THE ABJECT BODY, ILLNESS, AND STAND-UP COMEDY: A NARRATIVE ANALYSIS OF TIG NOTARO’S LIVE

A Thesis Presented to The Honors Tutorial College, Ohio University

In Partial Fulfillment of the Requirements for Graduation from the Honors Tutorial College with the degree of Bachelor of Science in Communication

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Abstract

The study of illness narratives has been effective in uncovering its ability to allow the narrator to make sense of the chaotic nature of illness, and also present a unique account of illness that stands in contrast to the established norms. While illness narratives are well researched, the medium in which they are told matters a great deal, making Tig Notaro’s *LIVE* a unique illness narrative amongst the others. Utilizing the tools of humor to both reclaim her abject body and mediate her experience, Notaro delivers an illness narrative that not only combats her own cancer, but also works to provide a narrative outside the hegemonic breast cancer narrative in our culture.
Acknowledgements

To Dr. Roger Aden, whose encouragement and guidance was essential for the completion of this thesis.

To Dr. Judith Yaross Lee for her guidance and inspiration to me as a student of humor.

To my father, Michael, for his goofiness and perspective, without which I would not be able to handle my daily struggles.

To my mother, Linda, for her sarcastic wit and unceasing patience with me as I took every possible moment to vent my frustrations to her.

To my siblings, Jon, Abby, and Mady, for being the first people I joked with and who instilled in me a love of humor and making people laugh.

To my roommates Ben, Gregg, and Trent, for knowing and enduring how loud I can yell when Microsoft Word decides to be as unintuitive as possible.

To Taylor, Jason, Ryan, Tom, Chase, Peter, Katie, Rachel, Emily, Hannah, Dan, Joe, Matt, Gabbi, Chrissy, and any other Blue Pencil comedians whose bravery and creativity inspire and challenge me in both my studies and my creative endeavors.

To Tig Notaro, for teaching me that brutal, uncomfortable honesty and comedy are not mutually exclusive.
Chapter 1: Introduction

Perhaps of all humor’s powers, the most potent is its ability to mediate that which most disturbs the status quo. Comedy has the power to form new meanings and understandings in the most difficult of times. As Paul Achter (2008) states in his analysis of The Onion in the wake of 9/11, “It [The Onion] sometimes challenges and critiques official pieties and disrupts the everyday language and imagery of the news” (p. 299). What Achter notes here can be true of most forms of comedy; it takes the everyday assumptions and preconceived notions and turns them on their head in a way that renegotiates our understandings. However, while comedy has always been apt for large sweeping social commentary, rarely does someone use these same devices to reconcile, or come to terms with incredibly personal tragedy.

Enter Tig Notaro: a fairly unknown, but critically well-received stand-up comedian. Notaro started performing stand-up after moving out to LA to continue her career in managing musical acts. While Notaro describes her modest beginnings as, “the first time that everything really clicked for me … I feel like it came naturally to me. I did really well the first time. It actually startled me when people laughed,” her successes were far from the general public’s eye until only recently (Coviello, 2011). Many people had never heard of Notaro before October 2012, and a handful of people were likely introduced to her through the same means that I was: a personal e-mail from Louis C. K. to his fan mailing list. In his e-mail, C.K. (2012) described a performance that he called, “an amazing example of what comedy can be. A way to visit your worst fears and laugh at them” (para. 5). C. K. went on to explain that he
was offering this stand-up performance on his website for five dollars. This performance was Tig Notaro’s, *LIVE*¹, and it addressed myriad personal tragedies that befell Notaro over the course of the past year. In an unprecedentedly intimate set, Notaro recounted not only her recent bout of pneumonia, her fight with a life threatening illness called Clostridium difficile, a break-up with her long-term partner, the death of her mother, but also her most recent tragedy: a diagnosis of breast cancer in both breasts.

Notaro’s performance was unique though not only for her unbridled honesty with the audience, or even for the humorous way she acted out her personal tragedy, but also because in so many ways *LIVE* functioned as a half-hour long illness narrative. This makes Notaro’s *LIVE* interesting from both a critical humor theory perspective, as well as from a health communication narrative perspective. As a stand-up comedian in this particular performance, she embraces a role as social mediator. Lawrence Mintz (1985) spoke of the role of social mediation, stating that stand-up comedians “[confront] just about all the profoundly important aspects of our culture and our society, and […] it seems to have an important role allowing for expression of shared belief and behavior, changing social roles and expectations” (p. 202). Notaro uses her stage time to not only construct new meaning for what it is to be herself, but she also constructs a narrative which stands in contrast to the widespread view of breast cancer in our own culture, as a disease that can best be combated through positive thinking, community organizing, and athletic oriented awareness campaigns.

¹ As in “to live” rather than “live” as it is commonly associated with performances.
(King, 2006). In this way, Notaro is using her stand-up to thwart the presence of illness and tragedy in her life, but at the same time construct an illness experience of breast cancer that serves as a counter-narrative.

Notaro’s *LIVE* is yet another text in a growing field of study within illness narrative and humor studies. Nicholas Iannarino’s (2010) master’s thesis, “Laughing at Death: The Forms and Functions of Humor in Illness Trauma Narratives,” laid seminal groundwork for this thesis, examining the relationship between comedy and illness or trauma narratives in a much broader focus. Iannarino was interested in whether or not humor could be used to successfully bring light to illnesses, allowing for understanding for both audience members and the author. He broke his exploration of illness narratives into four questions. First he sought to see if the case studies he chose could be considered narratives. He then sought to examine the way each author made use of their humor, and what it attempted to accomplish. Next, Iannarino examined what made each narrative funny, and whether or not this humor led to a beneficial understanding of illness between audience and narrator. His final question examined whether or not narratives and humor should be combined given that illness sufferers found both to be useful. While Iannarino was exploring the topic of the function of humorous illness narratives and their worth to both narrators and the public, this thesis is narrower in its scope, focusing on analyzing Tig Notaro’s *LIVE* for its employment of humor in discussing breast cancer. This thesis will assume that Notaro’s *LIVE* meets the requirements of narrative, as it very clearly consists of a series of connected events surrounding Notaro’s breast cancer diagnosis. However as
this thesis is particularly interested in the portrayal of breast cancer in *LIVE*, it will also examine the devices of narrative that Notaro employs in portraying her illness. In order to accomplish this goal, I will use a combination of Iannarino’s first two research questions:

**RQ 1:** How does Notaro characterize or portray her traumatic experience through humor and narrative elements? Does she seem to make sense of her illness, reclaim a lost sense of control, demonstrate a change in identity, justify or critique her decisions, and proclaim a sense of community?

In addition to analyzing how humor and narrative is utilized in *LIVE*, this thesis is also interested in the overall portrayal of the breast cancer illness experience. Notaro’s *LIVE* portrays the experience of breast cancer in a dramatically divergent way from the hegemonic “tyranny of cheerfulness” that Samantha King (2006) laments in her book *Pink Ribbons Inc.* In essence, Notaro’s *LIVE* is a counter narrative, but the extent to which it runs against dominant breast cancer discourse is open for analysis. For this reason, this thesis will ask a second research question:

**RQ 2:** How does Notaro’s *LIVE* portray the experience of living with breast cancer? In what ways does it deviate from dominant discourse surrounding the illness? In what ways does it reinforce the dominant discourse?

In order to address these research questions concerning narratives and current state of affairs within breast cancer activism, I must first provide this thesis with a unified outlook on narrative, as well as a preliminary understanding of breast cancer culture.
Narrative Perspective

Central to this thesis is the idea of narrative: both what constitutes narrative, and how it functions. Narrative has been described several different ways by various scholars. Jens Brockmeier and Donal Carbaugh (2001) view narrative’s purpose in many different facets, “as an expressive embodiment of our experience, as a mode of communication, and as a form for understanding the world and ultimately ourselves” (p. 1). Walter Fisher (1984) views narrative as lived, recounted, or interpreted experiences, which hold an order and significance for the protagonist, narrator, or scholar who engages those experiences. In essence, narrative, the process of living, sharing and interpreting stories, is a fundamental aspect of the way we learn. As Iannarino (2010) notes, “Narratives reflect our personal views of the world and our rationale for why things happen in certain ways. Telling stories about one’s life is the most common way of communicating and understanding individually-constructed ideas of the realities one experiences” (p. 3). In this way, narrative is an educational tool, organizing thoughts and experiences into coherent lessons to be digested and interpreted by the audience. Narratives allow for one to make sense of the world by ordering it in a written or performed media and, through listening to and interpreting those stories, audiences, too, can have their point of view shifted (Burke, 1945; Eisenberg, Baglia, & Pynes, 2006; Harter, 2013).

The subject of the narrative process may vary depending on the narrative being considered, but the narrative process can always be viewed as an exercise in value judgment (Fisher, 1984). This evaluation of ideas requires both the author and
audience, as co-authors, to work in tandem with one another. The author, if they provide adequate reasoning for their decisions and actions within the narrative, will put forth their own view of morality and reasoning, reflecting the social and cultural backgrounds through which their own values emerge. The co-authors, in their reception of the material, aid in construction of these value messages, interpreting the stories as emblematic structures of the author’s morality, which they judge out of their own social and cultural backgrounds.

That is to say, narratives are dialogic. “Rather than representing only the inner state of a narrator, meaning is always co-constructed in the liminal space between participants” (Carmack, Harter, & Bates, 2008, p. 4). This dialogism means that understanding a narrative also involves the public reception and evaluation of the narrative. Researchers themselves influence the meaning of a narrative by constructing a new narrative of their own out of several different moving parts from separate narratives, making the original narrator only one influence on the meaning of the narrative (Riessman, 2008). As Iannarino (2010) notes, “Stories often overlap, reinforce, indirectly contradict, or actively confront or resist one another in ways that shape our perceptions and understandings of the world – viewpoints related to health, morality, and various groups of people, for instance” (p. 6). Iannarino states here that storytelling is not itself one event, but a series of narrative disclosures, wherein the sum of experience, conjecture, belief, and morality are discussed and evaluated by successive narrators, each providing their own individual understanding.
Just as all meaning is co-constructed in narratives, so too does the author use narrative to construct their identity in relation to the world around them. As Catherine Kohler Riessman (2008) articulates, “Identities are narratives, stories people tell themselves and others about who are (and who they are not)” (p. 8). As such, in the process of telling personal narratives we, “become our selves; narratives structure who we are as meaningful beings in the world” (Gubrium & Holstein, 2009, p. 8). Here we see that the importance of simply defining the author is not all that narratives accomplish; narratives also place that identity within the cultural context from which the narrator speaks.

Narrative concerns both the ways in which the speaker conforms and fits in with the culture, but it also faces the task of showing the ways in which the speaker is other within the culture (Bruner, 2001). Bruner saw environment as important because the world around the narrator is the source for any freedoms afforded or limitations imposed upon them by the societal structure in which the narrator prevails. In this way, the construction of identity inherently involves the task of also describing the culture from which the identity is formed.

Perhaps the most fundamental aspect of narrative is that a narrative has a speaker, and that speaker uses narrative to combine events, themes and motifs together under some sort of unifying idea. Originating in the teachings of Aristotle, this unifying idea is what is known as an organizing principle (OP), although it has also been more modernly conceived by Gabriela Spector-Mersel (2011) as an “End Point”

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2 Quote is presented as it was in the original text.
or EP. Whether one chooses to use OP or EP is largely irrelevant, because both represent the purpose behind the speaker’s narrative, and as such influences the various aspects at work within any particular narrative. While the OP or EP can be considered the driving force behind the telling of a narrative, it is not the entirety of what composes a narrative.

The guiding idea of Spector-Mersel’s (2011) conception of narrative is selection, which she separates into six separate but related “mechanisms.” Each mechanism is a way in which a speaker makes a decision as to what will or will not go into the narrative, and whether or not its importance or emphasis will be altered. The first of these is inclusion, which is simply any and all information that the author or speaker decides to put into the narrative. Sharpening, the second mechanism, concerns the way in which the narrator may stress or otherwise enhance aspects of the narrative. These first two mechanisms are largely constructive to the narrative, taking the real life experiences and placing them where they belong within the scope of the narrative.

The next three mechanisms are more focused upon deconstructive aspects of narrative building. The third mechanism is flattening, or the condensing of time or characters for the purpose of simplifying the narrative. Whenever an experience or element of the story is irrelevant to the narrative or its OP or EP and thus left out, the speaker is invoking the fourth mechanism: omission. Silencing is the final of these deconstructive mechanisms, and it concerns when the speaker similarly omits story elements, not due to lack of relevance, but rather because of direct conflict with the EP.
The sixth and final element is neither constructive nor deconstructive, but is more evaluative on the part of the speaker: the mechanism of appropriation. Appropriation occurs whenever the speaker injects new meaning into experiences, imbuing them with new significance to the EP or OP. Spector-Mersel’s mechanisms fall in line with Catherine Kohler Riessman’s (2008) thoughts on narrative construction: “Events perceived by the speaker as important are selected, organized, connected, and evaluated as meaningful for a particular audience” (p. 3). Any aspect of a narrative therefore is present (or absent, as the case may be) in order to serve the speaker’s purpose. As Cherry and Smith (1993) explain, what is excluded from a narrative may speak just as much to the point the narrator is trying to get across. By understanding what has been removed or glossed over in the narrative telling, one can see the messages they are attempting to avoid saying with their narrative. As such, even what may seem trivial on the surface level could still contribute a great deal to the narrative and its OP.

