a

54 Well, 32.
55 Well, 33.
56 Ibid.
57 Kafer, 36.
58 Ibid.
storyteller should be. This self-contradictory combination of meeting and failing to meet expectations places Lisa right at the point of moving beyond Brechtian Epic Theater. Brecht hopes to isolate a better way to tell a story, by placing a narrator onstage and describing the story to the audience. Kron’s narrator Lisa starts out as that kind of Brechtian narrator. Then, she fails. Although it seems simplistic, the beginning of the failure of narrative in Well goes hand in hand with the failure of the narrator. Therefore, this initial scene of failure begins to queer and crip the play as a whole, by queering and criping the narrator.

Kafer’s notion of “undiagnosis time” is also a helpful framework for understanding the trauma of having a conclusive narrative. For example, towards the end of the play, Ann talks to actor B about her theory of allergies. This moment is brought on by B asking Lisa “Based on what we rehearsed—are we supposed to play these characters in the Unit as a little whacked? Or are we trying to convey that people actually got better?”59 This is an important moment because B is putting more stress on Lisa’s intended play. To read this moment correctly, you have to consider the dominant narratives of wellness. Lisa’s intended play operates on the principle that she got better, or returned to the norm of able-bodiedness, by breaking free of the allergy ward and deciding that she had always felt sick because of her mother’s insistence on allergies. However, at this moment in the actual play, Ann begins to describe the difficulties and heartbreak associated with the time of undiagnosis. Ann’s doctors told her she “had mono six times,” and then “I don’t know what to tell you but that’s what you’ve got.”60 Then, another doctor informed her that she had “tired housewives syndrome.”61 In this scene Ann envies Lisa’s

59 Well, 37.
60 Well, 37.
61 Ibid.
chance in an allergy ward, because while there Lisa gained the comfort of narrative closure. But how did Lisa come to this sense of closure, and what does that do to our sense of narrative?

Lisa points to her ultimate “recovery” not by naming any particular illness or malady, but instead by pointing to the undiagnosable specter of allergies. This move, which drives the narrative of the intended play, denies the reality of Ann’s undiagnosable (yet clearly real in the play world) illness, as well as that of all who struggle with this sort of undiagnosis. As Kafer puts it, the trauma of undiagnosis time is connected to “the repeated refusal of care and services, the constant denial of one’s experiences (my emphasis), the slow exacerbation of one’s symptoms, the years without recognition or diagnosis, the waiting.”62 Ann also speaks to this trauma by saying “Wasn’t it Susan Sontag who pointed out that whenever the cause of an illness is mysterious, it’s assumed to come from psychological problems or a moral weakness. And once science finally figures out the medical root of the illness that assumption disappears.”63 Seen through this lens, the narrative that Lisa is constructing in the intended play is an inherently harmful one. Lisa desperately needs to identify and name every problem that occurs in *Well*, because that is in many ways what society demands. However, and this is important, the unraveling in *Well* makes it clear that this narrative also harms Lisa. In fact, Lisa’s insistence on the intended play comes from her struggles with and against compulsory able-bodiedness. This is shown by her desperation to keep the play running smoothly, with stage directions stating things like “*(Lisa has now completed setting up the next Allergy Unit scene by herself.)*”64 As McRuer points out, “able-bodiedness, in turn, is defined vaguely as ‘soundness of health; ability

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62 Kafer, 37.
63 *Well*, 44.
64 *Well*, 38.
to work; robustness.”\textsuperscript{65} So again, by failing, Lisa must confront the fact that she is not able-bodied, but instead the play is forcing her to acknowledge the fact that her narratives cannot seem to fit into a linear understanding of time. In \textit{Well}, this means that although the separate storylines seem to progress linearly through time, the action that takes place in the “present,” or the actual doing of the play, necessitates a more nuanced understanding of time.

However, even as \textit{Well} is raising the stakes involved in acknowledging distinctly crip and queer experiences of time, Lisa remains seemingly oblivious. However, since the audience is so connected to Lisa’s point of view, we are so focused on the struggles of Lisa as the narrator that it is easy to miss the moments of trauma that the other characters (both the actors and their characters in the intended play) experience. Ann’s physical pain is downplayed, the neighborhood association scenes are shown as civil affairs, and the allergy ward is depicted as full of people who are “a little whacked.”\textsuperscript{66} However, towards the end of \textit{Well}, these moments begin to gain exposure. Lisa is informed by the head nurse that “Joy had an extreme reaction to the phenol and went into anaphylactic shock. They almost had to take her down to intensive care.”\textsuperscript{67} This moment can occur because of the Brechtian theater techniques at play with the actors in \textit{Well}. At the moment where Joy’s pain is noticed, Joy is both the character from Lisa’s past being placed on stage and the actor A, whose “(personal vulnerability is clearly coming through).”\textsuperscript{68} Kron uses the dynamic that is created by showing a sympathetic character \textit{and} showing the emotions and feelings that are elicited by having to embody and play that character. And as A tells the audience and Lisa, “Lisa, this is intense.”\textsuperscript{69} This is a moment where I argue

\textsuperscript{65} McRuer, 7.
\textsuperscript{66} Well, 37.
\textsuperscript{67} Well, 46.
\textsuperscript{68} Ibid.
\textsuperscript{69} Well, 46.
Kron interacts with Brechtian theory and rejects it. Rather than purely creating a scene of Epic Theater, Kron allows the audience to both sympathize with the character and to see the alienated actor’s reactions to playing that character. This dynamic is at the heart of reading and understanding the climax of *Well*.

