Telling it Slant: Personal Narrative, Tall Tales, and the Reality of Leprosy

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Tell all the truth but tell it slant—
Success in Circuit lies
Too bright for our infirm Delight
The Truth's superb surprise

Emily Dickinson

Humankind cannot bear very much reality.
T. S. Eliot, Murder in the Cathedral

For most people, the truth's “superb surprise” of having someone say to them “I have leprosy” is more reality than they can accept or fathom. Many people are not aware that Hansen's disease, the preferred name for leprosy, still exists in the United States or that there is even a possibility that former leprosy patients might be sitting next to them. In fact, it is so unreal to most people, that references to leprosy are almost always regarded as a joke. The possibility that someone is telling the truth when saying, “I have leprosy,” seems to be frightening and threatening to people whose only associations with leprosy are from the Bible and Ben Hur. Images of the hooded person carrying a bell and shouting “Unclean, Unclean” when anyone approaches quickly come to mind. Because of this, people who have this

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disease learn that it is much more adaptive to "slant" the truth in dealing with the realities of leprosy.

Hansen's disease or leprosy is a disease of the peripheral nerves, but it also affects the skin. Treatment renders it almost immediately noncommunicable though it is only feebly communicable at any time—after prolonged contact with an active case. About 90% of people have natural immunity to the disease. While there are about 4000 diagnosed cases of Hansen's disease (HD) in the United States, it is no longer quarantinable, and many patients are treated by private physicians. There are outpatient clinics in fifteen cities in the United States, including Chicago, Los Angeles, Miami, New York, San Diego, Seattle, and Austin, Texas. Since leprosy affects relatively few Americans, it is not perceived as a health problem in the United States.

Among the misconceptions about HD is that there is a sudden loss of limbs or terrible deformity. This was partially true before there was successful drug treatment, but only because untreated HD causes nerve damage which can result in loss of feeling, loss of muscle control, and skin lesions. With anesthesia in the limbs and face, patients would often injure themselves without realizing it, and this resulted in the deformities. For the past 40 years, a person with HD who is under drug therapy will show no signs of the disease and will certainly not have any body parts simply "fall off" (See Gussow 1979).

The only in-patient hospital in the continental United States for the treatment of Hansen's disease is in Carville, Louisiana, located on the River Road between New Orleans and Baton Rouge. It was established in 1894 as the Louisiana Leper Home, and in 1921 it became the National Leprosarium. It is now called the Gillis W. Long National Hansen's Disease Center. In the first half of the century, the patients did have a kind of quarantine, but they were regularly given passes to visit their families, and many left illegally "through the hole in the fence" (See Gaudet 1988). No staff member or worker in the history of Carville has ever contracted leprosy, and there have been daily tours of the center for over fifty years.

Treatment at Carville is free to anyone with HD. Of the 300 patients now at Carville, most are international residents of the United States who have no medical insurance. They will be treated and released. Another group of patients are older residents who contracted leprosy before there was an effective treatment and have lived at Carville most of their lives. They are all there voluntarily. This group of older residents were part of a true folk community at Carville—
isolated from the rest of the world with their own traditions, celebrations, stories, and views of the outside world.1

In the late 19th century and early 20th century the highest incidence of leprosy in the United States was in south Louisiana. To the Cajuns in Louisiana, leprosy was la maladie que tu nom pas (the disease you do not name). Some people were banished by their families when their leprosy was diagnosed, and many were never again visited by their families after they entered Carville. New patients at Carville not only took on sudden stigmatization, but they were also likely to lose much of their former identity, including their names. While being admitted to Carville, patients were encouraged to hide their true identities. Often not even the staff knew their real names. No identification papers were necessary to enter and often even the hometown was kept secret so the shame and ostracism would not extend to their families.

