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PHENOMENOLOGY OF HALLUCINATIONS: EFFECTS OF SOCIOCULTURAL FACTORS[#]

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The present study was designed to assess the phenomenological differences in hallucinations of schizophrenic patients by gender and social class. A total of 98 patients were interviewed using Present State Examination (PSE) categories (Wing, Cooper, & Sartorius, 1974) of hallucinations from the two psychiatric units in Lahore. When the sample was analyzed as a whole, the verbal (auditory) hallucination was found to be the most common one followed by the visual hallucination. The amount of difference in the frequency of different forms of hallucinations by gender and social class was not substantial. The results showed significant gender differences in greater frequency of men listening threatening voices, commenting, and criticizing their behavior and actions. Significantly greater number of men believed that voices of people were talking to them in first person. The patients from high social class also exceeded low social class in hearing voices of people. The analysis of the thematic content of visual hallucinations indicated that more men were visualizing mental or real images of people, whereas greater frequency of women and low social class reported to see spirits and demons. The results were interpreted with reference to the cultural and social factors prevalent in Pakistan.

Hallucinations are commonly reported phenomena in schizophrenic-spectrum disorders. However, the phenomenological experience and content of hallucinations are affected by the prevailing culture. Relative evidence for the prevalence of the various forms of hallucinations customarily associated with schizophrenia have emanated, not only from Western settings, but also from a few studies conducted in third world countries (Azhar, Verma, & Hakim, 1993; Ndetei & Vadher, 1984).

The available evidence from all over the world does not show much variation in the frequency of auditory hallucinations, but there have been

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inconsistent reports regarding the prevalence of visual and other types of hallucinations. In a nation-wide study (Murphy, Wittkower, Fried, & Ellenberger, 1963), auditory but not visual hallucinations were found to be the one of the most frequent among the four symptoms of schizophrenia. Visual hallucinations have been more commonly reported from Asian (Azhar et al., 1993; El-Tayeb & Zarroug, 1975) and Africa (Ndetei & Vadher, 1984) than Western countries (Mueser, Bellack, & Brady, 1990).

Apart from cross-cultural aspects of hallucinations, a systematic relationship has been reported to exist between the content of hallucinations and socio-demographic variables of the patients (Sharma & Agnihotri, 1986). No culture is homogenous, and even within the same culture there are different status, classes, age, and sex groups characterized by specific customs, social roles, and religious affiliations. The study of all these factors explains the lower or higher incidence or even absence of particular hallucinations within and across cultures.

Studies investigating kinds and actual content of hallucinations by socio-demographic variables are scant, and so far, no study has attempted to investigate the detailed phenomenology of hallucinations in Pakistani patients. This is the first-ever-detailed study of the types as well as the content of hallucinations of schizophrenic patients in Pakistan. The study was specially designed with the following aims:

1. To investigate the kinds and content of hallucinations manifested by the schizophrenic patients.

2. To determine the gender and social class differences in the types and content of hallucinations.

METHOD

To extract the actual content of hallucinations, a total of 98 schizophrenic patients (who met DSM-IV criteria of schizophrenia) were interviewed from two psychiatric units in Lahore. All patients who were admitted from January to April 1998 were interviewed using the Present State Examination (PSE) categories developed by Wing, Cooper, and Sartorius (1974). If the patient was not responsive to the interview, she/he was contacted again on another occasion. However, if the patient was not

cooperative on the second occasion, she/he was not approached again. Out of total 124 patients approached, 98 were interviewed successfully.

The questions listed in the PSE were asked in the same order as they appear in the manual to find the presence and absence of a particular hallucination or its theme. Within each category, further questions were asked to haul out specific themes attached with that hallucination. However, the language used, selection of exact words employed, and the way of putting the question varied according to the patient's linguistic and educational background.