While both Spector-Mersel and Cherry and Smith emphasize the importance of inclusion and exclusion in narrative analysis, Cherry and Smith’s (1993) methods of narrative analysis go further. They stress the importance of first identifying individual “episodes” within the narrative, and then looking for common thematic ties between each separate episode. In addition to analyzing the plot through separating it into episodes, Cherry and Smith also urge approaching characterization in a similar way to how Spector-Mersel approaches plot. To them, why the narrator chooses to include
bits of characterization is just as important to understand why the character is there in the first place.

Narratives are also essential for speakers to make sense of experiences that initially disturbed or confounded them (Riessman, 2008). Take for example, an experiment conducted by Pennebaker and Beall (1986), wherein they had their respondents write about significant traumas in their lives. At the conclusion of the study, Pennebaker and Beall had each student evaluate the overall experience of the experiment. While the data collected through their Likert scale showed no uniform rating of the experience, the short answer component of the evaluation led to overwhelmingly positive responses. One student remarked of the experiment, “I had to think and resolve past experiences … One result of the experiment is peace of mind, and a method to relieve emotional experiences. To have to write emotions and feelings helped me understand how I felt and why” (p. 279). This response demonstrates that the act of writing a personal narrative allowed the respondent to make sense of their traumatic experience and ultimately resolve their feelings about it.

Anderson and Martin (2003) not only echo the crafting of narrative a positive experience for the narrator, but also further state the importance of an illness narrative to the listener. In their study of cancer narratives, they found that, “As a product, these stories may help others experience their own journeys with cancer and may help others determine the supportive relationships central to their own healing process” (p. 140). However, narrative’s strength to emotionally heal and cope with trauma is nothing new within the scope of narrative research (Burke, 1945; Carmack, et al.,
Narratives, especially illness narratives, have the ability to negotiate the unknown, working through what I see as Burke’s Monastic frame, from his book, *Attitudes Toward History*. The storyteller stands between two worlds, one of normalcy, and the other disturbed by whatever trouble interrupted it. Through their narrative, the speaker can negotiate new meaning in relation to his or her own situation (Burke, 1959).

In regards to illness narratives, Sharf and Vanderford (2003) relay four ways in which the speaker can better understand the illness experience through the telling of an illness narrative. Their first function is simply that of coming to terms with an understanding of the illness. Secondly, Sharf and Vanderford see the act of relaying an illness narrative is to subjugate the illness, displaying dominance despite experiencing the strain illness inflicts on the mind and body. While understanding and asserting control over an illness are both important, their third function of illness narratives may be the most powerful: reconstructing identities associated with living with the illness. This reconstruction of identity can truly speak to the transformative aspect of narrative mentioned by Burke (1959) that narrative can hold, allowing a speaker to define for themselves the identity they hold in the midst of their experience with illness. Sharf and Vanderford’s final function of illness narratives is to assist in the making of health decisions. This function speaks less to the performative and relief oriented nature of this thesis, although it should be acknowledged for its undoubted use in the healthcare process.
Narratives are also acts of performance on the part of the narrator. The narrative being told is only the first aspect of a narrative performance, and just as important is the way in which it is being told to the audience. Performance involves not only the narrative devices discussed above, but also takes into account the way the author presents the piece even through acts such as body language (Langellier, 2001). Within performance, meanings are contested, as Langellier (2001) explains, “Reality, ‘what happened to me,’ is both constituted and contested because telling a particular story in a particular way unavoidably privileges certain interests (experience and meanings, realities and identities) over other ways” (p. 150). Narrative performances inherently mediate conflict over some form of identity, value, or meaning for the author. Their performance is a way of engaging in these conflicts, and reorganizing meanings for the audience. This conflict over meaning is what Langellier (1999) earlier conceived of as the “performative turn” in communication scholarship, where the idea was that:

Personal narrative situates us not only among marginalized and muted experiences but also among the mundane communication practices of ordinary people. Placed against the backdrop of disintegrating master narratives, personal narrative responds to the wreckage, the reclaiming, and reflexivity of postmodern times. (p. 126)

Langellier (1999) goes on to explain that all narratives are claims for contested identities or meanings. Especially in illness narrative settings contested meanings are important to keep in mind, “Because Western medicine has long been dominated by
the establishment of a solitary biomedical, objective voice, it often neglects to consider that each and every person has a different worldview and awareness of illness” (Iannarino, 2010, p. 15). Iannarino and Langellier here encourage us to not shrug off any aspect of a narrative performance as irrelevant or unloaded, but rather demands further inspection to carefully consider what the speaker may be trying to reclaim through their performance.

**Breast Cancer Culture in the Twenty-First Century**

Essential to understanding Tig Notaro’s illness narrative is an understanding of the culture of breast cancer in which it was told. Breast Cancer is not a minor disease in the social landscape of America. Breast Cancer is projected to take the lives of some 39,620 women this year alone (The American Cancer Society, 2013). Medical science has certainly come a long way in its efforts to treat the disease, but its devices are still considerably crude, sometimes referred to as the “slash, burn, poison trilogy” (Langellier, p. 145, 2001). In fact, the lack of ability for medical science to advance is what fueled activism to place the onus for the illness upon companies and corporations who were introducing harmful chemicals into everyday products, as well as into the environment itself. Breast Cancer activism was far from its modern equivalent, beginning with Charlotte Haley, who used the original “pink” ribbon not to simply rally, but to call attention to the National Cancer Foundation’s puzzlingly meager spending on both researching the causes of, and a cure for the disease. The

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3 Refers to the surgery to remove the cancer, the radiation treatments, and the use of chemotherapy respectively.
4 This ribbon was actually more salmon/orange than the ribbon known today.
ribbon was merely meant initially to expose the government’s unsatisfactory participation in finding any cure for the disease. While Haley was trying to question government responsibility, cosmetics giant Estée Lauder stole the symbol from Haley, after she refused to compromise in her grassroots protest by aligning herself with a commercial entity, and simply made their own ribbon, choosing to change it to the color we know today. Instead, the ribbon now represents a unification of women and family members affected by the illness, and a “race” for a cure. However, funding for research for both the cure and cause by these conglomerate charities that emblazon products with the pink ribbon is nearly no better than what Haley originally criticized the government for (Din & Pool, 2011).

In addition to the history of the disease and the protest culture that surrounds it, other aspects of the culture are just as necessary to understand the significance of Tig Notaro’s performance. In Samantha King’s landmark book, Pink Ribbons, Inc.: Breast Cancer and the Politics of Philanthropy (2008) and its adapted documentary, simply titled Pink Ribbons Inc. (2011), the culture surrounding the pink ribbon is taken to task. King criticized pink ribbon culture for both its commercial exploitation and the spread of misinformation. King (2008) identified five main objections: the use of the pink ribbon to make breast cancer into a product that helps sell other products that have no connection to the disease, the questionable spending habits of organizations claiming to be racing for a cure, the bar for volunteerism being lowered, the use of breast cancer as an issue for politicians to exploit for their own ends, and what she sees as the tyrannical insistence on cheerfulness that permeates the movement.
Perhaps the most harmful aspect of Breast Cancer culture is the widespread commodification of the disease, corrupting the ribbon’s meaning into a selling point for unrelated products. In *Pink Ribbons Inc.* (2011), a segment visually details the various products that have been emblazoned with the pink ribbon, from vacuum cleaners to one nonsensical roll of pink toilet paper. My personal opinion is that this particular roll of toilet paper best represents the thoughtlessness that has gone into the inclusion of the symbol with unrelated products. The inclusion of the ribbon with these unrelated products strip the symbol of almost any weight or seriousness that it deserves. The segment also highlights a few hypocritical items that choose to brand themselves with the pink ribbon, despite being likely contributors to the disease itself. These include Ford brand cars, as well as Avon and Revlon brand cosmetics, each of which have been accused of contributing carcinogens into the environment.

Another aspect of the culture which King takes issue with are the large “awareness” campaigns. While in theory awareness is a good thing for a disease, King highlights in her works that these are expensive campaigns, such as KFC’s painting their stores pink, shining pink lights upon famous monuments, and financially extravagant fitness oriented events. All of these events contribute to the idea that a cure is within reach, while also taking far too large a portion of the funding these breast cancer foundations have available, lowering the amount that can be spent on the cures being raced for, as well as research for its causes and preventative treatments that may lower women’s risk for the disease.
Another of King’s frustrations is the devaluation of protest and activism through neoliberalism. In her book, King notes the passage of the breast cancer stamp, which was in effect the beginning of this neoliberal trend of activism through consumerism. However, neoliberalism has spread to campaigns run by companies such as Yoplait, which call on people to mail in the tops of yogurt lids, in order to donate to the cause. King and her other researchers note the lack of sacrifice this actually entails, as well as the scant funding that it actually produces.

In addition to the devaluation of activism, King also notes how breast cancer has been exploited for the gains of politicians. Breast cancer has become a cause that is both useful for private industry and those who wish to seek political office. Simple association with breast cancer has proven useful to the careers of those who wish to take political office. For example, King notes here the other side of the breast cancer stamp initiative that was being passed through Congress. While the breast cancer stamp was something that allowed for people to absently participate in faux-activism, it started as a government project many senators and representatives used to improve their public persona for reelection.

Perhaps the most invasive aspect of the culture that has significantly limited the meta-narrative available to people with Breast Cancer is the “Tyranny of Cheerfulness” (King, 2008). While many of the other aspects of pink ribbon culture may seem to be a natural extension of our consumerist culture that has been building for over a hundred years now, this aspect is the most sinister. The insistence of cheerfulness undermines the ability of anyone to feel anger, sadness, or grief. The true
evil of the culture, however well intentioned, is that it forces a person to either think one way about the disease or risk feeling “othered” by offering their dissenting emotions. In the documentary, the researchers lament the lack of anger in the movement as a deflation of any effective protest culture. By invalidating anger, the culture has assured that those responsible are not protested as much as they likely should be. The tyranny of cheerfulness reinforces the meta-narrative that breast cancer is a curable disease, and that science will solve it. This point of view is in direct contradiction to the actual state of affairs when discussing breast cancer’s effect upon our culture.

**Preview of Upcoming Chapters**

In the second chapter of this thesis, I will explore the methodology for the analysis of Tig Notaro’s *LIVE*. This will involve a more thorough explanation of the functions and components of narrative, which will allow me to explore the basic plot structure of *LIVE*, as well as identify the narrative devices Notaro employs in her performance. Next I will detail the functionality of illness narratives, in order to note the ways in which Notaro portrays, and ultimately makes sense of her illness experience. Concluding the methodology will be an exploration of stand-up comedy and humor’s role in society, the way it performs the abject, as well as its ability to provide distance and perspective to both the speaker and the audience.

In the third chapter, I will explore the contexts that *LIVE* was performed in. This will include a more thorough exploration of the culture of breast cancer activism. In addition, I will explore the notion of counter narratives in breast cancer culture,
both from a personal narrative standpoint and from a distinctly more political perspective. In addition to the context of breast cancer activism, I will also detail the press coverage *LIVE* received in order to make note of how the narrative has been evaluated and perpetuated by the general public.

The fourth chapter will comprise this thesis’s analysis of Notaro’s *LIVE*, in which I will address both RQ 1 and 2. After first summarizing the narrative, providing a more comprehensive understanding of the plot structure of the performance, I will then continue into an analysis of major themes. After this, I will evaluate *LIVE* as a counter narrative, examining its portrayal of breast cancer suffering as well as the messages it sends concerning activism culture.
Chapter 2: Methods

Tig Notaro’s *LIVE* is unique for its overlapping of disciplines. On face value, it is an extraordinary example of rhetorical effort, masterfully utilizing humor to mediate controversial topics. From another angle, it’s a heartfelt illness narrative that speaks to the cold inhumanity of the health care system. While the previous chapter has been useful in laying out introductory knowledge necessary for understanding this thesis, a more comprehensive understanding of the function of narratives, illness narratives in particular, humor and stand-up comedy is needed before Notaro’s performance can be analyzed in detail.

How Narratives Function

Narratives function through a variety of observable moving parts, all chosen consciously or subconsciously by the narrator (Spector-Mersel, 2011). These moving parts take the form of emplotment, characterization and interpretive cues (Cherry & Smith, 1993). Emplotment deals primarily in how the author decides to select and order the individual episodes that make up the larger whole of the narrative, but also the links between these episodes such as their themes (Harter, 2013). Characterization deals primarily in the portrayal of people within the narrative and the values and attributes the author assigns them (Sharf & Vanderford, 2003). Finally, interpretive cues deal with a variety of finer points in narrative, such as figurative language, paralinguistics, and kinesics, all of which can provide the audience with opportunities to make their own meanings. Each one of these categories of narrative content is

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5 This of course assumes that the narrative in particular is made up of several episodes or events.
important and reveal the author’s intentions, primarily through the act of what they choose to include and remove in the construction of their narrative (Cherry & Smith, 1993; Iannarino, 2010; Spector-Mersel, 2011).