Susan Sontag refers to leprosy as “one of the most meaning-laden of diseases” (1989:92). In speaking of the reaction to cancer as a “demonic enemy,” Sontag says in Illness as Metaphor, “Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious” (1978:6). She further says:

Leprosy in its heyday aroused a similarly disproportionate sense of horror. In the Middle Ages, the leper was a social text in which corruption was made visible; an exemplum, an emblem of decay. Nothing is more punitive than to give a disease a meaning—that meaning being invariably a moralistic one. Any important disease whose causality is murky, and for which treatment is ineffectual, tends to be awash with significance. First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the disease. The disease itself becomes a metaphor. Then in the name of the disease (that is, using it as a metaphor) that horror is imposed on other things. The disease becomes adjectival. Something is said to be disease-like, meaning that it is disgusting or ugly. In French, a moldering stone facade is still leprouse. . . . Feelings about evil are projected onto a disease. And the disease (so enriched with meanings) is projected onto the world (1978:58).

At least some of the beliefs, laws, and practices from medieval times in regard to leprosy (See also Brody 1974 and Richards 1977) were

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1. It seems certain that the Carville facility will be phased out when the present permanent residents are gone. It survived a proposed closure in 1984, mainly due to the efforts of the late U.S. Congressman Gillis Long of Louisiana. The present director of the Center has proposed moving its acute care, research, and education functions to Baton Rouge.
still haunting patients in the first half of the 20th century. Most patients today, however, have learned that it is the stigma attached to the name, the words leper and leprosy, that caused them to be ostracized. Therefore, they use the term Hansen's disease to refer to their illness, and they are unlikely to tell friends or employers of their diagnosis.

The intensity of the leprosy stigma in the United States has not diminished, despite the fact that patients are of no danger to society. In his article on leprosy and stigma, Philip Kalish notes: "About 95 percent of the patients outside Carville lepersarium concealed the nature of their illness from all but very close family and friends since they knew from their own or others' experience that they would not be hired by a prospective employer if it was known that they had or did have leprosy" (1973:531, note 125).

Kalish further says:

There has almost always been a deep primitive fear of leprosy in men—a fear often times reinforced and overladen by religious fear. . . . But unlike other social stigmas of mankind (racial, for example) Americans did not think leprophobia incompatible with Christianity. On the contrary, such a view, in loyal union with the supreme code of Leviticus, only strengthened the incarceration movement. It made possible the cleansing from society of an evil force (524–525).

Sontag suggests that the disease metaphor is made obsolete by an understanding of cause and a cure. I do not think this happened with leprosy. Perhaps one of the reasons for the continued dread of leprosy is the long time between discovery of the cause and discovery of a cure or effective treatment. In addition, the general public was never really aware of a treatment, as such. There is more of an assumption that the disease had "disappeared," at least other than in Third World countries. The disease may have "disappeared," but the metaphor stayed. Sontag says in AIDS and Its Metaphors:

Even the disease most fraught with meaning can become just an illness. It has happened with leprosy, though some ten million people in the world, easy to ignore since almost all live in Africa and the Indian

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2. A 1987 New York Times article was headlined "Uproar Over Plan To Treat Lepers." The piece begins, "Fear and resentment swept over Alviso, Calif. when residents learned of a plan to treat 176 leprosy patients at a community clinic." It goes on to say, "The Family Health Foundation which operates the health center decided against treating lepers 'primarily because of the public's reaction.'" (New York Times, 18 October 1987, p. 65). New York Times reporters are apparently not aware that being referred to as lepers is particularly odious to HD patients.
subcontinent, have what is now called, as part of its wholesome dedramatization, Hansen's disease, after the Norwegian physician who, over a century ago, discovered the bacillus (1989:93).

In the popular mind, leprosy is not "just an illness." In fact, it seems to be perceived as not an illness at all, as far as the "civilized" world is concerned. Rather, it is used almost exclusively as a metaphor, detached from any connection to a "real" illness (i.e. one that one might actually get).

