WORKING PAPER 008

Imagination Is the Technology

Mental Imagery, Biological Response, and the Question of Where Thoughts Come From

Alisha Bradley, M.A.
October 2026 | Version 1.0

Independent working paper. This paper presents developing hypotheses, research questions, and interdisciplinary inquiry. It has not undergone peer review.

Abstract

A person can sit safely in a room and imagine something frightening enough for the body to respond as though danger is present. The heart can race. Breathing can change. Muscles can tighten. Emotion can shift. Nothing outside the person has changed, yet something inside has become real enough to affect the body. That observation is the starting point for this paper. I use the phrase “imagination is the technology” to describe the human ability to internally represent what is not physically present and still experience real consequences from that representation. I am asking whether imagination should be taken more seriously as a biological and psychological process - not merely as fantasy, creativity, or daydreaming, but as a place where information can become embodied. I am also interested in a harder question: Where do our imaginations come from? Some images are deliberately created. Others arrive uninvited - intrusive pictures, catastrophic scenarios, memories, dreams, sudden ideas, and thoughts we did not consciously choose. If imagination can influence emotion, physiology, behavior, and psychiatric symptoms, then learning what enters the imagination, how it develops, and whether it can be interrupted early may open an important area for mental-health research.

Author's Note

This question began for me long before I had scientific language for it. I kept noticing how much of human life happens in response to things that are not physically happening in the present moment. We remember something and feel it again. We picture what could go wrong and become anxious before anything has happened. We rehearse a future conversation and our body begins preparing for it. We imagine possibility and suddenly have enough hope to move toward it.

That made me wonder whether we have underestimated imagination. When I say “imagination is the technology,” I am not saying imagination is magical, that positive thinking cures mental illness, or that every unwanted thought has a spiritual source. I am asking something more specific: What if imagination is one of the primary ways information becomes experience inside the human person? And if that is true, what happens if we intervene there - before the image becomes a thought pattern, an emotional state, a physiological response, words, behavior, and eventually a reinforced way of living?

What If Imagination Is More Than Fantasy?

We tend to use the word imagination as though it belongs mainly to children, artists, dreamers, or people escaping reality. But the capacity itself is much more serious than that. A human being can represent an event internally even when that event is absent. The body can then respond to the representation.

Picture biting into a lemon. For many people, the mouth begins to water even though there is no lemon. Picture someone you love walking unexpectedly into the room. Emotion can change before anything has actually happened. Now picture a feared diagnosis, an accident, a betrayal, or a future catastrophe. The body may begin preparing for danger that exists only as a mental representation.

That does not make the response fake. Quite the opposite. It means an internal representation can become biologically consequential. This is the heart of my proposition: imagination may function as an interface between information and embodiment. Something can be absent in the physical environment and still become present enough in the mind to influence the organism.

Where Does an Imagination Come From?

This may be the question that interests me most. We clearly know how to imagine intentionally. I can ask you to picture your childhood home, rehearse a conversation, envision a goal, remember a face, or create a scene that has never existed. In those moments, you know you are generating the image.

But that is not the whole story of consciousness. Human beings also experience images and thoughts they did not deliberately request: intrusive images, traumatic memories, catastrophic possibilities, dreams, sudden ideas, unwanted thoughts, spontaneous associations, and mental content that may be completely inconsistent with what they value or want.

That distinction matters to me: producing a mental representation is not the same thing as experiencing one. Not everything that appears in consciousness is deliberately authored.

That statement does not prove that uninvited thoughts come from an external or spiritual source. The brain generates spontaneous activity. Memory, trauma, threat detection, prediction, conditioning, culture, sensory cues, learned associations, and environmental suggestion can all contribute to what appears in the mind. But I do not think the existence of those mechanisms makes the question of source unimportant. It makes the question more interesting. What can we identify? What can we measure? And where do our explanations reach their limit?

The Cascade I Want to Investigate

I keep returning to a possible sequence: source or input -> imagination -> thought -> emotion and physiology -> words -> behavior -> reinforcement.

