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There is no closure, no transcendence: Why music and trance in Algeria function as affective maintenance rather than "healing"

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This paper examines how sound vibrations and music are not only social as part of a symbolic order, but how they are materially agentive: they affectively impact bodily matter, oftentimes regardless of human agency. That is to say that music is thought about medicinally, as not just temporal, aesthetic experience but as vibrating agents in ongoing wellbeing and health maintenance. In the Algerian ritual practice known as $d\bar{\imath}w\bar{a}n$ of $S\bar{\imath}d\bar{\imath}$ Bil $\bar{\imath}a$, the ignition and structure of music cultivates a wide spectrum of trance processes so that pain and suffering can be engaged, moved, and expressed through trance-dancing. The way trance is described by $d\bar{\imath}w\bar{a}n$ adepts indicates that it is understood as emerging primarily from the realms of feelings, particularly the dialectical role of painful feelings. However, "healing" is not a term used by the community. Certain kinds of suffering resist closure and are not meant to be fully "transcended." Rather, music and trance dancing here function as affective maintenance, as a system of ongoing and community supported mental-emotional care.

BACKGROUND

Algerian $d\bar{t}w\bar{a}n$ of Sīdī Bilāl is a musico-ritual tradition that originated, coalesced, and developed out of the trans-Saharan slave trade, combining the practices and sensibilities of various sub-Saharan ethnolinguistic groups. $D\bar{t}w\bar{a}n$ developed over hundreds of years of trans-Saharan traffic by the descendants of these diverse populations as they came into contact with Berber and Arab cultures and social organization in present day Algeria. Under three centuries of Ottoman rule, these populations were heavily influenced by the local, popular religious practices and socio-political organization of Sufi lineages. Subsequently, $d\bar{t}w\bar{a}n$ gradually developed into a syncretic, Afro-Maghribi ritual practice occurring across Algeria both in urban centers and the hinterland (Dermenghem, 1954; Pâques, 1964; Turner, 2017; Turner, 2020b).

Today, $d\bar{\imath}w\bar{a}n$ functions quite practically as mental-emotional healthcare. The ritual architecture is entirely founded on at least twelve musical suites that are divided up by content and origin so that a given ritual can contain upwards of eighty or more songs, lasting from six to eight hours (Turner, 2017; Lecomte, 2000; Poché, 1996). Anywhere from three to dozens of songs can make up a single suite and each suite requires particular ritual props, colors, scents, and ritual actions; such aesthetic protocol intensifies affective experience and, therefore, trance. Most suites have the possibility to induce trance states although, according to the nature of the songs within, trance states vary in intensity, from mild to intense "emotional" trance or, at the extreme, corporeal inhabitation by supernatural agents.

GOALS OF THIS PAPER

This paper explores the Sufi ritual, $d\bar{\imath}w\bar{\imath}an$ (lit. "assembly"), in Algeria where trance, supported by musical cues and driving, serves as a bodily-affective process for precipitating and, therefore, moving toward mental-emotional pain and suffering in order that it might be felt, released, and cared for. By "moving toward" pain and suffering, I mean that space and ritual time are dedicated to cultivating a wide spectrum of trance processes wherein pain and suffering can be physically and emotionally expressed through sound and semi-codified bodily movement. Sound here includes the ritual music and other humanly produced sounds (ululations, screaming or moaning as emotional release, and the shouting of directions by ritual experts) as well as ritualized trance dancing that takes practice and skill. The approach here is one where suffering is akin to what James Davies (2011) proposes as a "positive model of emotional discontent" in that suffering is purposeful. While previous anthropologists and sociologists (Lewis, 1971; Rouget, 1985; Becker, 2004) have surveyed the mechanisms of trance, causal explanation is not my priority here. Like Jankowsky (2010, p. 24), I do not see trance as a "problem to be solved."

With this in mind, I highlight how (1) trance can primarily be an affective process because of its resonance with human suffering; (2) suffering here has agency and is therefore something important to engage with; rather than "healing," it is rather a kind of maintenance that is sought; (3) moving toward and expression of suffering is done viscerally through the movement of trance. Ultimately, I explore what a broader conception of trance – particularly one that attends to painful emotions – can tell us about relationships between human subjectivity, agency, and suffering. I take a sensory ethnographic approach (Stoller, 1989; Pink, 2015), fleshing out the rich taxonomy of feeling intensities that are used to describe how trance feels. I aim to illustrate what trance means "close-up" and why it matters.