References to leprosy in the media and in popular culture are seldom to the actual disease itself (though it is becoming somewhat more common because of comparisons to AIDS). Instead popular references to leprosy are most often metaphorical. Sometimes it is a metaphorical reference to the ultimate horror of the past. For example, CBS News in 1988 said of Ivan Boesky, after he had received a three year sentence for illegal trading on Wall Street, "He has become a leper in the business community." Referring to children with AIDS, Dr. Matilde Krim, president of the American Foundation for AIDS Research in New York said, "These children are truly the new lepers." (U.S. News and World Report, July 7, 1986, p. 7). Most often, however, references to leprosy are humorous metaphors. In the movie Grease, a girl says, "I have so many hickies, people think I'm a leper." In Good Morning, Viet Nam, Robin Williams says, "If someone in America says 'Slip me some skin, they're not a leper...'." A booklet in a mail order catalog is entitled "Do Diapers Give You Leprosy?" Humorous references to leprosy are made on the television shows "Golden Girls" and "Kate and Allie." On "Kate and Allie," when the children were sent upstairs, one of them asks, "What are we, lepers?" In "Golden Girls," Blanche tells a priest, after he has overheard her conversation with a man when she is posing as a nun, "He's a leper. I'm the only one who'll touch him." Rex Reed, in a review of the horror movie Corrupt, compares the appeal of the movie to that of "a convention of lepers." In Lake Wobegon Days, Garrison Keillor has Father Emil, the Catholic priest tell Sister Arvonne his thoughts on why he objects to the blessing of the animals on the lawn of Our Lady of Perpetual Responsibility on the Feast Day of St. Francis. He says: "I think, Sister, we could bless animals without having them on the premises, same as the criminals or the lepers—you wouldn't ship in a bunch of lepers so we could pray over them, would you?" (1985:190). Keillor earlier mentions that his family made him feel like a "leper" (1985:110).
The intensity of the leprosy stigma and at the same time the "unreality" of the stigma as something that could, in fact, actually befall a person is illustrated in the only two references to leprosy by Goffman in his book *Stigma: Notes on the Management of Spoiled Identity*. In dealing with information management and whether or not to try to hide a stigma, he says: "medical officials who discover a case of leprosy may suggest that the new secret be kept among the doctors, the patient, and his immediate family, perhaps offering this discretion in order to ensure continued cooperation from the patient" (95). Later in the book Goffman says that in dealing with a stigma, "In addition to matter-of-factness, levity is also recommended." As an illustration of the successful use of humor in dealing with a stigma, he quotes Macgregor, et. al.: "A somewhat sophisticated female patient whose face had been scarred by a beauty treatment felt it effective upon entering a room of people to say facetiously, 'Please excuse the case of leprosy' " (1963:116, quoting Macgregor 85). Goffman quotes this without comment, and in effect, simply does not address how a real leprosy patient would deal with the stigma. He does show, however inadvertently, the double view of leprosy in popular culture as both the ultimate stigma and as humorous metaphor.

Because of the stigma caused by popular beliefs about leprosy, patients with Hansen's disease have learned that it is best to slant the truth—if the truth must be dealt with at all. Many former Carville patients tell stories about their own experiences in dealing with what to say to outsiders. These personal narratives show both the traditional attitudes of the community toward outsiders and the personal experience of the teller with outsiders.  

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3. For most older patients there was never again a successful "normal" relationship with society after they came to Carville. Many former patients have established a normal relationship with society by keeping their illness secret. Ray and Julia Elwood, who came to Carville after there was effective treatment, have lived relatively normal lives on the "outside," but continue to work at Carville. They have become "spokesmen" (to use Goffman's term) for Hansen's disease and work to eradicate the stigma through education of society.

Most former patients who have established identities "outside" do not tell these stories except to very trusted, close family members or when they come back to Carville for medicine or visits. Betty Martin tells her story in *Miracle at Carville*, but she has not revealed her real name. Another former patient, who was released from Carville in the 1950s, a time when they were encouraged to be open about their illness with the belief that outsiders would accept them, has lived near my hometown in Louisiana with his wife—a native of that town who is also a former Carville patient—in one of the unusual cases where a community accepted a former patient. He spoke openly about his illness at the time and yet he established a very successful photography business in the town. When I became interested in collecting and studying folklore from Carville, I contacted him. He said that he really did not want to talk about his experiences because it would "bring back a lot of bad, painful memories." His wife will not talk about Carville at all. It was obviously something that they would
It seems that these stories, at least at one time, were told only to insiders and trusted friends. Ray Elwood, a former patient who is now director of Carville's international publication on Hansen's Disease, *The Star*, agreed that these stories were usually told within the community and that some of them could not have been told openly. He gave the following example:

When we were teenagers, almost every week-end we'd go into New Orleans or Baton Rouge. We went to movies, football games, dances—and many of us had girlfriends in Baton Rouge or New Orleans. The girls never knew—we told them we were from St. Gabriel [a town near Carville] and we didn't have a phone. We told them we would go to a neighbor's house to call them for a date. We would never have told anybody about these things then—we especially wouldn't have wanted the parents of the girls to know—every parent in Baton Rouge and New Orleans would have wondered if the person their daughter had dated was one of us. We were the lucky ones—we looked like any other teenagers [there was effective treatment then] (February 1886).