*Emplotment*

Spector-Mersel (2011) argued that the plot structuring itself was essential for understanding the author’s End Point (EP). However, Spector-Mersel’s views are not necessarily singular in the realm of narrative analysis, as Harter (2013) speaks to the necessity of emplotment bestowing importance on a story’s contents through the way in which the author fits them together. Emplotment itself is a process of sense making. As Harter states, “The sense-making potential of narrative—its knowledge-producing ability—rests in large part with the temporal and causal connections made between seemingly random moments, people, and actions” (p. 9). This sense making itself is only accomplished in narrative analysis through accurately identifying the theme(s) and EP’s that guide the story’s purpose. As Iannarino (2010) states, “If a story contains more than one episode, they are unified by a plot line or theme” (p. 10). In other words, any episodic story will be constructed and offered to an audience with some idea as to the logic that links the events together. Iannarino also points out that the most typical through line in any narrative is likely going to be the chronology of events as the author experienced them, but that authors can also jump around in time, and such moves can point to the significance the author sees in a particular episode.

While understanding the significance of events is important, Harter (2013) also speaks on the importance of context or the actual places in which the episodes of a
narrative occur. Context also refers to the social and cultural spaces in which the narrative occurs, as these too inform our analysis, since meaning is not always universally applicable, and is largely situationally dependent. While context is an important issue to discuss, it will receive greater attention in Chapter 3.

Through understanding both the plot and its context, one can begin to analyze the narrative in its entirety. Cherry and Smith (1993) were particularly concerned with this notion, and suggest several questions necessary to narrative analysis. These include questioning the genre and tone of the story, the characters and their individual development arcs, the narrator’s perception of the setting in which the events occur, the actions that characters carry out and what they add to the character, and the moral judgments that the narrator makes of those actions. Once the narrative is understood as a whole, one can then compare it against other similar narratives and identify the conventions that it indulges in, as well as how it deviates from those conventions.

*Characterization*

Characterization is a key element to understanding narrative, as how the narrator chooses to represent the actors in each episode is also indicative of how the author sees the world. The author’s duty is to first choose whom it is necessary to portray in their story and which people can be removed or condensed for the sake of the story’s EP. Then the author must imbue the characters with qualities, both positive and negative, in order to give the audience a sense of the character’s overall purpose in the narrative. Characters can serve several functions to a narrative. They can be supportive to the narrator; they can act as antagonist, merely bear witness to the
events, or fill any number of other roles in the story (Iannarino, 2010; Sharf & Vanderford, 2003).

Iannarino (2010) also notes that “Inanimate objects can even come alive and gain voice through personification,” meaning that the notion of “character” is not limited to merely the people in a narrator’s life (p. 11). As Iannarino (2010) shows in his case study of Richard Pryor and his battle with addiction, something inanimate like a crack pipe, can be given not only personality, but also endowed with agency to move the story forward. Pryor provides agency through personifying the pipe, giving it an intimidating and seductive speaking voice that bullies Pryor into further drug use. This possibility for characterization is seminal when discussing illness narratives, as the conflict can be between not only the patient and the healthcare professionals they work with, but also with the illness itself.

Cues for Interpretation

Not all narrators spell out explicitly they way that they feel. While you may see narratives where a narrator says, “I was frustrated with the doctor’s lack of professionalism,” a far more likely scenario is to see the narrator build that perception through the portrayal of the doctor. Perhaps when speaking as the doctor, the narrator uses long drawn out pauses and overly familiar language. In this case we can see that the author does not directly tell us “this was the dumbest physician I ever met,” but we are able to glean that meaning through interpretation of the verbal and non-verbal information the narrator gives us.
Interpretive cues occupy three different categories: figurative language, paralinguistics, and kinesics. Figurative language itself comes in many different varieties, and Cherry and Smith (1993) ascribe a great deal of significance to metaphors, similes, hyperbole, understatement, irony, and sarcasm, as effective ways to disperse covert messages which relay the author’s views. In addition, paralinguistics reveal how the narrator speaks with intonation, pitch, volume or any other non-verbal expressions of emotion. Finally, kinesics is interpretative body language, particularly gestures and facial expressions. Although kinesics is important in narrative interpretation, especially performance, it is less valuable for this thesis because Notaro’s performance is available only in audio.

**How Illness Narratives Function**

Illness narratives themselves do not operate differently from other narratives; they are merely a subsection of narratives devoted to stories concerning living with illness. Illness narratives are themselves a response to the dominance of western medicine as the “solitary biomedical, objective voice” (Iannarino, 2010, p. 15). Illness narratives now allow for people other than healthcare professionals to contribute to their own understanding and framing of the illness, as well as the public’s own knowledge of living with illness. As Iannarino (2010) explains, “Like anything else, matters of health are not immune to the social construction of reality, which is marked by an ongoing tension between commonly accepted knowledge and personal understanding” (pp. 15-16). In other words, meaning attributed to illness is also
subject to the evaluation and consubstantiation between members of the public (Burke, 1959; Frank, 1995; Harter, 2013; Iannarino, 2010).

While illness narratives are very similar in their functions to any narrative, they also have a few common functions unique to the genre. For example, illness in these narratives is usually seen as an interrupting force in the life of the narrator, disrupting the normalcy of everyday life. This notion itself is not really removed at all from Burke’s (1945) notion of “Trouble” with a capital “T,” but in the case of illness narratives Frank (1995) explains how serious illness, like the one being discussed in Notaro’s performance, present a slightly different situation. Frank describes serious illness diagnosis as a loss of one’s “destination and map,” implying a more existential situation than your typical interruption of “Trouble” (p. 1). Frank notes that sufferers of illness are themselves forced to reevaluate how they think about and approach life, something Harter (2013) echoes as “imagining new normals in the midst of profound vulnerability, uncertainty, and complexity” (p. 5). Both Harter and Frank view the process of crafting illness narratives as the author’s way of reclaiming the illness experience, allowing the author a means to creatively express how they view their own illness.

In this sense, the process of constructing an illness narrative can be seen as a way for the author to attempt to heal him or herself. As I mentioned in brief earlier, Anderson and Martin (2003) laid out the notion that illness narratives were equal parts “a process and a product” (p. 140). On the one hand, they provide the narrator with a chance to make sense, assert control and transform their own identity through their
construction of their illness event. On the other, their story lasts in perpetuity as an account of living with an illness that is available for the public’s consumption and evaluation.

**How Humor/Stand-up Functions**

Stand-up comedy is often not acknowledged for its great cultural significance (Mintz, 1985). Perhaps this is because as an art form it appears incredibly basic; the performer or performers stand upon a stage and tell jokes. However, this does not mean that jokes themselves are not socially and culturally relevant. In the telling of a joke, values are subverted, and the audience responds with either agreement through laughter or dissent through silence (Douglas, 1999; Freud, 1905/1960). In Douglas’s (1999) view, this makes jokes an “anti-rite,” one that “[does] not affirm the dominant values, but [denigrates] and [devalues]” (p. 155). However, this is not to say that jokes should be treated differently from other rites, as each joke is itself a series of symbols that communicate a message about some aspect of cultural values (Douglas, 1999). Jokes do not exclusively denigrate, they can also reinforce a less accepted idea as well through the appraisal of audience laughter (Mintz, 1985). In essence, the joke is seminal to all cultures, as a tool that can evaluate our individual cultural values.

If the individual joke can be itself a rite, then the entirety of a stand-up performance is one larger rite itself. At the center of the rite is the comedian, who offers perspectives on pieces of our culture to the audience, and through laughter the audience decides whether to condemn or uphold that aspect of our culture. Mintz (1985) stresses the importance of the stand-up comedian as mediator, noting the
complex relationship the comedian maintains with the audience. The comedian is situated in a position of dominance above the audience on the stage, but as Mintz notes, “Traditionally, the comedian is defective in some way, but his natural weaknesses generate pity, and more important, exemption from the expectation of normal behavior” (p. 74). The audience simultaneously sympathizes with the comedian for his or her flaws, while affording them greater leeway to speak on a variety of topics that would normally be considered taboo. Mintz (1985) also notes that while the comedian is flawed, this character’s flaws are often representative of the flaws in our own culture.

The flawed aspects of the comedian’s onstage character can also be described as the abject. In John Limon’s (2000) landmark book, *Stand-up Comedy in Theory, or, Abjection in America*, he discusses the very notion and purpose of stand-up, “The one-sentence version of the theory of this book would state the claim that what is stood up in stand-up comedy is abjection. Stand-up makes vertical (or ventral) what should be horizontal (or dorsal)” (p. 4). What Limon means is that what is performed in stand-up comedy is abjections: those things that are of us, but not us. This process can take several different forms—from the traditional view of bodily fluids and excrement, to more abstract notions of abjection, such as one’s personality or character flaws.

For an example of toward Mike Birbiglia and his special *Sleepwalk with Me*, we can see how the abject can be held up for humorous appeal. Birbiglia relates his sleepwalking behavior to being incredibly intoxicated, and in essence out of control of his body. His disease affects him, but the behavioral change that it brings him removes
his agency from his decisions while sleepwalking (Iannarino, 2010). Birbiglia’s actions while sleepwalking are both a part of him and simultaneously independent of him. He uses his humor to insult and diminish his sleepwalking behavior as a departure from the norm.

Limon (2000) devotes a chapter to a discussion of the comedic works of both Paula Poundstone and Ellen DeGeneres, both female comedians that in his view perform in such a way as to create “obliviousness” for the audience in the way in which they are different or abject. In his own words, “all stand-ups are abject insofar as they give themselves over to the stand-up condition, which is a noncondition

*between* nature and artifice. (They are neither acting nor conversing, neither in nor out of costume)” (p. 6). Performing as a stand-up blurs the line between what is character and what is true, as the stand-up comedian calls attention to his or her abjectness, while simultaneously removing the identity by making jokes about those abject qualities. While I do understand where Limon’s reasoning is attempting to take stand-up, I find the term “oblivious” highly problematic. To say that the audience is made unaware of the abject through its performance would seem to defy the logic that it is having attention called to it constantly.

Iannarino (2010) notes that perspective and distance is essential to the operation of humor in illness narratives, as they provide the playroom necessary to discuss highly problematic and negative topics, and free the audience from any cultural or self-imposed boundaries through the crafting of humor from her trauma (Du Pré, 1998; Freud, 1905/1960). As Iannarino explains, “Laughing about something
that was, or still is, terrible to experience certainly is not always easy ... especially if they are still mired within an ordeal. But this ability to reframe a perception can have major ramifications on an individual’s success or failure in achieving perspective” (p. 93). Perspective is essential to the sense-making process, and allows one to begin to convey thoughts and feelings to the audience through either a verbal or written narrative (Sharf, 2005). In order for the audience to find the humor in trauma, the narrator must be able to distance the audience from the pain of the story.
Chapter 3: Contexts

While narrative theory and humor studies form the backbone of this analysis, Notaro’s *LIVE* must also be considered within several contexts. As previously stated, narratives themselves are dialogic, and are shaped and understood through several different people’s interpretations (Carmack, Harter, & Bates, 2008). Because of this dialogism, *LIVE* must be analyzed beyond the performance itself, and appreciated within the contexts in which it was performed and then received. Interestingly, Douglas (1999) notes, “The social dimension enters at all levels into the perception of the joke” (p. 151). Before one can begin to understand the joke, they must first understand the environment in which it was told. As the performance is itself an illness narrative about breast cancer, an understanding of the breast cancer culture and counter-narratives about breast cancer will provide a framework to compare Notaro’s illness experience against. In addition to the culture of breast cancer, an examination of the media’s conversation regarding *LIVE* will allow for proper understanding of the cultural impact being ascribed to the performance, as well as the press’s contribution to breast cancer’s perception in the public eye.

Twenty-First Century Understanding of Breast Cancer and the “Tyranny of Cheerfulness”

In order to properly understand how Notaro’s narrative offers a different view of breast cancer survivorship, we must first understand the hegemonic narrative currently present in the movement. Breast cancer activism and its iconography have been abused for the benefit of major corporations and politicians alike. Using an
illness that kills thousands of victims each year essentially as a sticker in order to sell products or oneself is obviously exploitive and underhanded. However, what is also troubling about breast cancer activism is the “Tyranny of Cheerfulness” that has evolved out of it (King, 2006).

The evil here might not even be apparent at first. In fact, one might feel that the wealth of optimism pouring out of the pink ribbon movement could only help those afflicted find a sense of community and positivity that would aid them in their time of need. Even King (2006) concedes this point in her *Pink Ribbons Inc.*, noting that studies have shown those with small or non-existent support systems are more likely to perish in their battles with illnesses such as cancer. Positivity itself is not the problem within the breast cancer movement: it is the slavish and blind devotion to portraying things in a positive light.

King and I do not object to utilizing positivity, as long as that positivity is not used in such a way as to hide the truth of the situation. In particular, King takes exception to media coverage which portrays breast cancer as a life-changing experience, noting one woman who responds to whether or not she would have breast cancer again by stating, “Absolutely. I’m not the same person I was, and I’m glad I’m not” (p. 101). This statement is just the tip of the iceberg, however; King notes that the dominant discourse on breast cancer looks to be primarily concerned with seeing it as a “rite of passage” that benefits all women who experience it (p. 103).