Occupation was used as the basic indicator of social class following the Standard Occupational Classification (Office of Population Censuses and Surveys, 1990). The patients included in the study belonged to the following social class categories: I, II, IV, and V. As not every patient was experiencing every single delusion as well as its theme, the split of social class into four groups would have made the analysis difficult. To get the analysis done with most of the themes, first two categories were recorded as high social class, and the remaining two as low social class. Consequently, there remained 65 cases in the low and 33 cases in the high social class.

The data were analyzed using SPSS for windows. Chi-square analysis with cross tabulation on presence and absence of each category of either hallucination or its theme was conducted to determine the significance of difference by either gender or social class. When the total sample was analyzed, chi square goodness of fit was applied to determine the significance of difference between kinds of hallucinations. In case of expected frequency less than 5 in any cell, statistical analysis was not conducted for that particular hallucination or its theme.

RESULTS

It is difficult to match clinical samples on demographic variables because of accessibility problems. However, there did not appear any significant difference between men and women in age and education.

There was a significant gender difference in marital status and social class, with more men being unmarried and greater number of women belonging to low social class (see Table 1).

Table 1

Gender-wise Differences in Age, Education, Social Class, and Marital Status

Variables	Men (N = 48) n(%)	Women (N = 50) n(%)	t/X^2
Age (Mean + SD)	40.33+10.33	36.62+12.01	1.63*
Education			
Uneducated	8(17)	11(22)	
Primary	28(58)	31(62)	1.39*
Tertiary	12(25)	8(16)	
Social Class			
Low	27(56)	38(76)	4.28*
High	21(44)	12(34)	
Marital Status			
Single	34(71)	10(20)	
Married	10(21)	29(58)	25.58**
Divorce/Separate	4(8)	11(22)	

*$p<.05$; **$p<.001$

The first statistical analysis was concerned with the kinds of hallucinations (see Table 2). When the sample was analyzed as a whole, the difference between the frequency of different kinds of hallucinations was highly significant (X^2 = 51.05; df = 3; $p < 0.001$); the verbal (auditory) hallucination was found to be the most common (53%) followed by the visual hallucination (41%). Non-verbal (noises) and tactile hallucinations appeared to be less frequent than verbal or visual hallucinations.

Table 2

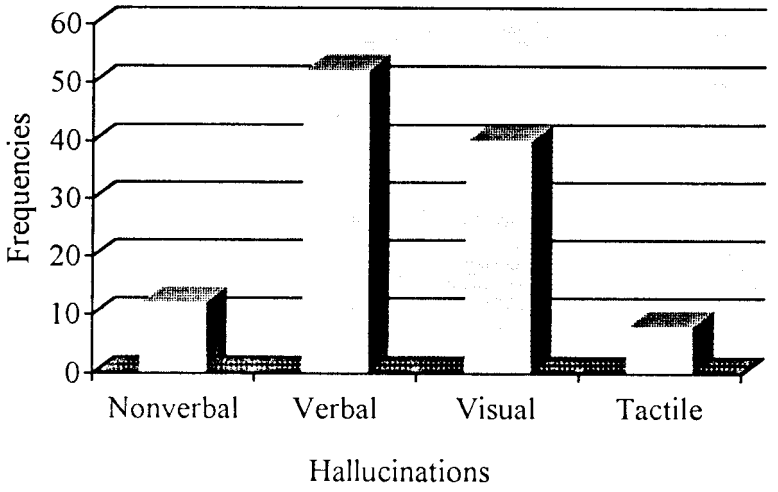
Types of Delusions and Hallucinations

PSE Category Types	Men (N=48) n(%)	Women (N=50) n(%)	X^2	Low (N=65) n(%)	High (N=33) n(%)	X^2	Total (N=98) n(%)
60 Nonverbal Noises	7(14)	5(10)	0.48	8(12)	4(12)	.01	12(12)
62 Verbal	29(60)	23(46)	2.04	34(52)	18(55)	.04	52(53)
66 Visual	21(21)	19(38)	0.34	26(40)	14(56)	.05	40(41)
70 Tactile	2(4)	5(10)	-	2(30)	5(15)	-	7(7)
68 Olfactory	-	1(2)	-	1(1.5)	-		(1.02)
						51.05**	

*$p < .05$; ** $p < .001$

The predominance of verbal and visual forms of hallucinations can be best observed in Figure 1. There did not appear, however, any significant difference in frequency of different forms of hallucinations by either gender or social class.