With Ray Elwood and other patients who are treated before there were any outward signs of the disease, the question of dealing with the truth may involve only covering one's tracks about where one has been or what one is being treated for. Older patients who have some deformity caused by the effects of anesthesia and injury must contend with questions asked about their condition. Usual responses are "I was in an accident," or "I was burned," or "War injury." One personal narrative, however, may be on its way to becoming a local legend in the extended Carville community. I first heard this story from Julia Elwood, another former patient who is now Director of Public Relations and school principal at Carville, about a patient who was known for his exploits and stories:

He's a character—he can tell this story better than I can. He's got what we call mitten hands—all of his bones have absorbed, through wear and tear and carelessness and so on. So he has two hands that are kind of mitten hands. He has a thumb on both of them. And so here he is—and he's very versatile, a very spirited person, very active. He goes all over the place—he plays pool, he goes to drink beer at the canteen, goes to all the activities that we have, sings in the church choir, a very good person. He's just really active. He's around 62 or 63 years old. But, ah, he stayed out as long as he could, and he tells this story where he was prefer not to "call back" into memory. Perhaps this is because they have established a normal relationship with society.
in this night club and they asked him what was wrong with his hands, and he says, "I'm going to tell you two stories, and y'all choose which one you want to believe." So, he says, "I was in Korea—in the battle zone—I went up the hill and there was bombs all over the place," and you know, he was setting the scene of this war, like, and he says, "Me and my buddies were in this jungle and this bomb exploded, and both of my hands were mutilated—and they had to operate and everything. And, the other story is I have leprosy." And everyone went, "Ha, ha, ha, ha, ha. Of course, you were in the war." It just breaks me up everytime he tells that story. And he says, "Everybody thinks I was in the war. I gave them a choice." (January 1984).

This tale not only illustrates a tradition of telling these stories but also suggests the reaction of at least one in-group person to the performance of the narrative and the role of the original performer. Julia Elwood is not re-telling the story but telling about the original narrator's telling of the story. Though the original narrator was clearly identified as someone known to the person repeating it, this story seems on its way to becoming legendary.

I later met with Billy, the original narrator, and he told me the story. Billy first came to Carville in 1952. His doctors discovered a problem when he was about fifteen, in about 1938. They thought it was polio. According to Billy, he went to the Mayo Clinic in 1946 and was diagnosed as having a nerve disorder. In 1952, he came to Carville, after being diagnosed by a doctor in Florida who had been at Carville. Though there was treatment then, he already had extensive nerve anesthesia and limb damage. He was at Carville from 1952 to 1957, when he was given a medical discharge. When he left Carville, he worked with heavy equipment and construction in Florida and Louisiana and on the construction of Interstate 10. That is how his hands continued to be injured. In 1952, there was still compulsory isolation at Carville, but there were vacations and passes to leave. Billy also left many times illegally, "through the hole in the fence."

Billy was away from Carville for over twenty years. He came back voluntarily in 1976, not because of the Hansen's disease, but because of other health problems. He worked in the laundry, continued to drive his car and, in general, to be fairly self-reliant.

In March 1986, I met Billy at Carville, and he told me several stories, including the story about fooling the sailors in a bar. I had

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4. For a discussion of the relationship between the personal experience story and legend, see Dégh and Vazsonyi, 1974.
been visiting Carville for over two years at that time and had heard about Billy, but he had never been there when I visited (usually around holidays or semester break, times when he was usually away, travelling or visiting friends). This was the only time I spoke with Billy. He died later that year.