I have mentioned narrative’s ability to transform identity and it might appear contradictory here to object to this narrative construction of a “rite of passage” for the
experience of breast cancer. However, I am not objecting to the entire notion of viewing breast cancer as a transformative experience, as the typical narrative is couched in some form of transformation for the protagonist. The real problem, as King (2006) explains is that, “While it is quite common for illness to function as a transformative experience on an individual basis…the dominant discourse of breast cancer survivorship…leaves little room for alternative, less positive, understandings of the disease experience and its long term effects, or, relatedly, of the political-economic context in which the fight against the disease is being waged” (p. 102). With so much emphasis being placed on the positive, the anger and frustration of having an illness is diminished in legitimacy and becomes “other,” as positivity and cheerfulness become the normal. This relentless positivity can be seen in an example King (2006) gives, where one survivor, Barbara Ehrenreich, posts on the Susan G. Komen Foundation message board about her myriad complaints of her illness experience. The post garnered quite a bit of negative attention, resulting in one person suggesting that Ehrenreich, somewhat ironically, seek help. King also notes that, “Personal narratives that are less positive must begin with an apology, as when ‘Lucy,’ whose ‘long term prognosis is not good,’ starts her contribution on breastcancertalk.org by warning us that her story ‘is not the usual one full of sweetness and hope, but true nonetheless’” (p. 103). Not only is negativity met with backlash, but those breast cancer sufferers whose experiences do not conform to the bounds of cheerfulness feel the need to apologize for telling the truth. When boundless positivity progresses to the point where it silences all other emotional responses, it ceases to serve as a thing which ties
people together and instead separates those who do not fit neatly within society’s expectation. In addition, this mindset that values positivity as an important tool in surviving cancer, makes it so that those who do not survive must be themselves deficiently positive or somehow less motivated in their fight with cancer. This reasoning insults those who do succumb to cancer. While evidence shows higher survivorship amongst those in positivity fueled communities, there is no guarantee that anyone will survive breast cancer. Accordingly, despite the pink ribbon movement’s attempt to limit the range of emotional reactions, work has been done in an attempt to shed light on what the pink ribbon movement does not wish to speak about.

**Breast Cancer Counter Narratives**

As Notaro’s narrative is one that goes against the prevalent view of breast cancer, more understanding of the kinds of narratives present in the movement will allow us to see how her performance fits amongst other counter narratives. One of the most important aspects of a performative narrative is its ability to wrestle with contested meaning (Langellier, 2000). This struggle over contested meaning is the focus of a chapter Langellier provided to the book, *Narrative and Identity*, entitled, “‘You’re marked’: Breast Cancer, Tattoo, and the Narrative Performance of Identity.” In this chapter, Langellier tells the story of a breast cancer survivor named Rhea, who finds herself struggling over the course of her treatments with the identities associated with the breast cancer experience. The one she focuses on is the idea of being “marked” by the disease. In one of her stories, she relates the older notion that being tattooed meant you were a sinner and juxtaposes these religiously based critiques of
tattoos with the tattoos involved with marking the body for radiation treatment. Langellier (2001) utilizes this connection to relate Rhea’s story to the breast cancer experience as an illness that “marks” you both literally with radiation tattoos and scarring, and figuratively through the social conception that illness spoils the body. Langellier highlights this notion of marking as the absence of agency with getting breast cancer, something people have arguably limited control over.

However, Rhea’s story does not end with being marked by breast cancer and wallowing over a lack of control. Seeing that the tattoo is a symbol of something attempting to take her body from her, she decides to inject herself with agency and ink in an attempt to creatively reclaim her body as her own by tattooing over her mastectomy scar with an image of flowers. This act of performance may be radically different from how we normally conceive of it as a performer on a stage, but Rhea utilizes her body as a canvas in the same way any performer, say Notaro, utilizes a traditional stage. The tattoo challenged the preconceived notion of breast cancer scarring the body through presenting a dissenting point of view that marked Rhea’s body as beautiful in a unique and creative way.

Counter narratives like Rhea’s are remarkable for their contesting of the social norm. They provide a perspective of victimhood and frustration that would be easily be ignored amidst the sea of positivity that floods modern breast cancer activism. Rhea does not just accept her illness as a “rite of passage” as King (2006) would see it, but looks deeper at the way the illness impacted her identity as a person, imposing a new identity of being spoiled upon her. Even better, after realizing the spoiled identity her
body had been given, she transforms that identity through an act of performance. She contests the identity of being marked or spoiled by breast cancer, and in doing so provides a new way of understanding the experience of living with that illness for those who might also suffer like her.

While counter narratives can be deeply personal, they are not limited to the realm of personal narrative. In fact, within breast cancer activism entire counterpublics exist that seek to upend the prevalent narratives of breast cancer (Pezzullo, 2003). One of these counterpublics is the Toxic Links Coalition, which organizes protests to raise awareness on the origins of breast cancer, targeting companies that release carcinogenic toxic materials into the environment. As Pezzullo (2003) explains, counterpublics can be identified by the presence of both critical deconstruction of the norm and an emphasis on empowerment for further action. In this way, the Toxic Links Coalition obviously qualifies. The Toxic Links Coalition seeks to correct the perception of the causes of breast cancer, stressing the connections between environmental contamination and the spread of breast cancer. The Toxic Links Coalition also calls for people to protest these companies they view as responsible, meeting Pezzullo’s second criteria of empowering action. While the Toxic Links Coalition is an ideal counterpublic, interestingly, it works as a counterpublic to an already established counterpublic: National Breast Cancer Awareness Month.

While National Breast Cancer Awareness Month has issues, such as their lack of focus on environmental causes of cancer, Pezzullo (2003) notes that before it emerged, very little public discourse existed concerning breast cancer. National Breast
Cancer Awareness Month opened up the dialogue on breast cancer, fighting the then established norm of silence, and allowing women an outlet to speak out about breast cancer. In this way it has generated an ongoing counterpublic. As Pezzullo (2003) notes, “NBCAM cannot be reduced to ‘the dominant public discourse’ because it has fostered a public dialogue that runs counter to the hegemonic frame that marginalizes the significance of breast cancer” (p. 361). This conflict between two established counterpublics demonstrates that counterpublics are not essentially good or bad, which can also be attributed to counter narratives themselves. Often, a counter narrative may offer only partial disagreement with the norm, and in other ways reinforce the norm. Pezzullo (2003) cautions against seeing these narratives as polar opposites, noting that, “Reducing public spheres and counterpublics to facile binaries, as stated earlier, often essentializes and/or is inaccurate and, hence, unproductive” (p. 361). Counter narratives are complex beasts that deal with hotly contested meanings, and one only hinders their analysis to simplify them unnecessarily based on some notion of a proper counter narrative.

As I look to Notaro’s performance in LIVE, I will be looking to see how Notaro represents her own identity as a breast cancer sufferer, as well as the ways in which she contends with the dominant breast cancer discourse. That is not to say I will judge the performance against Rhea’s own story or the counterpublics of the Toxic Links Coalition and National Breast Cancer Awareness Month, as any counter narrative is likely to portray the illness differently and focus on wildly different aspects of breast cancer activism. Instead, Rhea’s story, the Toxic Links Coalition, and
National Breast Cancer Awareness Month can serve as a starting point for our understanding of what counter narratives attempt to do: provide the public with an illness experience that challenges the prevalent public understanding. In the analysis section, we will see how Notaro undertakes this endeavor, and judge her performance in the context of breast cancer counter narratives.

**Press Coverage for Notaro’s LIVE**

Knowledge of Notaro’s performance did not immediately start spreading following the Largo performance. Few publications even ran stories concerning Notaro’s diagnosis, with the notable exception of comedy focused website Splitsider, which not only brought the world’s attention to the quality of the performance just a couple of days following it, but also led with the title, “Tig Notaro Has Breast Cancer.” While the article noted several comedians that had seen the performance and felt compelled to sing its praises, the article’s focus was split between cautious optimism for Notaro’s success and blunt moroseness over the gravity of the diagnosis (Fox, 2012).

Mainstream awareness of the performance did not hit until, as previously stated, Louis C. K. made a personal appeal to his fan mailing list, in an email which can now be viewed on his website. While the album was also initially hosted for paid download on C. K.’s personal website, Notaro has since moved it to the iTunes store. Louis C. K. is himself a comedian, and possibly the most acclaimed comedian currently performing. His work in television as a writer, director, actor, and stand-up comedian have procured for him 25 Primetime Emmy award nominations, with two
consecutive wins for writing in a comedy special for his most recent televised performances. C. K. is incredibly well respected in the realm of stand-up comedy, and his endorsement lent Notaro’s *LIVE* immediate legitimacy.

If one were even remotely skeptical about the importance of C. K., one would only have to view the press that accompanied *LIVE* as it was released to the public in early October of 2012 (Anderson, 2012; Evans, 2012; Haglund, 2012; Holland, 2012; Kivel, 2012; Lazar, 2012; O’Leary, 2012; Ryan, 2012). Not only was it rare not to see some mention of C. K.’s endorsement and hosting of the performance in the article, it was rare to not see it at the forefront of the article, with Kyle Anderson (2012) of *Entertainment Weekly* titling his review, “Tig Notaro’s ‘Live’ [sic] lives up to its Louis C. K. Fueled Hype.” Even the *Splitsider* article that preceded the album’s proper release embeds C. K.’s tweet where he refers to the performance saying, “In 27 years doing this, I've seen a handful of truly great, masterful standup sets. One was Tig Notaro last night at Largo,” at the very top of a series of endorsements that includes Bill Burr and Ed Helms. Most of the press utilized this quote from Louis C. K. at some point, often, but not always, at the very top of the article. C. K.’s word carries a lot of weight, and should not be ruled out as a cause for why publications referred to the performance as legendary (Anderson, 2012; Haglund, 2012; Kivel, 2012; Ryan, 2012). C. K.’s words first perpetuated the performance’s mythic quality and his stature as one of the most lauded comedians brought Notaro a greater deal of exposure than she likely would have received otherwise.
In addition to noting the importance of Louis C. K., the press surrounding \textit{LIVE} positioned the performance in the contexts of other great comedic performances. In particular, Bernard O’Leary of \textit{The Skinny} makes comparisons between her performance and comedian Bill Hicks, noting that \textit{LIVE}, “bears a certain resemblance to the Bill Hicks routine about his cancer diagnosis…Her show is absurd, existential, hilarious; an immediate, intimate reaction to the weirdness of life” (para. 4-5). What O’Leary gets at here is Hicks’s tendency as a comedian to use the stage as a personal soapbox, waxing philosophically about myriad topics that troubled him. He actually falsely characterizes Hicks’s routine as being “about” his cancer diagnosis. In my own study of Hicks’s material, I have never found direct mentions of his terminal cancer diagnosis within his final performances. However, Hicks uses his terminal diagnosis as a sort of impetus to explore much larger topics that trouble him. While never addressing cancer, the fear of impending death and the desire to make sense of a world seemingly out of order permeate the majority of Hicks’s post-diagnosis material. While Hicks chose to present his own death as merely his retirement from stand-up comedy, he still engaged in the type of reevaluation inherent in illness narratives, and that Notaro herself goes through in \textit{LIVE}.

Beyond an interesting thematic comparison to Hicks, the press for the album also placed \textit{LIVE} amongst several other important performances. In \textit{Splitsider’s} announcement of the album, it again posted several responses from noted comedians (Evans, 2012). Among them is Patton Oswalt, who imparts a transformative quality upon Notaro’s performance, likening it to several other famous comedians’
breakthrough efforts. Among these comedians are Bill Hicks’s performances in the UK\(^6\) and Chris Rock’s “black people vs. niggers” material, both of which could be considered more modern examples of stand-up comedians addressing difficult and controversial material. These comparisons also lend legitimacy to Notaro, placing her in a lineage of comedians who saw inequalities and injustices, and broke new ground by highlighting their face-value absurdity. While Notaro may not have been approaching the topic of breast cancer out of social obligation, she did lend a voice to a group of people who are told what is appropriate to feel about their illness. Breast cancer is certainly not nearly as controversial as the subject of race relations, of which most of the comedians that Oswalt listed were concerned with, but it is certainly fair to see this as both Notaro’s break-out performance and her most controversial in subject matter.

Unfortunately, the press coverage of Notaro’s *LIVE* also worked to perpetuate the normative view of breast cancer as something which can be cured through the miracles of modern medical science, reflecting the tyranny of positivity within breast cancer culture. Nearly as pervasive as the inclusion of Louis C. K. in Notaro’s narrative, is the inclusion of the news of her treatment, surgery, and subsequent remission (Anderson, 2012; Haglund, 2012; Holland, 2012; Kivel, 2012; Ryan, 2012). While it is certainly reasonable to assume that these publications meant no ill will in printing this information, as it is the truth, it does create problematic understanding of the illness, with Adam Kivel (2012) even stating, “In the end, though, it’s as if

\(^6\) Oswalt likely refers here to Hick’s *Revelations*, which was recorded on Channel 4 in the UK and has subsequently been released on home media.
Notaro’s constant reminders that it’s going to be okay, her sheer force of positive existence panned out, as she recently told Conan O’Brien that she’s been diagnosed cancer free after a major surgery” (para. 6). This quote not only utilizes the problematic phrase “cancer free,” but it also reinforces the notion that positive thinking itself is an effective weapon against cancer. These kinds of statements ignore the gravity of situation, and confuse momentary lapses in illness as “cures.” They ignore the amount we do not know about cancer and the uncertainty that even the best treatments bring patients. While treatment was successful in Notaro’s case, in the fight against cancer, science is still left with only its “slash, burn, poison trilogy” (Langellier, p. 145, 2001).