**A Climax Without Resolution**

The climax of *Well* coincides with the deconstruction of a theatrical device that Lisa has employed throughout the play. She repeatedly steps into a spotlight that is referred to as “her special light” [emphasis in the original]. For most of the play, this light allows Lisa to break the fourth wall, and speak directly to the audience without the other characters hearing. However, at the climax of the play, Ann reveals that everyone is able to hear all of the things that she has spoken in the safety of “her special light.” In this section, I want to examine her the use of her light, and then the destruction of it. This will both complete the failure of the narrator that is central to *Well*, and it will help to show what Kron theorizes about narrative.

For most of the play, the “special light” functions as a narrative device. Lisa repeatedly steps into it after the story of the intended play is unsettled, and uses its solace to put things back on track. However, like many parts of *Well*, this technique is complicated. By stepping into the light and outside of both the intended play, and the “present” of the production, Lisa is also breaking away from her own “script,” by which I mean the pre-planned arc of the intended play. A perfect example of this happens towards the end of the play. In the stage directions Lisa is described as “dislocated by a memory that has overcome her).” In this state, she steps into the light, which takes her away from the other characters who have been putting her narrative into

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70 *Well*, 59.
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peril. Tracing through her monologue, one can observe a move from worry to the (false) comfort of an accepted narrative. Lisa begins by saying “my mother’s always been sick, but when I was sixteen she almost died.”\(^{71}\) This line does not divert in content from the themes of the intended play, but Lisa does not understand why she is discussing this issue here, since it is still not a part of her plan. Instead, she asks questions like “why am I just remembering this?”\(^{72}\) and includes phrases that indicate she is discussing with the audience rather than speaking prepared lines such as: “I know, right?”; “you know.” and “I know, it’s terrible.”\(^{73}\) In this way, the light is a Brechtian device which literally illuminates the aspects of the various productions with which Lisa is interacting. However, ironically, the device does not actually point to the end of *Well.* Rather, Lisa is so intent on returning to the script and narrative that she has prepared, that allowing herself the vacuum of “her special light” is the thing which allows the intended play to last as long as it does. This is made clear by the stage directions that accompany this monologue, Lisa is described as “shaking it off,”\(^{74}\) and returning through dialogue to the theme of her mother who “got sick again.”\(^{75}\) That return to theme is evidenced by the fact that “Lisa steps out of the light and heads back to finish the Allergy Unit scene change.”\(^{76}\) Anytime Lisa, who acknowledges she is usually a solo performer, is alone, she is able to force the story back into linear narrative, if only for a moment.

However, at the climax of the play Kron denies Lisa that solitude. In order to discuss the last instance of the “special light,” it is necessary to look at the reasons that Lisa retreats into that light. First, Ann forces Lisa to acknowledge that she has avoided some key details in order to

\(^{71}\) *Well*, 59.

\(^{72}\) Ibid.

\(^{73}\) Ibid.

\(^{74}\) *Well*, 60.

\(^{75}\) Ibid.

\(^{76}\) Ibid.
tell the story. Ann reminds Lisa that the Allergy Unit actually helped her, and Lisa reacts viscerally. Lisa exclaims angrily “I HAD A BIG WHEAT REACTION! IT’S NOT THE POINT!” and then she demands that Ann take over the role of narrator saying “WHY DON’T YOU DO YOUR OWN SHOW? YOU HAVE A CLEAR IDEA ABOUT WHAT’S REALLY SUPPOSED TO BE GOING ON HERE, SO GO AHEAD. YOU TELL THEM THE ‘REAL STORY.’”77 This outburst shows the narrator’s continued reliance on a conception of a narrative with a conclusion. However, Ann gives the audience a view of a much different kind of narration. Whereas Lisa is “cripped” as a narrator in the moments where her play fails, Ann’s narrates from acripped point of view. She begins her narrating monologue by saying “I don’t really enjoy being on display in front of a group,”78 and then that uncertainty continues as she struggles to recall dates and details, struggles to draw conclusions, and emphasizes the fatigue that she remembers from the stories she tells as well as the fatigue that narrating causes her. After her monologue, Ann “transitions into an emotionally exhausted half-sleeping state.”79 These opposing examples of narration both arrive at a point that seems to show—not unlike in 2.5 Minute Ride—the trauma involved in attempting to push a story to a conclusion. Ann is weakened to exhaustion by trying to come to an understanding of her relationship with Lisa, and Lisa drives all of the actors away, fails to complete her intended play, and is driven into her “special light,” her last line of defense.