Billy was outgoing and friendly. When I asked him about the story in the bar, he laughed and said: “Nobody can deny I wasn’t in Korea.” I asked, “Were you in Korea?” He said, “I’ve never been out of the United States. Nobody can deny I wasn’t in Korea.” Then he proceeded to tell me the story:

I was in this bar—it was a nice bar. When I go into one, I usually try to find a seat by myself. Now, not that I’m anti-social, but, ah, I’ve never been the first one to talk to someone, but if someone wants to talk, I go along with the conversation.

There were two seats on one side and three seats on the other, and I had my cigarettes in my hand and my drink on the table—and five sailors walked in, and two sat on one side and three on the other. And one of them was a Chief Petty Officer, an old timer in the Navy.

So, ah, I lit my cigarette, had my drink, you know. So, they watched me—saw how I smoked my cigarette, held my drink with two hands, and everything. And one of them asked me, said, “How you hurt your hands?” So I said, “Oh, you wouldn’t believe it if I told you.” And, ah, they said, “You were in an accident.” “You got’em burned off.”

So I said, “I tell you what. You want to find out. I’m going to tell you two stories. One of them is going to be the truth, and one of them is going to be a lie. I’m going to tell you the lie first. Then I’ll tell you the truth after.” I proceed to describe the territory in Korea where I was at—“I was in the Fifth Infantry, 405th Division”—They didn’t know the difference; I didn’t know the difference. “We was in the Korean foothills . . .” I described the territory—“Up there, about 500 foot or so—there was a little hill—we were supposed to take that hill at 0548. I had four of my buddies with me. We was going up the hill. We hit a foxhole, and they started opening up on us. I saw a Korean throw a grenade, and I reached up and grabbed hold of it—and I was going to throw it back, and,” I said, “the thing exploded in my hands. The only thing that protected me was my helmet and my jacket. And my buddies saw them, and killed all three of them. And then my buddies grabbed my hands—wrapped my hands in a tourniquet—and they were going to take me to the first-aid station—about an hour and a half down the trail. But I said, No, I’d go by myself. So I was walking there when a sniper started shooting at me, and he hit me in the leg. I jumped off to the side, and he finally stopped shooting, and I started crawling. I didn’t know I was crawling around in a mine pit—and all of a sudden things started exploding and I was going through the air, and I didn’t know
what was happening. When I come to, I lay there 5 or 10 minutes, trying to get my senses back and get my hearing back. I knew my leg was hurt, cause I had pain down there, and I started to get up, and it buckled on me. I looked down, and there was my foot—all mangled up. So I finally crawled to the first aid station, and they sent me back to the states, and that's how I got my hands and leg like that.

I said, “Now that's the lie. The true story is I got leprosy.”

Everything quiet. Then, [Billy goes into mock hysterical laughter, imitating the listeners], “Ha, ha, ha, ha, ha, ha.”

One said, “You hear that. You hear what he say, Man.”

“Yea, I heard it.”

“You believe that story—Ha, ha, ha.”

“Let me see that hand.”

“Yeah, that's a war injury.”

It didn't cost me a penny the rest of the night.

Billy said he first told the story about Korea after he was released in 1957. He was working in Civil Service for the Navy. He also told the construction companies he had had a bone infection or the Korea story. He said:

I devised this story. I was on the bus from Jacksonville to here. I had my crutches, my foot was off, and some of my fingers. An elderly man on the bus asked me what happened to my hands. I said, “You wouldn't believe me if I told you.” He said, “You don't want to talk about it.” I decided to tell him what happened—told the Korea story. He believed it.

Since then, Billy has performed this personal experience story/tall tale regularly. He also told me that this kind of experience has happened many times to him and that whenever he gives people a choice, they never “choose” to believe the leprosy story.

Billy also tells a story on himself and the one time when he did not get away with attributing his injuries to Korea:

The other day, I was going to Gonzalez [a town near Carville] on 30 and the police had a roadblock. The lady said, “May I see your license?”

I said, “Pardon me, but I'm going to have to get out so I can get my billfold.” So I went over to the side and got out and I was scratching like that trying to get my billfold out of my pocket. And so there was a policeman, and he said, “Ah, forget it,” and I said, “No, you want to see a driver's license, I'm going to get my driver's license.”

So I got my billfold out. He said, “What the hell happened to your hands, man?”