This section has provided the contexts from which Notaro’s LIVE should be judged. As noted before, context is key in both illness narratives and in understanding the social relevance of jokes (Douglas, 1999; Harter, 2013). The culture that surrounds breast cancer is seminal in understanding how Notaro deviates from the norm in her narrative telling, and allows us to understand the social norms she is attempting to upend. From Rhea’s story of marking herself with a tattoo, we have seen how performative acts can create and shape identities for the performer. As I am particularly interested in how Notaro portrays her illness through humor and narrative, Rhea’s story provides an example of how a narrator can transform their identity through performance (Langellier, 1999). Pezzulo’s (2003) study of counterpublics highlighted how counter narratives can contest social perceptions and open dialogue for uncomfortable topics. In my analysis of Notaro’s narrative, I will be observing the
way she too contests social norms and provides open dialogue about breast cancer through the rites of humor (Douglas, 1999, Mintz, 1985).

The analysis of the press coverage for *LIVE* has allowed us to see the social and cultural importance that has already been heaped upon Notaro and *LIVE*. This coverage not only noted the skill and aplomb of Notaro’s performance, but also made comparisons to other performances by successful comedians who handled difficult material. These comparisons speak to Notaro’s ability as a social and cultural mediator (Mintz, 1985). These reviews and press releases also stressed the treatment and recovery of Notaro’s breast cancer. This attention to her recovery in particular perpetuates the myth of the cure and hints at the relentless positivity that King (2006) finds problematic in its masking of the severity of breast cancer.
Chapter 4: Analysis

After explaining both methodology and context for this thesis, now we arrive at its raison d’être: the narrative analysis of Tig Notaro’s *LIVE*. In order to proceed into analysis proper, I will first summarize the events of the performance itself, to give a notion of its structure and organization, all necessary steps in the process of narrative analysis (Iannarino, 2010; Riessman, 2008; Spector-Mersel, 2011). After exploring its basic plot structure, a more in-depth exploration of its themes and narrative devices will proceed.

The overall plot of Notaro’s *LIVE* is less like a straight line and instead follows a very loose association of jokes and stories branching from the singular notion of recent tragedy in Notaro’s life. The plot has little rising action, but this is likely due to the more exploratory nature of the material. As noted before, Notaro treated this stage time as a moment to make sense out of several things that were troubling her (C. K., 2012). Naturally, such exploration results in slightly sporadic plotting, jumping from the tragedy of her cancer, infection with pneumonia and Clostridium difficile, back to cancer, to the death of her mother, before circling back to cancer again. This chaotic ordering of events makes *LIVE* a far less traditionally structured narrative.

Introduction: Hello I Have Cancer

Notaro’s performance begins with a jarring opening line – “Hello, I have cancer. How are you?” This one line sets the tone of the entire show, as some audience members laugh along as if it were a joke. However, as Notaro proceeds to explain her situation, relating that, “It’s weird because with humor the equation is tragedy plus
time equals comedy. I am just at tragedy right now. That’s just where I am in the equation;” the audience becomes increasingly aware that this statement is no artifice; the cancer is not some bold experimental bit. The laughter is faint and uncomfortable for a few moments as Notaro begins to explain the process of getting biopsies, but Notaro counters this audience unease with an unexpected “Guys, relax. Everything is fine. I have cancer”. The magic of this moment is unlikely to come through in writing, but Notaro delivers this line like a teenager shrugging off a bad test grade to her parents, rather than addressing the gravity of her situation.

Notaro continues to explain the process of being diagnosed with breast cancer, detailing interactions with physicians, but also going on to describe the way her diagnosis has impacted her life. She first recalls looking at a young smiling photo of herself, and telling her younger happier self that she is going to end up with breast cancer. In this moment she reminisces fondly over her youthful naïveté, a time before she even knew what cancer was.

Notaro next recounts how cancer has changed the way she interacts daily with strangers. A man mistakes Notaro for a man, and despite her insistence that she takes such moments in stride; she takes the moment to use her cancer in both breasts as evidence of her femininity. Next, she proceeds to explain that following her impending double mastectomy, something she calls her, “forced transition,” she would be willing to answer to “sir.” This moment injects some necessary levity, finely walking the line between tragedy and comedy.
Notaro’s problems post-diagnosis do not begin or end with the thoughtlessness of strangers. She notes the frustrations of interacting with nervous friends too reluctant to talk about their own daily minutiae, because they do not have cancer themselves. This brings her great frustration as seeking comfort in the company of others only leads her to further feel isolated by her illness. In this isolation she muses whether or not she should try Internet dating, contemplating how she would go about making such a profile, “I’m single and I’d love to meet somebody, but this is just weird time and just…profile, just, I have cancer—serious inquiries only”.

This discussion of Internet dating leads into another anecdotal bit where Notaro recalls a friend who assumes she’s heard of what she calls “funny cancer greeting cards”. Notaro deconstructs the absurdity of this notion, relating the improbable event that Google-searching cancer would only bring up such cards. Notaro then reads one of the cards, one that presents cancer as a fortunate occurrence coinciding with the card presenter’s desire to shave their head. The audience’s reaction here is interesting, a few laugh uncomfortably and several offended audience members share their distaste audibly. Notaro notes the lack of positive audience reception, sarcastically stating her disbelief that they would not laugh at such a joke.

After discussing the empty novelty of cancer subcultures, Notaro then moves to discuss the cancer in the context of her career trajectory. She begins by stating that she has always felt as though life has been carrying her along just fine, but this recent development in her health has led her to assume that her fortune has been the result of a petty and detached god. She puts her own spin on the cliché that the good lord gives
and takes, by stating that, “sometimes the good lord taketh and just keeps takingiteth. Or like I was thinking, like tit for tat, y’know, that’s kinda what’s going on right now.”

After working through her minor and major life changes following her cancer diagnosis, Notaro then turns the audience’s attention to another piece of suffering in her life: infection with Clostridium difficile (c. diff).

The C. Diff Diet: The Secret is I’m Dying

The presence of c. diff in Notaro’s performance is scattered across two very short parts of the performance, and as such, it makes sense to discuss both here. She first mentions c. diff by describing it as a, “bacteria eating my digestive tract” that resulted from a bout of pneumonia. The first thing that she really discusses about c. diff is that it resulted in a cumulative 15 lbs of weight loss for herself, after which she asks the audience how she looks. The audience response is enthusiastically positive, leading to Notaro then lecturing the audience briefly on the importance of probiotics being taken in tandem with antibiotics. This moment is remarkable for being the one time Notaro attempts to teach the audience about proper healthcare, but the moment is quickly dropped as Notaro cycles back to her cancer diagnosis and the reaction of her brother and stepfather to the news.

Jumping ahead to a little later in the performance, Notaro again brings up c. diff in the context of an interaction with a mammogram technician. The technician is taken with the flatness of Notaro’s post-c. diff stomach, and inquires what secret Notaro has unlocked in the realm of weight loss. Standing there, topless and exposed, Notaro dryly responds, “’Oh, I’m dying,’ pure and simple”. This bit would have
naturally flowed from the first discussion of c. diff, getting the audience to compliment her much in the same way the technician does later on. Whether Notaro intended the two parts of the performance to be next to one another or not, it is interesting to note that this scattering of related thoughts is indicative of the chaotic structure of the narrative. Wedged in between these two c. diff sections, though, is one of the most emotionally taxing sections of the performance: the death of Notaro’s mother.

_My Mother Just Died – Should I Go?_

Notaro is more than aware of the uncomfortable nature of the material she is performing, as her constant motherly tending to audience reactions shows. Perhaps the moment where the audience’s reaction is most severe is when after getting out of the hospital Notaro’s mother dies, “but like tragically too.” The audience is divided between uncomfortable laughter and surprised gasps. This reaction prompts Notaro to simply ask the audience, “Should I go?” Her response is enough to get the audience to laugh, as juxtaposed against all the other tragedy they have been laughing at, the death of Notaro’s mother is significantly muted.

Notaro’s mother’s death is portrayed as accidental: a simple fall that led to head trauma, that ultimately ended with her hooked up to life support. Notaro explains all of this in retrospect through a bit beginning with her return home after the funeral. The hospital that cared for her mother sent a questionnaire to her deceased mother, inquiring on the quality of care she received as a patient. Notaro uses this thoughtless request to explain the grittier details of her mother’s hospital stay, including her
mother’s unresponsive state and the emotional breakdown she suffered at her bedside. This is all before explaining a simple way for the hospital to improve the quality of its patient care: “Don’t send questionnaires to dead people. They cannot read the questionnaires.”

*Trauma Compounded* – “*But, Why God?*”

From this point forward, following the second c. diff joke, Notaro then begins to synthesize all of her life tragedy, seeing each one as spawning the next, from pneumonia, to c. diff, to mother’s death, to breaking up with her girlfriend, to cancer. Notaro groups all of these unfortunate occurrences together, organizing all the bad that has befallen her into a singular progression, ending with her cancer – making it the manifestation of misfortune. Notaro then attempts to unpack all of these traumas against the backdrop of her career success following a well-received show on *This American Life*. She notes the existential crises she faces in the supermarket, as her limited diet has her question why she should continue to eat anyway if it just means that she will endure more misfortune. Even amidst all of this trauma, Notaro only wishes to indulge in something decadent, but has to settle for Triscuits, a food whose ingredients list begins and ends with cracked whole wheat.

As each bit of trauma seems to leave Notaro without some form of comfort, be it her mother, girlfriend, or unhealthy food, she sarcastically resolves that, “God never gives you more than you can handle. Never.” She then goes on to imagine God as this out of touch and distant entity, surrounded by more compassionate angels that question his methods. This leads into an existential spiral where Notaro just keeps
asking “Why God?” before resolving that “God is insane, if even there at all.” This moment is considerably more somber, as the audience laughter dies down as Notaro gets progressively more serious. However, Notaro does not linger too long on the somber note, instead looking at her life as bizarre rather than tragic. She imagines herself as a Chilean miner who just got rescued, as she is going through all of these horrible struggles, while people invite her to photo shoots and interviews. She also likens the past four months of her life to the equivalent of 25 years of suffering, imagining her pre-trauma self asking to see just 4 months ahead only to be absolutely horrified.

Resolution – “This is F***ing Amazing”

Following her last bit, Notaro notes all the “sad hearts” in the audience, who she feels she let down with her traumatic material. She vocally ponders whether she should just tell silly jokes she alludes to as meaningless throughout the routine. The response from the audience is nothing short of incredible, several members shout no, to which she responds, “No, I wanna hear more bad news!” An audience member whom Notaro has been playfully teasing for finding the material too funny fires back that they can handle it, resolving that the routine is “fucking amazing!” Notaro is not sure what to make of this; she is completely flabbergasted by such overwhelming praise. It is at this point she reveals her final misfortune – she has no more to share with the audience. This leads to uproarious laughter as Notaro downplays her material by saying “That’s it, that’s all that happened to me.”
At this point, Notaro thanks the audience for their patience and understanding, and goes on to explain to one particularly distraught audience member that she is receiving care from Sloan Kettering, and that her friends in the comedy world have found her a flexibly scheduled job writing for comedian Amy Schumer’s new show. After reassuring that her audience is okay and promising to check up on the audience while she is in the hospital, she asks if there is a silly joke the audience would like to hear. The crowd demands she tell the “Bee on the 405” joke that she referred to as too silly throughout the show. Notaro does her best to maintain composure telling a silly joke of being stuck in traffic while a bee flies past, before closing on one more thank you, a shout of “Yay, cancer!” and the sarcastic resolution, “I guess God was right, I can handle this. I can totally take so much more.”

**Analysis of Major Themes**

*Unnecessary Suffering as a Result of Obliviousness*

Obviously breast cancer itself is what weighs on Notaro the most during the entirety of her performance in *LIVE*. It would be silly to state otherwise. However, Notaro portrays her suffering as the result of several people’s obliviousness as well. This primarily shows up in the healthcare contexts where either doctors or nurses cause undue suffering due to the lack of care or concern for her as a patient. For example, the scene in which Notaro is receiving a mammogram following her biopsies sees a technician asking her how she got such a flat stomach. Notaro’s deadpan response, “Oh I’m dying,” not only answers the technician’s question, but it also highlights the callousness of such a question. Standing there exposed and in pain from
receiving the mammogram, Notaro is once again led to contemplate her mortality because of a thoughtless remark about her figure.

Notaro finds herself in conflict with hospital staff again over the decision to send her deceased mother a questionnaire to fill out regarding her stay in the hospital. Notaro doesn’t have to do much to get the audience on her side, as the notion of sending dead people quality assurance questionnaires is ridiculous on face value. Notaro brings more humor into the mix by providing her own addendums to each question she reads off of the questionnaire, “The questionnaire asked things such as number 1, “During this hospital stay, did nurses explain things in a way you could understand. I mean, considering you had 0 brain activity.” These additions bring to light the detached nature of health care in the modern age, by juxtaposing the clinical speech of the hospital with the visceral tragedy of the details of her mother’s demise. This is made all the more clear as the joke continues:

Tig: My mother was on life support. “Number 2, was the area around your room quiet at night, or could you hear the 12 hours of your daughter alone at your bedside sobbing and telling you things she wished she was brave enough to tell you when you were conscious.”

(Audience laughter)

Tig: Number 4, “suggestions for improvements, such as, should we stop sending questionnaires to dead people?”