CONNECTIONS BETWEEN SUFFERING AND TRANCE

Cultivating modalities of trance is the primary goal of $d\bar{\imath}w\bar{a}n$ rituals. Because fully-formed trance is inextricable from some kind of human suffering, perhaps the first question that arises is, "what is the nature of this suffering?"

One could start by considering the Sufi context in which $d\bar{\imath}w\bar{a}n$ exists. Indeed, John Bowker asserts that, "what a religion has to say about suffering reveals, in many ways more than anything else, what it believes the nature and purpose of existence to be" (Bowker & Bowker, 1975, p. 2). In Islam, suffering is not only a way of drawing nearer to God, but it is an aspect of God's omnipotence and omniscience; there is purpose in it even if that purpose is not known or ever revealed. Furthermore, "suffering not only forms character but reveals character: the ability to bear pain without complaint or despair separates the "sincere from the insincere" (Bowker & Bowker 1975, p. 111). Along these same lines, Talal Asad (2003) has argued that pain can be agentive, bequeathing power, rather than passive or as a state of victimization.

In $d\bar{t}w\bar{a}n$, the religious scaffolding of suffering is interwoven with its interpersonal and ancestral meanings. Suffering enfolds multiple subjectivities: sufferer as a part of a broader, Muslim subjectivity (humble before God, a martyr) and as an individual with one's own personal and ancestral hauntings of the trans-Saharan slave trade. These specters that need to be invited in and fed (Gordon, 2008; Turner, 2020a). Exploring suffering in $d\bar{t}w\bar{a}n$ as an ethnographer certainly had a phantom-like quality; its meanings were often just as ineffable as the trance it precipitated. First, there was a sense that one shouldn't speak too much about pain and suffering. When others did indulge my concern with speculations, they whispered and were concise: a death in the family, relationship problems, financial stress, or illness. What was "wrong" not only depended on individual life circumstances, family history, social position, and gender but on who I asked about whom; there was no single type or cause of suffering related to trance and no single way of interpreting that trance. These kinds of cursory exchanges about "what was wrong," then, primarily served as sympathetic symbolic gestures, a way of staking out with verbal landmarks the topography of what wasn't being said or what couldn't be spoken.

One reason for this was the sense of fearful respect around omnipotent supernatural beings – both God and other entities. Discussing at too much length others' misfortunes was risky because words here had power to expand reality; speaking too much of bad things could attract them. But there was also a vague sense that simply having to speak about one's own pain could do violence to the sufferer – that attempts to capture it in words were painful. Speaking of pain could also do violence to the existential space (Friedson, 1996) that pain inhabits – a non-linguistic space that was wrapped up with one's destiny and relationship to the divine. In addition, speaking too much about suffering – complaint – could indicate a weakness of character, a lack of ability to bear pain that could reflect negatively on one's faith. Indeed, some shared their stories of suffering with me primarily out of pride for how deeply they could feel or for what they could bear – like one young man who made sure I knew how emotional he could get when hearing certain songs.

However, some stories of suffering were simply not possible to convey. Personal trauma stories do not necessarily form as sequential or connected events (cf Van der Kolk, 2014). Rather than "straightforwardly referential" (Caruth, 2016, p. 11), they can emerge through the cracks of concepts, dispersed across the surfaces of a life as assemblages (or disjunctures) of sounds, sights, and smells, as patchwork memory. Here, faithfulness to such suffering is possible only through the "very indirectness" of its telling (Caruth, 2016, p. 27). For all of these reasons, there was an ultimate understanding about the anemic communicability and shareability of pain (Trnka, 2008). While silence was sometimes about the failure and perils of language mentioned above, even more fundamentally, the silence was about the stark failure of explanation (Gordon, 2008) to provide comfort or solution. Explanation was not a priority; origins or "cause" did not need witness.