I said, “Oh, Korea, hand grenade.”
He said, "Oh, yea?"
So right there on my license it says, "U.S. Public Health Hospital, Carville, L.A." So he says, "You at the hospital?"
I said, "Yea."
He said, "No problem."

Billy is relating a personal experience narrative about having told a tall tale and being believed. He obviously enjoys reconstructing the episode in the bar. Why does he tell the leprosy part? It is certainly not a need to tell the truth (evident from his story to the policeman) but clearly to dupe the "outsiders," not only by fooling them (he could have just said "War injury"), but by fooling them with impunity since he has also told the truth. This would not work if he only told the truth—they probably would not believe him, but would be offended if he said it seriously. They would think he was being hostile because he felt offended. He could say it jokingly, as in Goffman's example, but then he would be using it in the very way "outsiders" use it which would further stigmatize leprosy patients.

Billy is an accomplished storyteller, telling a story about telling a story. He does not use the episode with the old man on the bus as part of his repertoire. Fooling an old man, or, worse, lying to him could show Billy in a bad light, even though he made up the story really so as not to offend the old man. Clearly, it is "putting one over" on a group of macho Navy men in a bar and then being included in their socializing that Billy wants to relate.

The success of Billy's story, both in the bar and as a personal narrative re-told later, depends primarily on three things. First, Billy's story in the bar depends upon the almost universal use of the word leprosy in our culture as both ultimate horror and as humorous metaphor. Secondly, there is the "exploitation" of the expectations of the typical tall tale. Finally, Billy's own personality and ability as a storyteller make the story successful both with the original audience and with the audience that later hears it as a personal narrative about having told a "lie."

When Billy tells his story in the bar or elsewhere to outsiders, he is fairly certain that no one will believe he has leprosy. While leprosy is still regarded as a stigma, the reality of leprosy in the present is not something with which most people have any experience. It is rather, the meaning attached to the disease, the metaphorical use of the term, that people react to. S.I. Hayakawa gives leprosy as an example of "words with built in judgments," which "communicate simultaneously a
fact and a judgment on the fact" (1972:68). He says we use terms such as "Hansen's disease" rather than "leprosy" to "avoid arousing traditional prejudices." He further says, "Because the old names are 'loaded,' they dictate traditional patterns of behavior toward those to whom they are applied" (1972:69).

The metaphorical meaning of leper as an outcast or one excluded from society is usually included in dictionaries and is certainly the meaning that is most often used, whether as a serious comparison or as humor.5 When Billy says "I have leprosy," his listeners are set up to react to it as a humorous metaphor. Since Billy does not fit the stereotype of an "outcast," they assume it is defensive humor and not something that could possibly be true. In addition, because of the way Billy has presented and built up the Korea story, when he finally tells the truth, it is perceived as the "lie" typical of the climax of a tall tale. Billy's injuries, however, must have some explanation, and the alternative to Billy's actual "lie" is so unacceptable that the listeners accept it (i.e. the actual "lie") as true or, at least for the time, pretend that they do.

In Story, Performance, and Event, Richard Bauman says that "Tall tales start out as apparently true narratives of personal experience, offered to be believed, with their ultimate effect traditionally derived by gradually bending the account out of shape—stretching the bounds of credibility bit by bit—until it finally reveals itself as a lie" (1986:103). In a later article, Bauman says:

The special quality of the tall tale resides in its interactive effect, in the way in which the audience's response is exploited by the genre. The tall tale is manipulative in distinctive ways. . . . They aim to elicit the kind of belief accorded to personal experience narratives. . . . At some point in their telling, tall tales begin to challenge the belief of the hearer as they transcend the bounds of credibility and shift into the hyperbole central to the genre (1987:210–211).