The trivial concern of a quiet health care environment is here placed into direct conflict with Notaro’s traumatic experience as her mother lies unresponsive. Not only
is Notaro dealing with the already significant issue of losing a loved one who cannot even recognize that she is there, she also is forced to combat a health care system that does not bother to recognize the tragedy of her traumatic experience. Notaro takes this personification of the hospital staff being incompetent even further with the final question, having them ask if sending questionnaires to dead people is appropriate. After this she conjures a motherly tone, admonishing the hospital for its lack of forethought:

Tig: Hospital, hospital, maybe get a little more on top of things. It’s really simple, make two lists. That’s all it boils down to. Number 1 (beat), number 1 would just be dead people. Number 2 would be alive people. Send questionnaires to alive people; don’t send questionnaires to dead people. They cannot read the questionnaires. Ah bup bup bup - No questionnaires to dead people.

The overly simplistic nature of the explanation mocks the intelligence of the staff that sends such questionnaires. This is further reinforced as Notaro pretends as if one of them might not still be clear on the point and harshly cuts them off in a way that is reminiscent of a school teacher correcting an unruly child. This lack of awareness is a common characterization that Notaro employs within the segments that discuss her interactions with doctors and nurses, but it also permeates her day-to-day exchanges as well.

While walking on the street, Notaro finds herself accosted by a stranger who repeatedly calls her sir. This grates on Notaro, who in her own words “usually has a
sense of humor about these things,” culminating in her lashing out at the man by saying, “I just got diagnosed with breast cancer in both breasts, that’s how much I’m not a man.” Her anger is certainly justified here, as she notes that this is a common type of occurrence for herself. The man here is portrayed as impatient and oblivious, with Notaro donning a pestering tone as she reiterates the word sir over and over again:

I was walking home and this man walked next to me and he just was staring very closely at my face and he was just like, “Sir. Sir. Sir.” And usually I have a sense of humor about that, but after the news I had just gotten that I had probably have breast cancer and he’s just like, “Sir. Sir!” I was just like, “I just got diagnosed with breast cancer in both breasts, that’s how much I’m not a man.”

In the context, Notaro’s reaction is appropriate, having just received her cancer diagnosis. The man’s pestering serves as an unintended reminder to Notaro of both her mortality and the disfigurement her illness will cause her. Notaro attempts to play this notion off for humor, referring to double mastectomies as merely her “forced transition,” but this does not wholly distract from her larger point. While she may not appear to be a woman to this passerby, she in fact is suffering from an ailment that afflicts her symbolic femininity: her breasts. This illness is so cruel that its treatment will lead to removal of her breasts and thus part of her femininity as well. Notaro makes the pain of this interaction known just in her tone alone as she responds to the
passerby, adopting a righteous indignation that starkly contrasts with her typically relaxed stage presence and delivery.

Notaro’s suffering at the hands of oblivious parties is not limited to the realm of her interactions with other people, as she represents her various traumas as being dealt to her by an incompetent and oblivious God as well. Notaro introduces the idea of an oblivious God shortly after explaining to the audience that she feels robbed of any support group in her current situation, as her mother, girlfriend, and even junk food have now left her alone with her condition. In this part of the performance, Notaro does not drastically alter her voice when alternating between herself and God, portraying him as being laid back and detached in comparison to the worried and frantic protesting that she adopts when playing the angels. She opens the bit by explaining:

Tig: But you know what’s nice about all this is that you can always rest assured that God never gives you more than you can handle.

(Audience laughter)

Tig: Never. When you’ve had it God’s like, “That’s it.” I just keep picturing God going, “You know what? I think she can take a little more.”

(Audience laughter)

Tig: And then the angels are standing there going, “God what are you doing? You are out of your mind.” And God was like, “No, no, no, I really think she can handle this.” But why, God? Like — Why? WHY? “Oh you know, just trust me on this. She can handle this.”
Notaro here endows God as the agency behind all of her misfortune, from pneumonia to cancer, largely to highlight the ridiculousness of such a worldview. God is portrayed by Notaro as lacking all empathy, objectively viewing her life and inflicting trauma on her based on intuition as to how much more suffering Notaro can take. Even when Notaro has far more sympathetic angels confronting him and telling him how preposterous he is being, God is unfazed by their concern. While God is shown to be inflicting pain intentionally, Notaro portrays it as it merely being God’s incompetence at his job, not out of some vested sadistic interest in making her suffer unnecessarily.

The theme of suffering inflicted from obliviousness is perhaps one of the few coherent meanings that Notaro constructs throughout her performance and certainly one of the most important in providing Notaro an emotional outlet. Each interaction with an oblivious person gives her a chance to see the uncaring and unaware nature of both the healthcare system and regular people in regards to cancer. Facing a life threatening illness, Notaro is rightfully upset with the technician who asks her about her waistline. Her joke also allows her to highlight the incongruity in such an exchange, where weight loss secrets seem to be more of a concern to the technician than the tumors in Notaro’s breasts. The survey Notaro receives for her mother also allows her a chance to demonstrate the health care system’s hypocrisy. While the survey’s questions seem to be focused on the customer service quality, Notaro shows just how little they must consider the customer and their families. If no consideration
is made to not send questionnaires to those who died; then obviously little concern is being given to the patients under the care of the hospital, much less the loved ones who watch them die. Notaro contrasts the antiseptic questions against the stark and painful experiences of her mother dying to correct such obliviousness. Notaro’s interaction with the man on the street is similar in the way it utilizes humor. Confronted with an ignorant person, Notaro does not take to insults, but rather chooses to present the reality of her life to reveal his callousness. This approach allows her to not only call attention to her identity as a woman, but to call the audience’s attention to the direness of her situation as well. Perhaps the information she shares with the stranger could be considered unfair and inappropriate, but Notaro does it in such a way that calls attention to her gender and condition, rather than simply the mistake of an ignorant person.

Each of these moments reflects the daily obliviousness the average person has towards cancer. By portraying these people as simply misguided or confused, and not openly malicious, Notaro allows the audience to project themselves into the situation, and see how easy it is to not give proper reverence. In essence, Notaro is opening conversation on a topic that is wildly uncomfortable. She is inviting the audience to see our defense mechanisms and obliviousness, and to correct them. She invites us to question the care that hospitals provide, and how even when appearing to make considerations for a person that it can completely ignore the humanity and suffering involved with illness and death. Notaro is correcting perceptions; she is not some weight loss model, she is a woman suffering from life threatening illness. When a
passerby mistakes her sex, she not only corrects him on that point, but also sheds light on her breast cancer and the doubtless pain and identity crises it will cause her. When the hospital makes a thoughtless mistake in sending her mother a questionnaire, she takes the opportunity to show just how detached the questions are from the experience of being in a hospital. Notaro utilizes the oblivious to teach others how to not act, working through the social mediation role that Mintz (1985) outlined for comedians. She also is utilizing Burke’s (1959) comic frame.

Burke notes the essentiality of viewing people as simply uninformed rather than malicious when utilizing humor as teaching tool, stating:

The progress of humane enlightenment can go no further than in picturing people not as vicious, but as mistaken. When you add that people are necessarily mistaken, that all people are exposed to situations in which they must act as fools, that every insight contains its own special kind of blindness, you complete the comic circle, returning again to the lesson of humility that underlies great tragedy. (p. 41)

Notaro uses the oblivious masses in the same way Burke conceived of the comedic frame’s reliance on fools. In order to foster new understanding on her suffering, she shows us at each turn how we hide or otherwise make ourselves unaware of cancer and the illness suffering experience itself. Obliviousness becomes the necessary agent that motivates Notaro to action, giving her comedy something to denigrate while upholding the reality of her suffering (Douglas, 1999; Mintz, 1985).
In addition, conceptualizing her suffering resulting from oblivious and detached forces becomes Notaro’s way of making sense of such dire moments in her life. While God is portrayed as ignorant like the other people in her routine, his ignorance serves a different purpose to Notaro. Instead of pointing out our own obliviousness, God’s obliviousness is Notaro’s way of understanding such disproportionate tragedy in her life. Whether or not Notaro believes in some form of higher power is debatable, as her utterance that, “God is insane, if there at all,” seems to imply that the preceding image only serves the purpose of humor. However, regardless of Notaro’s belief system, what remains clear from the passage is that Notaro sees all of this tragedy as undue suffering. She does not once look at cancer or any other tragedy as merely a rite of passage, as King (2006) would object to. Notaro portrays breast cancer as a tragedy that befalls her unfairly, and even devoid of reason, as she has God simply unable to articulate his reasons for causing such harm. In many ways it resembles how Pezzullo (2003) reports the way Rhea viewed her illness, as something that marked and stigmatized her without her consent. Notaro and Rhea both see breast cancer as an uncontrollable force in their lives, but both also seek to creatively interpret the meanings placed upon them in the wake of their illness. It provides for Notaro an outlet for her frustrations; as such a situation presents no clear target for blame. As no physical person to blame or satisfying reason for her cancer exists, it makes sense that she constructs something to direct her anguish at. This allows Notaro to paint herself as a victim of circumstance as well, allowing her the
latitude to share frustrations that may otherwise incur negative responses on the message boards at Susan G. Komen’s website.

In this sense, the theme of obliviousness causing suffering becomes one of the most effective aspects of Notaro’s illness narrative in *LIVE*. This theme not only allows for the audience to see the ways they too are oblivious and possibly less than reverent to cancer and illness sufferers. In addition, it works for a critique of the health care system, underscoring the ways in which it too ignores the humanity and suffering of illness. In both instances, Notaro uses fool characters and negative examples, both mainstays of comedic expression (Burke, 1959; Mintz, 1985). Finally, the theme of obliviousness serves as a piece of sense making and as an emotional outlet for Notaro. With such a brutal series of compounded tragedies, the only real sense that Notaro can make of her misfortune is that no logic or reason *can* make sense of it. Notaro’s perception of breast cancer as an unceremonious and nonsensical interruption echoes understandings reached by narrators in other illness texts (Frank, 1995; Pezzullo, 2003). Utilizing obliviousness allows Notaro to be both an effective comedic mediator, as well as portray her illness in a sympathetic way.

*Distance Management: or Tragedy – Time = Comedy?*

Notaro’s performance in *LIVE* is remarkable for the material that she attempts to make humorous while still maintaining reverence for the subject matter itself. In this stand-up set she is dealing with a series of crushing emotional blows and physical traumas, each one seemingly sadder than the next. One of the most outstanding aspects of this performance is that Notaro battles for her presence on the stage throughout; she
is constantly fighting the audience’s sympathies for her as she herself tries to conquer her demons herself through the power of stand-up. As David Haglund (2012) notes, “The audience, as you can imagine, does not quite know what they’re hearing at first. Is she serious about having just been diagnosed with cancer? Some people laugh when she says it the first few times” (para. 4). At first, the audience appears receptive to what they expect to be a bit; they do not fully comprehend that Notaro is serious until about a minute into the performance:

Tig: Oh my God. It’s weird because with humor the equation is tragedy plus time equals comedy. I am just at tragedy right now. That’s just where I am in the equation.

(Audience Laughter – starting to die down.)

Tig: Oh it’s fine. Here’s what happened. I went—I’m going to get—it’s very personal. I found a lump. (Beat) Guys, relax. Everything’s fine; I have cancer.

(Audience Laughter)

However, as we can see here, Notaro masterfully commands the crowd. When she feels she is already losing their deference, she quickly interjects a blasé statement that she is going to be fine. Her sarcasm here sells the ridiculous understatement of her cancer diagnosis, instantly garnering from the audience the intended response of laughter. However, this moment is not the only one where she has to deal with an overly sympathetic audience member. One in particular catches Notaro’s attention minutes later, causing her to respond:

(Audience Laughter – faint)
Tig: Someone over here just keeps going, “Oh”

(Audience Laughter – uproarious)

Tig: “Oh, I think she might really have cancer.” Who’s taking this all really bad? Oh, it’s okay. It’s okay. It’s going to be okay. It might not be okay, but I’m just saying it’s okay. You’re going to be okay. I don’t know what’s going on with me.

(Audience Laughter)

Here we see Notaro’s strength as a comedian and narrator. She immediately realizes the need to comfort those who are finding her story difficult to swallow. She reassures the audience with a near motherly tone, but she quickly pulls the rug out from under them by reminding them of her life-threatening condition. This in essence allows her to both draw attention to the tragedy in her life, while still providing the distance for the audience to find humor in it. She maintains this relationship quite well throughout the stand-up set, never losing the gravity of her situation, but never allowing the audience to sit in silence for too long. She not only mediates responses from troubled audience members, but also from those who appear to be taking too much joy in her story:

Tig: And I just walked off from the photo. And I was just sitting there with my bowl haircut and suspenders going, just smiling so big. I had no idea what cancer was. After I got diagnosed I – Sir. This should not tickle you so much.

(Audience Laughter)

Tig: I’m not that happy and comfortable.
Notaro responds to the audience at the drop of the hat, and she is quick to respond to any sort of irregularity in their responses. In this way she keeps a reverence for the serious subject matter, without compromising the humor she is performing on stage. As Kyle Ryan (2012) notes of the performance, “As skillfully as Live treads the line between comedy and tragedy, Notaro doesn’t bother separating them sometimes” (para. 6). Ryan notes here one of the more interesting aspects of the performance itself: the employment of perspective (Allison, 1994).