In this scene, Lisa attempts to use the “special light” as she did in the earlier scenes. Even here, bereft of all of the pieces the production started with, Lisa believes that “this whole

77 Well, 61.
78 Ibid.
79 Well, 63.
thing is gonna come together."80 She goes into the light because “she and I are not going to have a confrontation here, so, please, don’t worry about that.”81 This shows again Lisa using the light to attempt to bring the narrative forward. However, as she steps out of the light to try to figure out how to proceed without actors, Ann attempts to force her to acknowledge that the narrative is skirting around important issues, and Lisa retreats back to the light.

The monologue that happens here finally points towards a conclusion about narrative. Ann has begged Lisa to say what she is afraid to say, and Lisa asks “What am I supposed to say to her!”82 She is afraid because she misunderstands what she and Ann represent. Lisa worries that Ann will not like that she has decided “that the label of ‘allergies’ doesn’t work for me.”83 This would make sense only if the “special light” maintained its integrity while Lisa’s character represented narratives of “wellness” and Ann represented narratives of “illness.” This is what Lisa wants to believe so that she can claim “I AM NOT LIKE YOU!”84 However, Ann destroys the safety of the light by saying “of course [she can hear]. It’s a spotlight not a sound-proof booth,”85 and Ann is about to represent more than narratives of “illness” because the actor playing her will break character. This means that Lisa has to address narrative straight on, in the “present” of the play rather than in the light. She describes the alleged point of narrative “Art makes sense of things, right?”86 She knows that she left things out, but for Lisa fitting things into narrative is the way that she made herself “well,” to live her life. However, this admission triggers the change in Ann, and the actor playing her, Jayne, breaks character. Jayne breaks

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80 Well, 68.
81 Ibid.
82 Well, 69.
83 Ibid.
84 Well, 70.
85 Ibid.
86 Well, 71.
because Lisa is “about to wrap it all up and...tie it together and—it’s not right.”87 This moment marks the true conflict in the play. Rather than it being a divide between different sorts of narratives, it is questioning the possibility of narrative closure at all. Narrative closure would have satisfied the audience, Lisa maintains that “they were completely with us,”88 but Jayne (and Kron) explain that “questions like that are very seductive, because it would be so much easier if we could answer them.”89 Here, Kron is theorizing against narrative closure, because the play enacts on stage the harm it would have to perform to conclude in a satisfying manner. So Kron ends the play by having Lisa read “This is what integration means. It means weaving into the whole even the parts that are uncomfortable or don’t seem to fit. Even the parts that are complicated and painful.”90 This combination shows the impossibility of closure, because that closure would have elided all of the uncomfortable and difficult parts, and “What is more worthy of our time and our love”91 than finding a way to do this.

**Closure**

So then, how to close an essay about a work which defies the possibility of concluding? It makes sense, I think, to return to the beginning—the personal which brought me to *Well*. *Well* is a play that spoke powerfully to me immediately upon a first reading. Additionally, it enjoyed critical acclaim and mainstream theater success while telling a story which is intentionally meant to push against dominant culture. Simply the fact that *Well* founds its way onto so many stages, to Broadway, to the focus of mainstream theater critics, and into the laps of students like me

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87 *Well*, 73.
88 *Well*, 74.
89 Ibid.
90 *Well*, 76.
91 *Well*, 76.
shows that *Well* achieved startling success in the mainstream. But why? This is not the story of a radical queer performance artist mellowing with time, and adapting her work into a form that is more palatable to dominant culture. Instead, it is easy to trace the threads of failure as a narrative device all the way to Kron’s beginning.

So, perhaps, *Well’s* success should be seen as a hopeful sign of the trends of dominant culture. I think that *Well’s* appeal can be traced to what I have identified as its driving force, failure. Failure as both a concept and a narrative device appealed to me, in spite of all of my dominant positions in society, just as it appealed to Kron perhaps because of her non-dominant ones. To understand this fact, I am brought back to the question about illness and health that Lisa asks in her opening monologue, “What is the difference between those people?”\(^\text{92}\) It is now clear that the problem that Lisa is attempting to identify is not the difference between people, but in the *question* that exists of that difference. The harm that compulsory able-bodiedness (as well as heteronormativity, white supremacy, etc.) create affects people in dominant identity positions as well as those in subaltern positions. Since dominant culture depends upon simple narratives, as well as “on a queer/disabled existence that can never quite be contained, able-bodied heterosexuality’s hegemony is always in danger of collapse.”\(^\text{93}\) Living up to the perfect ideal of “health” that cannot be stable causes an anxiety of existence for everyone, and *Well* collapses those false and normative narratives. The complex empathy found at the end of *Well* is extended to, and applies all people, because breaking from normative structures transforms the possibilities of existence for everyone.

\(^{92}\) *Well*, 11.

\(^{93}\) McRuer, 31.
Bibliography