Bauman points out that tall tales challenge the sense of reality for the hearers and "their reactions of astonishment and unfamiliarity serve as devices to help induce the tall tale response pattern, the shift

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5. Susan Sontag says in Illness as Metaphor, "The people who have the real disease are also hardly helped by hearing their disease's name constantly being dropped as the epitome of evil" (1978:85). It is no easier for them to hear their disease's name used as a joke. In addition, scholars and writers who would not use racial or ethnic slurs, tend to use the word leper as though it were not an offensive word that might cause pain to actual people.
from the ‘this is true’ of the personal experience-like opening of the tall tale to the ‘is this true?’ of its transitional phase” (1987:215). The typical tall tale continues “ultimately carrying the account to a level where it can no longer be believed” (1987:218).\(^6\)

Billy’s story is not a traditional tall tale, but the audience is set up to react to it as though it were. What is perceived as the “hyperbole central to the drama” of the tall-tale (by the listeners in the bar) is actually a shift to the truth. At the end of his story, Billy uses the term leprosy literally (an actual disease), and this is what transcends credibility for the listeners. Therefore, they must interpret it metaphorically, with two options. Note that there is not an immediate reaction, but a pause before the reaction (“Everything quiet”). Since Billy does not conform to the metaphorical image of an outcast, they interpret it as a humorous metaphor or joke, and accept the first story (the “lie”) as true. We cannot be sure, of course, whether the men in the bar really believed the Korea story. It is possible that they did not. In a typical tall tale, the listeners finally see the entire story as the “lie” it is but respond with humor. Even if the listeners in the bar actually did discern the truth, Billy’s story had diffused “reality” to the extent that they did not have to deal with it.

As Bauman points out, tall tales challenge the sense of reality and lead the listeners to evaluate the ambiguities of appearance and reality (1987:215–217). Billy’s narrative also deals with appearance and reality. Billy is relating a personal narrative about telling a fabrication\(^7\) (he calls it a “lie”) and also telling the truth in the bar. Though not a typical tall tale, his narrative in the bar builds up to a climax and follows the course of a typical tall tale. Thus, the audience’s reaction is manipulated in the same way as the traditional tall tale. Like a tall tale, it challenges their sense of appearance and reality. This obviously would not have worked in the bar if Billy had told the truth first.

In Billy’s tall tale, he is in control. He has knowledge the others do not have, also typical of tall tales. Billy is also consciously manipulating the in-group audience’s reaction, and his personal narrative has

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6. Folklorists have discussed various aspects of the tall tale (See, for example, Ben-Amos 1976, Mark 1987, Mullins 1978, Reaver 1972), including the relationship of the tall tale to personal experience narrative (See Stahl 1977 and Halpert 1971). For the purposes of this study, I am focusing on the ideas of Richard Bauman (1986, 1987) because his studies of the relation between an individual storyteller, his personal narratives/tall tales, and his audience seem to provide the most helpful framework for discussing Billy’s narrative.

7. Goffman uses the term fabrications for first person tall tales in which “the intentional effort of one or more individuals to manage activity so that a party of one or more others will be induced to have a false belief about what it is that is going on” (1974:83).
evolved into a rather sophisticated use of metanarration. In telling about the experience in the bar, Billy moves in and out of the "bar" narrative with expertise, clearly aware of how he is framing the story and commenting on it. There are no previous recordings of this story, but Billy had recognition within his own community as a good storyteller. His narrative seems like a text that has been told many times and probably has expanded in length and use of metanarration over the years. He sets up the metanarrational frame very carefully, creating an illusion of reality but also making clear that it is an illusion (See Babcock 1977:70) by commenting on the narrative (e.g. "I proceed to describe the territory in Korea where I was at—'I was in the Fifth Infantry, 405th Division'—They didn't know the difference; I didn't know the difference.") It is notable that midway through the "Korea" part Billy stops commenting on the narrative and the frame recedes into the background. The effect is that the later audience is also somewhat "taken in" by the tall tale.

It seems that a recurrent theme in personal narrative is the narrative about one's experience as a storyteller. Texas storyteller Ed Bell, for example, tells about having told a tall tale in "The Spotted Pup Award." Bauman points out that the Spotted Pup story is "essentially a metanarrational story about the telling of a story" and "it actually oscillates between the two" (Bauman 1987:217–218). Billy's story is much like Ed Bell's story in that it recounts a fabrication and oscillates between the two.

In addition, Billy seems to fit somewhat into the Münchhausen tradition (See Dorson 1982:77–174 and Ives 1988:24–27) when stories about his story telling are told by others. As Ives points out, "...individual stories in the Münchhausen's cycle are reports, not of events but narrations of yarns the Münchhausen is said to have told rather than of deeds he is said to have done" (26).