As Allison (1994) notes, in order to employ perspective, a narrator needs either to be separated in time from the events of the narrative, have access to audience response, or their narrative must in some other way allow for evaluation of the events being discussed. The perspective afforded an author is essential in narratives that communicate suffering, especially in Notaro’s case as she speaks from within the wildfire of a torturous chaos narrative (Frank, 1995). Frank conceives of chaos narratives as those that seem to endlessly build with further impediments upon the normalcy in the narrator’s life, and does well to describe the non-linear nature of Notaro’s performance, which moves in rapid succession from cancer diagnosis, to severe illness suffering, to personal losses, while abiding to no set time structure.

However, I must note that while chaos narrative can describe parts of this performance, the overall structure of her telling of the narrative, which ends with an explanation on her plans to undergo treatment of her cancer, and the several outside narratives from journalists which mention Notaro’s successful recovery from illness ultimately drive the master narrative to more closely resemble Frank’s conception of a
quest narrative with a definite triumphant ending. The quest narrative function seems particularly apt, especially when considering that Notaro’s narrative, “meet[s] suffering head on; [it] accepts illness and seek[s] to use it” (Frank, 1995, p. 115). Indeed, Notaro wastes no time getting to her myriad of illnesses, and she utilizes those illness experiences to provide humor to the audience. However, while Notaro’s narrative has elements of both chaos and quest narratives, Frank (1995) himself noted that each illness narrative is likely to contain elements of any or all of his archetypes.

While Notaro lacks distance from most of the events she talks about, she luckily does make use of the audience response that Allison notes as significant in affording perspective. As is noted above, Notaro several times breaks free from the narrative progression to provide the audience with the appropriate way to take in her narrative, usually through very maternal comforting or scolding of the audience. What she lacks in temporal distance from her illness, she more than makes up for with matter-of-fact observations, such as her assurance that the audience will be okay even if she will not be, which allow the audience the necessary emotional distance to see the irony and humor in what happens to Notaro.

Since Notaro’s perspective and distance is almost completely afforded through maintaining the audience’s reactions, it only makes sense that during the performance itself, Notaro is somewhat unconvinced by the effectiveness of her illness narrative. Near the end of the performance Notaro feels as though she is letting the audience

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7 As provided by Louis C. K. in his version of the narrative, Notaro performed without prior planning and within a day of her double breast cancer diagnosis.
down. She claims she had no intention of making them sad before attempting to speak for them. The results of doing this seem to surprise even Notaro herself:

Tig: And you guys are like, “But we came for a comedy show.” Maybe you just should have stayed home tonight. What if I just transitioned right now into silly just jokes right now?

Audience members: NO! NO! NO! NO!

Tig: No, I wanna hear more bad news!

(Audience laughter)

Audience member: Yes, we can take it!

Tig: No! Where—where are you?

Audience members: Right here!

Tig: Right here?

Audience member: This is fucking amazing!

Tig: Oh

(Audience Applause)

Tig: Well thank you. I—I—you know I—thank you. Now I feel bad I don’t have more tragedy to share.

The genuine surprise at the audience’s overwhelming response reinforces the notion that Notaro is gaining perspective on her own story through the participation of the audience. Without the audience, it is likely that Notaro would not have come to any clear understanding of the performance or her illness. Interestingly, though, after this triumphant praise from the audience, Notaro works back her joke from earlier
concerning God never giving you more than you can handle. It was unlikely planned, but fitting that Notaro end on this statement, “I guess God was right, I can handle this. I can totally take so much more.” While the line is slathered in sarcasm, the sentiment beneath it feels genuine. After opening her heart to the audience for a half hour, it would appear that her illness, while still terrifying, is now something that seems within her power to conquer.

While *LIVE* itself offers only a brief glimpse of any indication that Notaro has gained perspective in the performance, a subsequent interview with Kyle Anderson (2012) of *Entertainment Weekly* revealed some more thoughts she had about the performance. In the article, Anderson asks Notaro if she “found the funny in cancer” (para. 5). Notaro’s response reveals the importance she has placed on the performance, “When I went on stage at Largo, I was just a day out of being in the fetal position crying. The fact that I was on stage so soon after and making myself and other people laugh about it, I’m so glad that happened” (para. 5). Clearly Notaro views the performance as a successful outing, especially its ability to make herself and others laugh about the performances dark subject matter.

The ability the performance has in making both the audience and Notaro laugh speaks again to Notaro’s abilities as an effective humorist and narrator. Notaro takes on these taboo and uncomfortable topics, which is evident in the initial revulsion of the audience, and through collective laughter she builds new understanding with the audience (Burke, 1959; Douglas, 1999; Mintz, 1985). To see such a dramatic shift
from uncomfortable silence to uproarious laughter speaks to the transformative nature of the material.

Despite being stranded in the tragedy of the comedy equation with a dearth of time to distance herself from her trauma, Notaro manages to still keep the audience in a state of mind where they can laugh along with her while she mediates some of the most troubling material. Although the audience may gasp at certain revelations, for example the death of Notaro’s mother, Notaro is quick-witted enough to immediately pull them back in, reminding them that they did not in fact know her mother. These little touches by Notaro keep the audience themselves at a healthy distance from which they can view the events and see the humor that lies beneath. In addition, the audience’s participation allows her to gain greater perspective on her own illness. This fostering of new meaning comes out of the operation of humor as a rite, where our insecurities in discussing cancer are assuaged as Notaro guides us to see things from her perspective (Douglas, 1999). Her cancer provides her with audience sympathy, but even that sympathy is something she mediates effectively in order to provide perspective and understanding to the audience. This employment of humor allows *LIVE* to be more than the sum of its parts. It is a stand-up routine that is critical of the illness experience, and seeks to enlighten the audience to its own failings in its handling of illness.

Notaro and the Abject – Obliviousness or Enlightenment?

As discussed above, the operation of the abject is an essential component of stand-up comedy. Mintz (1985) notes it necessity in allowing the audience to feel
sorry for the comedian, which in turn allows them wiggle room in discussing the taboos of our culture. Limon (2000) saw this as the material itself that is mediated in a stand-up performance, which in many ways resembles Mintz own conception of stand-ups as negative examples. In the case of Notaro, that which is abject should be obvious: her cancer and other tragic occurrences. Notaro takes no time at all in clueing the audience into what she is choosing to stand-up in her performance. She spends her opening lines doing just that.

Tig: Good Evening, hello, I have cancer how are you?

(Audience Laughter)

Tig: Hi how are you, is everyone having a good time. I have cancer how are you? Uhg, it’s a good time. Diagnosed with cancer. (Sigh) Feels good, just diagnosed with cancer.

(Audience Laughter)

Notaro clearly had one thing on her mind as she took the stage that night, as fellow comedian, Louis C.K. (2012) attests, “Then she held up a wad of note-paper in her hand and said ‘I'm gonna talk about all of it on stage now. It's probably going to be a mess’” (para. 3). What C.K. provides here is a glimpse into the pre-performance Notaro, obsessed with the aspects of her life and body that are seemingly spinning out of control. She first places her actual cancer on the chopping block, stating:

Tig: Found a lump, got a mammogram. You know, they’re doing the ultrasound. They’re like, “Oh we found a lump.” And I’m like, “No, that’s my boob.”
Tig: (laughs) And they’re like, “No, no, no, we found a lump on the other side too.” And I was like, “Yeah I got one over there too.”

Tig: Those are my boobs. (Laughs)

Notaro makes no effort to withhold or distract from her cancer. Rather, Notaro holds up her cancer to the audience, acknowledging its invasive presence in her body. She builds humor from defying the expectations of the audience that cancer is something that cannot be talked about candidly or even humorously. Notaro spends time questioning the presence of the cancer, not with existential sorrow, but instead existential fury. The cancer becomes less imposing as it is laughed at along with Notaro and her lack of self-consciousness for her body’s inadequacies. As Jessica Holland (2012) noted of the special’s effectiveness, “What's hard to believe is that she turned the material into something both laugh-out-loud funny and, because of Notaro's courage and her lack of self-pity, life-affirming” (para. 3). Her willingness to self-deprecate for the purpose of humor becomes one of her finest tools in performing the abject material and what leads to a deviation from the way John Limon presents stand-up obfuscating the abject.

Notaro does not engage the audience by making them unaware of her abjectness, the far too blunt, “I have cancer,” that begins her set would easily call the

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8 Fury being the cliché, is probably an inappropriate way of referring to Notaro’s laidback personality on stage. However, it should be noted that she is more frustrated than despondent at the presence of her tumors.
oblivious argument into question. Notaro uses the abject differently; she stands it up
defiantly in the face of audience aversion to such sensitive topics, and through her
boldness and willingness to interact openly with her audience, she normalizes the
abject. Through her use of not only humor, but also statements of fear, frustration, and
anger about her abjection, she brings not obliviousness to the abject, but instead an
understanding and normalization of the abject. In essence, Notaro does not use humor
as a costume to appear normal, but rather uses the power of humor to conquer not only
her fear, but the audience’s collective fears about, and aversions to, the topic of breast
cancer.

Notaro’s humor makes no attempt to hide her cancer from the audience; her
humor often emerges out of reminding others of her illnesses. This revelation-based
humor can be glimpsed in her exchange with the mammogram technician. Notaro is
not attempting to instill obliviousness in the audience. If anything, Notaro is trying to
enlighten us. As discussed above, Notaro’s antagonists throughout the story, save for
the illnesses themselves, are categorically oblivious in their own daily interactions
with her. Her humor does not attempt to downplay the trauma further, but instead to
call attention to it.

Perhaps the best articulation of this difference between humor which attempts
to mask trauma and humor which sheds light on the trauma itself comes in the form of
Notaro’s reading of the “funny” cancer greeting cards:

Tig: So my friend texted me one of the cards. And the outside of the card is
just says, the outside of the card says, what is it, “So you have cancer,
sadface.” Then you open the card and it says, “Thank goodness, I’ve been looking for a reason to shave my head.”

(mild audience laughter – offended oohs)

Tig: I can’t believe that’s what you guys haven’t laughed at tonight. That was straight from the funny cancer greeting cards.

Although Notaro claims she is surprised at the reaction of the audience, the statement is played off with copious sarcasm. Both Notaro and the audience recognize that the card begins by holding the cancer up as an unfortunate abject occurrence in the reader’s life, then immediately shifts focus in the punch line to the card’s writer, trying to distract with a meaningless joke about shaving one’s head in sympathy. This joke does not work because it attempts to draw focus away from the cancer, honing in on the person without cancer, whose life and body are changing only in the number of follicles on the top of their head. Limon (2000) describes this type of humor as an attempt to momentarily distract from the negative connotation of the abject through lobbing jokes at it. Notaro’s own jokes attempt something entirely different, drawing attention to how the cancer impacts her life as a victim in absurd, but undeniably human ways.

Take, for example, her bit about online dating. The topic of dating is a sympathetic one. Notaro uses this as her connection to the audience, before standing up her abject cancer as a further complication in the process of dating:

Tig: I was kind of feeling like, what’s going to happen, how am I going to date? What’s going to happen to me? Do I go online and just make a profile.
(Audience Laughter)

Tig: (laughs) I’m single and I’d love to meet somebody, but this is just weird time and just…profile, just, I have cancer—serious inquiries only.

The humor here does not come out of masking the cancer, but in viewing it in the context of dating. Rather than crudely distracting the audience from what makes her different, it forces the audience to consider attempting to date while facing a potentially fatal illness. The absurdity of the idea makes it funny and yet shockingly relatable to the audience. The cancer’s threat may be diminished in the nonchalant way Notaro treats it, but it remains in full view of the audience. More importantly, this joke adds a dimension of humanity to the illness suffering experience. Just as Rhea found herself feeling marked and changed by her illness, Notaro also finds herself feeling essentially changed by the presence of the abject. Her cancer makes her feel unfit for the dating world, both as a pursuer and a target of romantic pursuit. As a cancer sufferer, we would expect her to be focused on her recovery, and that dating someone afflicted with such a serious illness would cause a great deal of discomfort. However, as she shows the audience, her cancer has not removed her very human desire to be with another person. This observation highlights our unequal treatment of the ill and suffering as a society, pointing out the incongruity in treating someone with cancer as somehow less in need of our deserving of romantic love. In this way, Notaro is finding humor, while still enlightening the audience as to her experience as a person suffering through illness.
Take for example Notaro’s frustrations with how breast cancer has impacted her day-to-day conversations with friends and family. Notaro shows that cancer has made so people no longer feel adequate in discussing their minutiae with her:

It’s so frustrating because nobody will casually talk to me now. Like not even tell me about boring day to day details. They’ll just be like, “Oh you know—never mind.” No, no, what? What? Somebody talk to me. “No it’s (incomprehensible).” Or they’ll be like, “Oh I had a rotten day.” And I’m like, “Oh what happened”—“No, no, it’s—it’s. No I don’t have cancer.” It doesn’t matter just talk to me. Please, my time is limi—oooooh.

Here again Notaro holds up the abject, first to showcase the different way she is being treated and then to sucker punch the audience with a stark reminder of her very possible death. The cancer has caused each interaction with her friends to make her feel more lonely and separated from a normal human person. This paradox highlights the incongruity in her friends’ actions; in an attempt to respect her in her time of need, they begin to diminish her identity as a person. Her final statement that her time is limited is a brilliant move on her part; accentuating the unease the subject brings her friends and the audience. By not completing the line and acknowledging its uncomfortable nature, she gets the best of both worlds. The punch line underscores how the audience and her friends would make her abject cancer into her entire identity, without actually acknowledging her mortality. At the same time, it allows this judgment from her to not feel overly preachy. She shows how this behavior of treating the cancer patient with too much reverence easily ventures into dehumanizing the
patient. By acknowledging her mortality cautiously, she reveals the incongruity of the logic in treating cancer patients differently; by being unwilling to share your life with the cancer-afflicted, you lose out on an increasingly finite number of chances to talk to this person.