I am not proposing this as the sequence behind every human action or every psychiatric symptom. Sometimes emotion comes first. Sometimes a thought has no visual imagery at all. Mental illness is complex and can involve biology, development, trauma, environment, relationships, medical conditions, substances, and many other factors.

My question is narrower. In some moments of distress, does an internal image or simulation appear early enough that it becomes an intervention point?

Imagine someone who repeatedly sees, in the mind, the worst possible outcome. The image is attended to. It is interpreted as likely or true. The body begins responding. Fear increases. More thoughts gather around the image. Language follows: “Something terrible is going to happen.” Behavior changes. The person avoids, checks, withdraws, ruminates, or seeks reassurance. The response itself may then reinforce the original fear.

If that sequence occurs, what happens if we meet it earlier? What happens if the person learns to notice the representation before it gathers momentum, examine it, interrupt it, distance from it, rescript it, or deliberately generate a different representation? Could changing the image change what happens next?

The Body Responds to What the Mind Represents

There is already a scientific reason to take this seriously. Mental imagery research shows that imagined experiences can engage systems involved in perception, emotion, and bodily response. Imagery is relevant to anxiety, trauma-related conditions, depression, obsessive phenomena, addiction, psychosis, and other areas of mental health. Imagery rescripting is already used in psychological research and treatment to examine whether changing an internal scene can change distress and meaning.

But I want to push the question further. If a person repeatedly rehearses a particular internal reality, what happens over time to stress physiology, autonomic regulation, expectation, learning, emotional regulation, neural functioning, and behavior? And in the other direction, if a person repeatedly practices a different internal representation - safety instead of catastrophe, recovery instead of inevitability, truth instead of a feared assumption - can that produce durable measurable change?

The important point is not that imagination controls everything. It is that imagination may be doing more biological work than we ordinarily give it credit for.

Scripture Takes the Interior Life Seriously

This question becomes even more interesting to me when I read Scripture. The Bible repeatedly treats what happens within the mind and heart as consequential. Philippians 4:8 directs attention toward what is true, noble, just, pure, lovely, commendable, virtuous, and praiseworthy. Second Corinthians 10:5 speaks of bringing thoughts into captivity. Romans 12:2 describes transformation through the renewing of the mind. Genesis 6:5 speaks of the imagination of the thoughts of the heart.

I do not want to turn those passages into neuroscience verses. They were not written as descriptions of neural networks or cognitive therapy. But I do think they raise a legitimate interdisciplinary question: Why does Scripture place so much importance on what human beings attend to, meditate on, entertain, believe, and mentally rehearse?

Could practices such as prayer, meditation on Scripture, disciplined attention, rejecting particular mental content, and intentionally directing the mind interact with processes that psychology and neuroscience can observe? If so, theology and neuroscience may be describing different levels of the same human experience without being interchangeable.

And Then There Is the Question of Source

If an image can affect the body, then where that image comes from becomes more than a philosophical curiosity. It becomes potentially relevant to what happens next.

There are several possibilities that should remain distinct. A neurocognitive explanation can examine spontaneous brain activity, memory, prediction, salience, and associative processes. Psychology can examine trauma, schemas, conditioning, attachment, expectation, and learned meaning. Environmental explanations can examine media, culture, interpersonal influence, sensory input, and suggestion.

Christian theology adds another category. Within a Christian understanding of the human person, it is possible to ask whether some mental content may involve spiritual influence - from God or from other spiritual agents. That is a theological possibility, not something established merely because a thought feels foreign or unwanted.

This is exactly where I think careful research matters. We should not label every intrusive thought spiritual. We should also not assume that because we can identify what happens in the brain, we have automatically answered every question about where an experience originates. Mechanism and source are not necessarily the same question.

The Questions I Want to Ask

1. What actually changes in the brain and body when a person vividly imagines something that is not physically happening?

2. How is deliberately created imagery different from spontaneous or intrusive imagery?

3. During episodes of anxiety, trauma activation, obsessive thinking, depression, addiction, or other psychiatric symptoms, does imagery sometimes appear before the larger emotional and physiological response?