Along these lines of the inarticulable, I noted that the history of enslavement of ancestors was only mentioned a handful of times – and was sometimes denied as historically accurate – as part of locating how such practices of releasing pain began. When it was mentioned, it surfaced as a largely unknown past that might be acted out in trance. Cvetkovich's (2007) notion of ancestral "emotional archives" is helpful here – archives that pour through or grip bodies that can know things that the rest of the self does not or cannot know. For $d\bar{\imath}w\bar{a}n$ adepts, it was in the physical, emotional repetition of pain – by going into trance in ritual, over and over, always to the same songs – that individual suffering not only took on a presence that could be shared but that expanded and claimed social territory. To put it plainly, the storytelling act was nearly completely absent (cf. Desjarlais, 1997, p. 23); pain and suffering are, rather, physically moved – tranced in ritual.

Ritual temporalizes pain – it gives pain structure to emerge without the need for "coherent" narration. The repetition of ritual let suffering inhabit its networks of meanings where the burden of sequence was taken on by the musical structure. Suffering manifested in human and nonhuman, in personal and public ways, both as painful mental-emotional biographical histories of a subject as well as part of a larger self-other dynamic where social suffering was both "caused by" and affected one's relations and community (Turner, 2020a). As Wittgenstein (1961) argued, all pain is ultimately relational and trauma subsumes public feeling as much as private, existing "in a social and cultural frame" rather than necessarily medical/pathologized ones (Cvetkovich, 2007, p. 464).

Indeed, early on in my fieldwork, I noted that no one ever seemed to be "cured" by ritual or was, effectively, "discharged." I never could use the terms "healing" or "catharsis" to describe what I felt and saw because the kind of suffering that $d\bar{\imath}w\bar{a}n$ attends to is that which resists closure. Pauline Boss's (2000) coining of "ambiguous loss" speaks to this dynamic where "getting over" pain is not on the horizon; there are certain kinds of suffering that not only cannot be mended but that need to be returned to, over and over, so that the emotional and physical bodies of the individual become a living memorial. While the expression of suffering in $d\bar{\imath}w\bar{a}n$ was not about a solution or seeking the end of suffering, it did demand a witness to that suffering, if nothing else, to demonstrate to others or to oneself – "simply the power to endure" (Kleinman & Das, 1997, p. 69).

And while the details of pain and suffering were rarely discussed at length, I spent hours upon hours speaking with my $d\bar{\imath}w\bar{\imath}an$ friends about trance: how it fills the minds, bodies, and hearts of $d\bar{\imath}w\bar{\imath}an$ adepts. Trance registers, although also difficult to talk about for their ineffability, could stand in for talking about suffering –they were often used as euphemistic taxonomies – so that it was far more appropriate to ask about trance than about suffering. Trance phenomena had a natural barrier: they were attributed to divine mystery. Consistent with Sufi epistemologies, the very inaccessibility of such knowledge is precisely what indexes its valency. If those I asked about trance did not have answers, it was because of divine mystery: they were not supposed to know and neither was I, particularly given my lack of ritual training.

While explanations offered were consistently overshadowed by the disclaimer that there is no real "getting to the bottom of trance" (which is, by its nature, never entirely comprehensible nor should it be), nevertheless, the single most cited and discussed antecedent of trance in $d\bar{\imath}w\bar{a}n$ was $ghab\bar{\imath}na$: suffering. We talked about what trance does to manage or shape suffering and what it does to cause suffering, particularly when it made harsh physical demands, such as some trance states that drive a trancer to move vigorously for hours until collapsing from exhaustion. These were the ways that trance could be both a release and a pathology (Pinto, 2011).

In these ways, $d\bar{t}w\bar{a}n$ serves as an ongoing practice, a bodily-affective technique for the *management* of pain and suffering. While "healing" is commonly utilized in constellations of music and trance, I have emphasized the ongoing, hauntological nature of $d\bar{t}w\bar{a}n$ because of the ways in which it engages the never-ending struggle of life, and the inevitable, recurrent experience of suffering. By accepting that certain kinds of pain can never be cured or erased —nor should they be — an epistemological space opens: it suggests therapeutic horizons of ongoing, community care.

NOTES

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