In short, the operation of the abject in Notaro’s humor greatly differs from how Limon (2000) originally conceived of it. Notaro holds up how her identity has been impacted by the presence of the abject, but she does not then make jokes to distract from this realization. Each punch line is a stark reminder of her mortality, no matter how uncomfortable it makes the audience. This technique allows her to negotiate her contested identity, showing that while people may treat her differently, her cancer has not in any way removed her human desire for conversation, company, or romantic involvement. In this way, the abject is used to point out the incongruities in our treatment of the afflicted; showcasing the flaws of the audience. Interestingly, Notaro seems to be showing us that our treatment of cancer victims is what should be considered abject. By boldly claiming her illness identity and revealing the flaws in how others interact with that identity, she shows the audience that our unease around, and dehumanization of, victims should be made dorsal. In essence, she reveals the humanity in being a cancer victim, while exposing the lack of humanity in our treatment of those victims.

**How Effective a Counter-Narrative is Notaro’s Live?**

As a counter narrative, Tig Notaro’s *LIVE* is both wildly effective in contesting the dominant emotional discourse surrounding breast cancer, and unfortunately flawed
in its perpetuation of the cure myth. However, since counter narratives have no set criteria beyond running in opposition to the hegemonic discourse, I will simply be detailing the ways in which Notaro’s performance deviates from the dominant discourse and the ways in which it reinforces it.

Considering the overwhelming number of examples where Notaro is able to speak candidly about the emotional impact her cancer diagnosis and other traumas, it would be hard to deny that she is not providing an alternative experience to the one typically found in examples of the pink ribbon movement. Notaro portrays her cancer as an injustice, one that is dealt by an oblivious and out-of-touch deity. Her narrative seeks to subvert the obliviousness of everyday interactions with people suffering from illness, showcasing where we ignore or hide from the uncomfortable nature of the topic. Her honesty and boldness allow her to bring far more knowledge and first hand experience to the confusing and troubling aspects of living with breast cancer. She also utilizes her performance of her abject cancer to mediate our society’s responses to breast cancer. She portrays herself as a cancer victim who is being dehumanized by her illness. Concerns of romantic love or even just wanting to have idle chitchat with a friend become impossible in the face of our society’s collective unease and aversion to the topic of the cancer. Notaro simply asserts her basic humanity despite her cancer, not allowing her illness to change that aspect of her identity. In addition, she makes note of how sometimes, while trying to be reverent to cancer victims, we only end up making them feel alienated and othered. Notaro utilizes her humor to subvert this order, in an attempt to open more honest and emotional discussion about breast cancer.
In addition, *LIVE* is effective as a means of sense-making for Notaro. Despite the chaotic structure and random tangents, Notaro is able to make some sense of her illness through her narrative telling. She not only constructs herself as a victim of a terrible disease through no fault of her own, but also resolves that she has the power within her face this struggle. While one could point to this as an aspect that reinforces the “Tyranny of Cheerfulness” that King (2006) warns against, I see Notaro’s approach as a more reasoned stance that is simply positive, but not in a way which attempts to hide the realities of her situation. After all, plenty of her performance reinforces the notion of her possible mortality.

In subsequent interviews, she spoke of the profound effect the performance had on her, and how it allowed her to effectively communicate the suffering she had been through. This understanding is admittedly minor, but considering the proximity of diagnosis to the performance itself, the fact that she was able to come to grips with her illness at all is impressive. Her sense may not be profound, but with an illness such as cancer, where even medical science is deficient in understanding, Notaro’s assertion that she can persevere over cancer is about as much as anyone could ask of her.

If there is one respect in which this performance is somewhat deficient as a counter narrative to breast cancer activism it is in the performance’s closing moments where Notaro explains her treatment plan and the press coverage that subsequently perpetuated the cure myth. Notaro herself is largely not to blame here; she merely explains that she is attempting to receive the best care possible, in order to relieve the
concerned audience members. She does not present things in an overly positive way, showcasing pragmatism rather than obstructive cheerfulness:

I’m going to New York, I have a job there who um—I’m going to be working on Amy Schumer’s new show and um she’s a great comedian and friend, so I’ll be in New York, working on Amy’s show. And uh, I’m also going to get treatment in New York at Sloan Kettering Hospital, which is the number 2 hospital in the country and uh, and so my job is there waiting for me. And I can come in or they said I cannot come in or do whatever you have to do. So I’m very well taken care of and I’m going to check on you, while I’m in the hospital.

While Notaro does say she is “well taken care of,” this does not diminish the performance as a whole, which treats her potential mortality very seriously, even if it does utilize humor. While the press did run problematic assertions that Notaro was cured after receiving treatment, there is a part of me that feels wrong in criticizing said move. In some ways I do feel as though this diminishes the mystique and seriousness of a cancer diagnosis, making it seem as though treatment is always successful, rather than Notaro being an exception within the tens of thousands of breast cancer diagnoses year. On the other hand, Notaro’s remission is nothing short of wonderful.

Considering how the routine itself paints cancer as a cruel and unfair trauma, it is only fair for people to be curious about her recovery, and to report about it as it happens. While the wording of her remission is regrettable amongst several publications, considering all the ways in which *LIVE* succeeds as a counter narrative to the
experience of breast cancer, it would feel wrong to say this in any way diminishes its
potency as an illness narrative for either herself or the audience. Echoing Pezzullo’s
(2003) notion that reducing these narratives to right or wrong is less than productive, it
is more important to see the ways in which \textit{LIVE} opens up more honest discourse
surrounding breast cancer and critiques our treatment of cancer victims, than to fault
\textit{LIVE} for its perpetuation of the cure myth.
Chapter 5: Conclusions

At the outset of this thesis, I sought to see how Tig Notaro utilized the elements of narrative and humor in order to represent her illness experience, and how that representation matched up to the hegemonic discourse surrounding breast cancer. I first looked at narrative as a tool for understanding the world and experience, through thoughtful selection on the part of the narrator (Burke, 1945; Cherry and Smith, 1993; Spector-Mersel, 2011). After laying out an understanding of narrative and its functionality, I more specifically explored illness narratives and their ability to contest identity and reshape a narrator’s perception of their life (Frank, 1995; Harter, 2013). I then turned my focus to the function of humor and stand-up comedy, explaining how it operates as a cultural rite, with a comedian at its helm devaluing the established order in favor of new understanding fostered through communal laughter (Douglas, 1999; Freud, 1905/1960; Mintz, 1985).

As both narrative and humor scholars stressed the importance of context in understanding their respective fields, I looked at the aspects of culture in which LIVE was performed. I first examined other breast cancer narratives, and their ability to contest the hegemonic discourse (King, 2006; Langellier, 1999; Pezzullo, 2003). In addition, I looked at the portrayal of LIVE in the press, noting the media’s attention to the performance’s ability to mediate tragedy, comparisons made to other comedians in their prime, the legitimacy Louis C. K.’s endorsement lent the performance, as well as the nearly uniform perpetuation of Notaro’s “cancer free” status (Anderson, 2012; Evans, 2012; Haglund, 2012; Holland, 2012; Kivel, 2012; Lazar, 2012; O’Leary,
2012; Ryan, 2012). With these contexts in mind, I proceeded to examine how Notaro portrayed her illness and how that portrayal compared with dominant conversations concerning breast cancer.

My analysis revealed that Notaro was nothing less than an extraordinary comedian and narrator. Through oblivious characterizations of the almighty, she constructed her illness as being born from some inconceivable and ultimately flawed lesson. Not only did she use oblivious characterizations to make sense of her life in the wake of her diagnosis, but she also utilized the abject in a way that was enlightening rather than obscuring. Notaro held up her humanity while performing her abjectness, and judged our society’s collective unease towards cancer as ultimately dehumanizing for those cancer victims. Notaro’s *LIVE* contests the present norms in breast cancer dialogue, from both an emotional aspect by airing frustrations, but also by tackling society’s perception that cancer is something to be feared and not discussed. While the cure myth may be perpetuated in the dialogism present in the press coverage for *LIVE*, this does not detract from the various ways that *LIVE* opens honest dialogue and critiques established norms.

My findings for the most part support the already established functions of both narrative and humor. Notaro is a paragon of wielding both when portraying her illness. The only thing I found myself contesting in my research of Notaro’s *LIVE* was the operation of the abject in humor. While Limon (2000) states that, “Reality itself, in the way of the abject, keeps returning to the stand-up comedian, who throws it off in the form of jokes. Obliviousness is earned from moment to moment,” I found this to be
far from the case in how Notaro wielded the abject (p. 105). Notaro’s use of the abject involved not distracting from it, but forcing the audience to consider how they allow the presence of cancer to change our perception of its victim. If anything, Notaro refuses to distract from the abject’s presence in both her performance and her identity. Her humor evolves out of the incongruity in treating someone suffering from illness as somehow less than human. If anything, what is made abject in the performance is the behavior of her narrative’s characters, who seem to categorically ignore the suffering and stigmatization the cancer victim goes through.

In future studies of both illness narratives and humor, I would continue to encourage their combination. Notaro’s performance shows that when used together they have even greater potency than they might have separately. The ability of narrative to shape identity and make sense of illness is only augmented by stand-up comedy’s ability to denigrate these ingrained and normalized depictions and understandings of illness as Iannarino (2010) has also demonstrated. The sheer skill and talent that Notaro and other comedians have employed is certainly impressive, and makes for interesting rhetorical analysis, but in the end it is the dedication to their craft that allowed them to be such valuable cultural mediators.

The average person, however, does not spend their time crafting jokes that attempt to change our way of thinking about illness. Yet they still may use humor as they deal with illness, potentially as part of a larger illness narrative. I would be interested to see how humor may be used by people who are not themselves professional comedians, as most studies which have approached trauma narratives and
humor have only studied those who are established comedians. By studying how average people utilize illness-related humor in open mic settings, blog entries, everyday conversation, or perhaps even in writing or other creative pursuits, we could deepen our understanding of the role of humor in illness narratives.

In addition, I would encourage further studies on illness narratives and humor because Notaro’s story will not necessarily ring true for every breast cancer sufferer. One of my favorite critiques in the Pink Ribbons Inc. film is a section devoted to a stage 4 cancer support group. This section of the film illustrates the marginalized even within a marginalized group. It showcases the lack of applicability that the hegemonic “tyranny of cheerfulness” narrative has to those women facing certain death. In a similar way, Notaro’s narrative is not the final or only voice that deserves recognition in the realm of breast cancer discourse, even in regards to stand-up. Notaro’s narrative is valuable, but it deals with only one form of cancer, from one person’s perspective.

In my own experience as a stand-up, I have had the chance to watch others attempt similar routines to the one captured on LIVE, but each comic that I have seen try to do something similar has revealed something nuanced about their own illness narrative experience. Although I did not decide to study any of these performances, I wish that I had considered these narratives more often during the writing of this thesis. Not to diminish Notaro for her own bravery or perspective, but the amateur comedian facing a crowd of strangers will always lack the years of experience and the professional network of support that Notaro had in her own ordeal. As “real” or “truthful” as her
narrative is, I would assume other humorist or storytellers could contradict the meanings Notaro constructs in _LIVE_.

This thesis was also limited by the fact that I had no ability to explore the value of kinesics in analyzing stand-up comedy and narrative performance, and I would encourage future studies in these areas to consider performances that are audiovisual rather than just audio. Kinesics is integral to the performance of stand-up and in my analysis many times I had to make assumptions based solely on the audio. Without Notaro’s facial expressions alone, I had difficulty discerning the nuances in her jokes; in particular, I had trouble identifying where the lightheartedness ended and where solemnity for the subject matter began. Being able to see how Notaro’s body language changed when interacting with audience members might have afforded a much more in-depth critique of those moments. In the end, while I have done my best to interpret the meanings in _LIVE_, several meanings may have been apparent to the audience at the Largo that I could not ascertain. My interpretations, while certainly founded, are still ultimately that: my interpretations. If I had the ability to speak with Notaro, or the crowd that watched the performance, perhaps I might have been directed to interpret the performance differently. Although I have attempted to weave together more than just my own perspective on this performance, this thesis is in no way representative of the entirety of the dialogism that surrounds the performance.

My only hope is that this thesis shows the great power that humor affords us in tragic contexts. When I was presenting my research at my university’s expo, I had the fortunate occurrence of seeing two people take in my poster explaining my thesis. As I
walked up to them, I heard one say to the other, “Ooh breast cancer in society!” before the other diminished her enthusiasm by saying, “No, look, it’s just about comedy.” In many respects, my thesis is “just about comedy,” but that in no way should devalue it. Comedy can be a valuable ally in the great vastness of uncertainty that tragedy brings us. It helps us reshape and critique the unfairness we witness in our own lives. While scholars like Limon may see humor as a temporary escape from reality, I put much greater stock in its ability to mediate the world. Perhaps I am biased as a stand-up comedian, but I will continue to preach the efficacy of comedy to challenge and heal this world and the people who populate it. Even if that somehow makes me a fool, I would much rather spend my days in the company of fools that can imagine and create a better world than be in the company of pragmatists who would scoff and preface comedy with words like “just.”
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