It is interesting to compare the versions of the story given by Julia Elwood and Billy. Both include, "I gave them a choice," but in Billy's narration he also tells them which is the lie and which is true. In addition, Billy identifies the men in the bar as sailors, he describes the bar, and in general, he includes much detail. Billy's matter-of-fact manner of presentation—in contrast to the content—is also typical of tall tales.

8. For discussions of metanarration, see Babcock 1977 and Bauman 1986.
9. See also Bauman 1987:219 for an account of storyteller Ed Bell doing something similar with his audience.
Also important is how Julia Elwood portrays Billy and how Billy portrays himself in the tale. In the case of Billy's story, one cannot make assumptions about what he is saying and why without considering also Billy's personality and the context of his repertoire of stories. Sandra Stahl has suggested the importance in personal narrative interpretation of "the link between the content of the narrative and the personality of the storyteller" (1988:391). Billy's personality is described by Julia Elwood: a character, very spirited, very active, a very good person. Billy portrays himself in framing his story. He establishes early that he goes to a "nice bar" and that he was approached by the others—he did not go up to them. Billy then gives them two explanations for his injuries without technically deceiving them, and he is accepted socially. The closing is especially important: he becomes part of the group and they buy him drinks. The personal experience that Billy relates to his later in-group audience is the telling of a "lie" or story to a group of sailors, having them believe it, and becoming a part of the group for a night of socializing in a bar. He is not only accepted as "normal," but somewhat "heroic" (or at least a very good storyteller). This is important to Billy—witness his closing line: "It didn't cost me a penny the rest of the night."

Billy's in-group audience certainly has a special appreciation for his particular situation in the bar and seems to greatly admire how he handles it. What appeals to the in-group listener is that Billy is using a common device of HD patients (slanting the truth—or lying) in order to avoid ostracism or at least an uncomfortable situation. He seems to not only succeed but to be included in the socializing of the group. There are, of course, two stories being told. In the first, the one told in the bar, we do not really know exactly what the men believed—we only have Billy's story for how they reacted. Of more importance is Billy's later personal narrative about his experience as a storyteller. The in-group audience enjoys Billy's personal narrative about telling a "tall tale" because it is a situation with which they can clearly identify. If they have physical deformities, they are likely to have been put in the uncomfortable position of explaining them without mentioning leprosy or Hansen's disease (which people may know is "really" leprosy). If the situation is a transient one, there is usually no real problem, but few HD patients have not had some experience with being ostracized when their illness was discovered. These range from a passenger getting up and taking another seat on a bus, to a child's birthday party being boycotted because the word had somehow
gotten around the neighborhood that the parent had been treated for HD, to denial of employment.

Erving Goffman calls “taking off” on (joking about) fooling “normals” a “sad pleasure” (1963:134). Goffman says:

The person who very occasionally passes often recounts the incident to his fellows as evidence of the foolishness of the normals and the fact that all their arguments about his differentness from them are chuckled over, gloated over by the passer and his friends (1963:135).

It seems to me that calling this a “sad pleasure” is inaccurate in the case of leprosy patients and especially with Billy. Billy can routinely hide the real cause of his deformities from others. While he may chuckle over his “lie,” it seems important to Billy not to offend other people, and he obviously enjoys socializing. Though he does indeed seem to deceive the “inquirers” in the bar, he has certainly not caused them any harm (though they might think differently, if they knew). The real pleasure comes not from Billy’s ability to “pass,” but from the telling of the story.

Because of Billy’s storytelling ability, he manages to avoid an awkward situation and, at the same time, to do what HD patients know they cannot do—that is, tell the truth. It is likely that many people would have difficulty with someone next to them (on a plane, in a bar, etc.) saying, “I have leprosy,” not because of any danger to themselves, but because people do tend to respond to meaning-laden terms with traditional patterns of behavior. Billy’s storytelling ability enabled him to subvert the stigma and gain social acceptance without sacrificing any of his personal integrity. When he shapes and retells his experience in the bar, he is glorying in his performance as a storyteller, and also humorously reinforcing the point that the reality of leprosy and the images it conjures up are so far apart that people will accept this story even when he tells them he is lying to them, and says, “The truth is I have leprosy.”

References Cited