Figure 1



Frequencies of Different Kinds of Hallucinations in Schizophrenic Patients

To explore the association between different forms of hallucinations correlations (*phi* coefficients) were computed between verbal, visual, tactile, and non-verbal hallucinations. The coefficient for verbal-visual was significant (*phi* = 0.30; *p* 0.01) indicating that patients with one of these hallucinations were likely to have the other. Neither of the coefficients for other pairs approached statistical significance.

The results showed significant gender differences in the content of hallucinations (see Table 3) with greater frequency of men listening threatening voices, commenting and criticizing their behavior, personality, and actions. The analysis regarding the identity and type of voices indicated that more men were hearing voices of people in first person. When the identity of the voices was analyzed by social class, greater frequency of patients from the high social class reported to hear voices of people. Although twice as much patients from low (13%) than high social class (6%) believed that the voices were coming from some spiritual or paranormal source, the difference did not reach statistical significance.

Table 3

Contents of Hallucinations by Gender and Social Class

Contents	Men (*N*=48) *n*(%)	Women (*N*=50) *n* (%)	X^2	Low (*N*=65) *n* (%)	High (*N*=33) *n* (%)	X^2
Verbal Hallucinations						
Voices commenting on Behavior, Personality and Actions.	11(22)	3(6)	5.73*	10(15)	4(12)	0.19
Threatening/Insulting Voices	20(42)	10(20)	5.41*	17(26)	13(39)	1.81
Voices Type						
First Person	17(35)	7(14)	6.07*	14(22)	10(30)	0.91
Third Person	8(17)	9(18)	0.03	12(19)	5(15)	0.17
Voices ID						
People	22(44)	12(24)	5.15*	18(28)	16(49)	4.18*
Spiritual/Paranormal	6(12)	5(10)	0.77	9(13)	2(6)	1.33
Visual Hallucinations						
Mental or Real Images of People	14(28)	9(18)	1.70	12(19)	10(33)	2.70
Spirits/Demons	5(10)	15(30)	5.78*	17(26)	3(6)	3.92*

*$p < 0.05$

The analysis of the thematic content of visual hallucinations showed similar pattern with men and high social class visualizing mental or real images of people, whereas, women and low social class seeing either spirits or demons. However, the difference reached statistical significance only in the case of latter (theme of demons and spirits).

DISCUSSION

The findings of the current study indicate that 60% of the sample was experiencing hallucinations in one or more modalities. The greater number of patients were hearing voices (53%) as compared to 41% of the patients, who were visualizing mental or real images of people or paranormal phenomena.

The preponderance of verbal hallucination over the others is also in congruence with previous reports from all over the world (Mueser et al., 1990; Azhar et al., 1993). The frequent report of auditory hallucinations among schizophrenic patients in all cultures may reflect the relative involvement of hearing modality in interpersonal and social relations. If hallucinations express, directly or symbolically, individual or social needs, these needs could be more easily communicated by speech than by visions (Al-Issa, 1995).

Heilbrun (1993) presents another explanation for the domination of one modality over the other hallucinations by suggesting that hallucinating schizophrenic patients seem to be relatively deficient in imagery of the modality in which they experienced their symptoms. His experiments showed that the auditory hallucinating patients were relatively poor in recognizing their own thoughts. He further suggested that the more limited one is in recognition of one's own thinking, more chances are that one's own thoughts would be misidentified as another's voice.