4. If it does, how early can we detect it?

5. Can people be trained to recognize an internal representation before it develops into a larger thought-emotion-behavior cycle?

6. What happens when a distressing image is interrupted, questioned, distanced from, rescripted, or replaced?

7. Does intervening at the imagery level reduce symptom intensity, duration, physiological arousal, or recurrence?

8. Is an imagery intervention more effective when it happens early in the cascade rather than after emotional and physiological activation is already strong?

9. Can repeated constructive imagery create measurable long-term changes in emotional regulation, stress response, behavior, or symptom severity?

10. What do we currently know about thoughts and images that arise without conscious intention?

11. How accurately can people distinguish between imagery they deliberately generated and imagery that appeared spontaneously?

12. How should researchers study experiences in which people report, “That thought did not feel like it came from me,” without deciding in advance that the experience is either supernatural or pathological?

13. Do biblical practices involving attention, meditation, prayer, thought discipline, and replacement of mental content overlap with psychological processes we can independently measure?

14. Could imagination become an earlier point of intervention in some forms of psychological distress - before a representation becomes sustained thought, physiological arousal, emotion, speech, and behavior?

How Could We Actually Study This?

One starting point would be to study people who experience recurrent distressing imagery and follow the sequence in real time. When does the image appear? What happens immediately afterward in thought, emotion, heart rate, breathing, muscle tension, attention, language, and behavior? Does the same sequence repeat?

Researchers could then teach an imagery-level intervention. The person might learn to notice the image, identify it as a mental representation rather than an event currently occurring, examine the meaning attached to it, interrupt further elaboration, and deliberately create an alternative representation. The alternative would not need to be unrealistic or falsely positive. It could simply be more accurate, safe, adaptive, or aligned with the person's values and beliefs.

We could measure whether that changes symptom intensity, duration, physiological arousal, recurrence, behavior, and longer-term functioning. Depending on the question, tools could include ecological momentary assessment, wearable heart-rate and respiration monitoring, electrodermal activity, EEG, fMRI, or other methods capable of tracking brain and body responses.

That study would not tell us whether every harmful image has a spiritual source. It could answer a more immediate question first: If we change the representation, do we change what follows?

The Hypothesis I Am Carrying Forward

My central hypothesis is that imagination may be one of the places where information becomes embodied. What is represented internally can become experientially present enough to

influence emotion, physiology, cognition, language, and action even when the represented event is absent.

If that is true, imagination is not merely fantasy. It is biologically consequential information.

And that could matter clinically. If certain distressing representations occur early in a psychiatric symptom cascade, then learning to recognize and redirect them may give us an earlier place to intervene than waiting until the person is already overwhelmed emotionally, physiologically, or behaviorally.

The theological question remains alongside it: If Scripture repeatedly instructs human beings to govern what they attend to, meditate upon, believe, and mentally entertain, are those instructions touching a human faculty whose biological significance we are only beginning to understand?

Research Boundaries

I am not proposing that imagination alone causes mental illness or that mental illness can universally be reversed through positive thinking, prayer, visualization, or thought control. Psychiatric symptoms can have biological, psychological, social, developmental, medical, environmental, and other contributors. Involuntary thoughts and images should not be treated as moral failure, lack of faith, or automatic evidence of spiritual influence.

The research question is more precise: Is mental imagery a biologically consequential process in some symptom pathways, and if so, can intervening earlier at the level of imagination improve what happens downstream?

The Question I Want to Leave Open

When something appears in the imagination, we often treat it as though it is “just in the mind.” But what if “in the mind” is exactly where part of its power begins?

A reality does not have to be physically present for the human organism to begin responding to it. That alone should make imagination worthy of much deeper investigation.

So the question I want to carry forward is not simply whether imagination matters. I think we already have good reason to believe that it does. The larger question is how far its influence reaches, where its content comes from, and whether learning to govern this extraordinary human capacity can change the course of psychological distress before the rest of the cascade takes hold.

That is what I mean when I say: imagination is the technology.