



Ann Goerdt, Donna Page, Herbert M. Cole, Peter E. Udo Umoh, Leonard Kahan, and Faustino Quintanilla: *Deformity Masks and Their Role in African Cultures: The Ann Goerdt Collection*

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The depiction of diseases and physical deformities in African masks has been observed and documented by scholars and others over many years. Within the scholarly world of African art historians, there has long existed a lively discussion about the true meanings of the deformities depicted in these face masks. As Herbert M. Cole, Emeritus Professor of Art History at the University of California, Santa Barbara, notes in his Preface, titled, *Disease or Invention? Riffs on Beauty and the Beast*, not all deformities in African masks represent disease. Rather, he states that face masks may "... evoke or materialize unseen spirits, often of the bush or wilderness, ghosts or souls of ... criminals and other socially detestable villains..." In essence, he proposes that while a number of masks suggest sickness or malformation, others depict "... distortions outside of identifiable disease symptoms." This beauty/beast paradigm is evidenced in the masks of several groups in southern Nigeria, where beautiful masks co-exist with ugly ones, respectively referencing women and men. This beauty and the beast theme was previously explored in an exhibition and its catalogue, *Beauty and the Beast*, authored by Suzanne Preston Blier, and published by Tribal Arts Gallery in 1976.

Allowing for the fact that distortions on some facial masks represent concepts as discussed by Cole, and not specific disease manifestations, there are clearly others that depict disease states. It is this theme that is the focus of this volume.

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In her chapter, *Influence of Disease in African Carving*, Ann Goerdt discusses eleven diseases or deformities that appear to be present in face masks or statues. These are from several ethnic groups in the Democratic Republic of the Congo, Ivory Coast, Liberia, Mozambique/Tanzania, Nigeria, Sierra Leone, and Togo. Her discussion includes smallpox, yaws, leprosy, polio, venereal syphilis, cutaneous leishmaniasis, onchocerciasis, facial paralysis, cleft lip and palate, goiter, limb reduction, and limb loss. She has illustrated her chapter with masks and statues depicting these conditions as well as with photographs of people who were once afflicted with them.

In clinical medical practice, the process of ascribing a definitive diagnosis to a patient involves evaluating a chief complaint, eliciting a history of the present illness, reviewing all physiological systems with the patient, a thorough physical examination, and finally a battery of laboratory tests and imaging studies. The first step in establishing a diagnosis is the creation of a list of possibilities. This is known as the differential diagnosis; that is, a list of possible conditions that are either later ruled in or out, often based on focused laboratory and/or imaging studies.

Ascribing a definitive diagnosis to a given mask or statue based on visual inspection alone can, in some instances, be very challenging and fraught with possible interpretation errors. This stems from the fact that other illnesses may visually present with the same or similar signs. An example of this are those ancient Djenné-Jeno terracotta statues from Mali, whose surfaces are covered to varying degrees with what appear to be papules. While suggestive of smallpox (variola), these might also stylistically represent chickenpox

(varicella), secondary yaws or decorative cicatrization of the skin resulting in keloids.

Following through with this example, the clinical diagnosis of smallpox hinges on the form of the lesions and their temporal development through macular, papular, vesicular, pustular, and scab stages, but equally important on their physical distribution. The lesions of smallpox are predominantly centrifugal in location on the face and extremities, while those of chickenpox are centripetal, mainly located on the torso. The lesions of smallpox all appear at once, while those of chickenpox come out in crops. The vesicles of smallpox are often umbilicated (indented), while those of chickenpox are not. None of this important information is available to an observer of ancient Malian terracotta statues that appear to have cutaneous papules. As a result, smallpox could be included in the differential diagnosis. However, a definitive diagnosis would remain elusive.

In her chapter, *Mask, Malady and Metaphor*, Donna Page explores historical examples of African sculpture portraying disease and deformity. She brings to this discussion her expertise as an artist and art historian, as well as her experience as a faculty member at Illinois Wesleyan University and Queensborough Community College. She is also an author, co-author, and editor of several important works on African art. She provides extensive and insightful discussions of cultures in the Democratic Republic of the Congo, Nigeria, and Mozambique/Tanzania that have created sculptures with deformities. She cogently points out that some of these masks and figures can also act as "... vehicles to the spirit world, receiving petitions for healing from those who were suffering." On the other hand, as she notes, some of these masks warn people of the disease consequences for violations of social norms.

Many of the 35 masks in Ann Goerdts's collection are from the Annang/Ibibio peoples of Nigeria. Nine of these masks were once used by the Ekpo society of these people. Peter E. Udo Umoh, who himself was born in Annang land in southeastern Nigeria, participated in traditional rites of passage, including those of the Ekpo society. He is currently on the faculty of the University of Bridgeport.

Dr. Umoh's chapter, *Ekpo Masks and the Annang Ibibio Experience*, is devoted to the Ekpo society, which is a spirit or ghost society. His coverage of the society's structure and functions includes discussion of its serving as an enforcer of law and order. Most relevant to the volume under review

here is his description of the face masks and their deformities. He discusses how the masks are sculpted to capture the lives of the deceased, inclusive of deformities, disease, death, professions, birth order, roles for men and women, and other realities of life. He also describes how the wearer of the mask is possessed by a spirit that gives him access to the spirits, thus blending the human and spirit worlds in one performance.

Dr. Faustino Quintanilla, Executive Director of the QCC Art Gallery, has written an informative Foreword to this volume. Leonard Kahan, a leading authority on African art, places these masks against the broad canvas of the cultures out of which they come. He insightfully notes that the information these masks convey varies among different cultures. He also notes that without verification from the carvers of these masks, it is not possible to say that disease was the primary influence.

This volume represents the first comprehensive coverage of African deformity masks from nine different countries in Africa. The discussions of the possible disease states depicted and the spiritual belief systems behind such portrayals are excellent. They provide readers with unique and valuable coverage of a heretofore little known subject.

The various chapters emphasize the close relationship between spiritual beliefs and the maintenance of accepted social norms of behavior on the one hand, and the creation of deformities in sculptures on the other, all in the interests of community education. For it is through deformed sculptures that the leaders of some of these groups warn people of the potential consequences of antisocial behavior.

This volume is highly recommended to a broad range of readers. Health professionals will especially find it of great interest.

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