The current percentages of visual hallucinations (41%) are similar to those reported in non-Western cultures: 47% in Saudi Arabian (El-Tayeb & Zarroug, 1975), 31% in South Asian (Ndetei & Vadher, 1984), and 22-51% in Malay and Chinese (Azhar et al., 1963) patients. However, the rates of visual hallucinations (14%) reported from some Western countries (e.g., see Mueser et al., 1990; Pulver, Wolyniec, Wagner, Moorman, & McGrath, 1989) are much lower in comparison. May be in less 'retinal' cultures, where the distinction between reality and fantasy is more flexible, people are not discouraged to believe in their hallucinations, images, and other private events (Al-Issa, 1995). Mueser et al. (1990) present two

explanations for the reported differences in prevalence of visual hallucinations between the studies: (1) this differential rate is evidence for the influence of culture on the expression of symptoms in schizophrenia; (2) patients requiring treatment in non-western cultures may be proportionately more ill than European and American patients, resulting in a higher rate of visual hallucinations; psychiatric treatment in some cultures is sought less often and only when the illness is more severe. The findings of another study showed that the lack of economic resources common in many non-Western cultures can serve as a barrier to psychiatric hospitalisation, with only the most ill patients gaining admissions to hospitals (Eisenthal, 1989).

Although the effect of gender and social class was not significant for types of hallucinations, there appeared some phenomenological differences in hallucinatory experiences of both. The majority of men as compared to women were hallucinating that the voices were commenting on their behavior, personality, and actions, and that the voices were threatening, derogatory, insulting, and criticizing. The greater themes of threatening and accusatory voices may reflect the social roles men are expected to play in the society, i.e., they have to venture outside to deal with the demands and threats of the external world. According to Kala and Wig (1982), many cultures structure their environment in terms of fear and violence, which are of predominant importance in defining of interpersonal relationships, achievements and identity. The masculinity, in Pakistani culture, is equated with aggression, and the derogatory voices, coming from outside, may be a reflection of their own aggressive instincts.

The finding of more men hearing threatening voices is consistent with greater number of men hearing voices of people who were talking to them in first person. As far as the identity of the voices was concerned, the male patients, especially belonging to high social class were similar in their responses, i.e., greatest number of patients from both groups believed that the voices were of some people. This may indicate the greater interaction of both, men and high social class, with worldly affairs as compared to women and low social class.

The gender and social class effects were also prominent in the thematic content of visual hallucination, with greater number of women, and low social class seeing spirits and demons. A clear interaction between gender and social class can be observed in this category, as risk factors for these outcomes (observing more traditional images) tend to cluster among socially and economically disadvantaged sectors of population, women and more poor. It is very likely that women belonging to low social class will have less exposure to modern technological advancements and educational

stimulation (Pulver et al., 1989). It has been acknowledged that the less educated and more primitive people tend to express themselves in supernatural terms (e.g., Kala & Wig, 1982; Sharma & Agnihotri, 1986). Moreover, cultural beliefs may increase both the expectancy of the individual and the perceived probability of certain types of hallucinations (Al-Issa, 1995). The idea of a link between the degree of familiarity with one's own imagery and the report of hallucinations has been well established in literature (Heilbrun, 1993). Al-Issa, (1995) suggests that in non-Western cultures, specially, through a long process of socialization, individuals see and hear what is expected of them, increasing their level of suggestibility for these experiences.

The present report indicates a relationship between socio-cultural environment and phenomenology of hallucinations of schizophrenic patients. The findings of the current study demonstrate that learning and experience as well as social and cultural environment play an important role in generating hallucinatory experiences in different segments of population. However, in some categories of hallucinations (e.g., olfactory and tactile) statistical analysis could not be conducted due to smaller expected frequencies. If the study was conducted with a large sample, the analysis could also have been meaningful in such categories. Moreover, the hallucinations were recorded by only one interviewer, and it has been regretfully accepted that the presence of an independent observer would have added to the reliability of the recordings.

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