WORKING PAPER 005

Where Are the Voices Coming From?

Auditory and Visual Hallucinations, Source Attribution, and the Question of Spiritual Perception

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

Abstract

When a person hears a voice and no one else is in the room, psychiatry has language for the experience: an auditory hallucination. Neuroscience has several serious theories for how this can happen. But I keep coming back to a question that the diagnosis itself does not answer: where is the voice coming from? Why can it sound like another person - with a gender, tone, personality, location, and apparent intention - when no visible speaker is present? And if Christianity is correct that reality includes a spiritual world, is it possible that at least some experiences we classify as hallucinations involve more than internally generated perception? I am not presenting that possibility as established science. I am asking what we know, what we do not know, and what kind of evidence would be needed to investigate the question responsibly.

Author's Note

This paper sits at the center of a question I keep returning to in my work: what happens when a real biological mechanism and a real spiritual possibility are both allowed into the conversation? I am interested in the convergence of mind, brain, body, soul, and spirit. That means I want to understand the neuroscience as carefully as I can without assuming in advance that neuroscience is capable of explaining every dimension of human experience.

I also want to be clear about the stakes. Hearing voices can occur in serious psychiatric and neurological conditions, including postpartum psychosis. Spiritual interpretation should never become a reason to ignore urgent medical or psychiatric care. My question is not whether we should stop examining the brain. It is whether examining the brain necessarily closes the question of source.

The Question Behind the Diagnosis

A hallucination is generally understood as a perception that occurs without a corresponding external sensory stimulus. That is useful clinical language. But it describes what appears to be happening. It does not necessarily tell us why it is happening or where the perceived content originated.

That distinction matters to me.

People who hear voices do not all describe the same experience. Some hear one voice. Others hear several. Some recognize the voice; others do not. The voice may accuse, command, comfort, converse, comment, whisper, or seem to carry a personality of its own. Some people describe the voice as human. Others describe God, angels, demons, spirits, or another kind of presence. And voice-hearing is not limited to schizophrenia or even to people who meet criteria for a psychiatric disorder (Badcock & Chhabra, 2013; Johns et al., 2014; Baumeister et al., 2017).

So before I decide what a voice is, I want to stay with the experience itself. Why does it so often feel like communication from an other? And how much do we actually know about the source of that experience?

What Neuroscience Can Explain

Neuroscience is not empty-handed here. Several models attempt to explain why a person can experience a voice without an identifiable speaker. One of the best-known ideas involves source monitoring: the brain may generate speech, imagery, or memory internally but fail to recognize it as self-generated. What belongs to the self is then experienced as coming from somewhere else.

Other models look at activity in auditory networks, predictive processing, memory, salience, inhibitory control, and the interaction between language systems and the brain's representation of self. These are serious scientific explanations, and there is evidence supporting parts of them.

But the picture is not finished. A review of neuroimaging research on the inner-speech model found evidence both for and against the theory and concluded that important questions remain (Barber et al., 2021). And there is another problem that interests me: ordinary inner speech usually feels like mine. A hallucinated voice can feel radically not-mine. It can have its own sound, identity, location, vocabulary, personality, and apparent intention. Simply calling that voice 'misattributed inner speech' does not yet explain every part of how that transformation occurs (Ford et al., 2014).

That does not prove the voice came from outside the brain. It means the scientific question is still more complicated than the label can make it sound.

The Voices Are Not All the Same

One reason I hesitate to talk about hallucinations as though they are one single phenomenon is that the reports themselves are so varied. In one large study, some people described voices that resembled replays of earlier conversations or memories. Others described persistent voices that commented on them or gave commands. Researchers have suggested that different kinds of voice-hearing may involve different processes rather than one universal mechanism (McCarthy-Jones et al., 2014).

The identity of the voice is striking too. People may experience known people, strangers, stable characters, or supernatural beings. Some voices seem to have recognizable personalities. And even the question 'Is the voice inside or outside your head?' is not always easy for people to answer. Some describe a kind of experiential space that does not fit neatly into either category (Parnas, 2023; Telles-Correia et al., 2022).

This is why I do not think the word hallucination should be allowed to do more work than it actually does. It names a class of perceptual experiences. It does not automatically give us a complete causal explanation.

Postpartum Psychosis Makes This Question Urgent

Postpartum psychosis is one of the places where this conversation becomes especially serious. A woman can move very quickly from ordinary functioning into severe insomnia, confusion, delusions, altered perception, and auditory, visual, tactile, or even olfactory hallucinations. Some women hear voices commanding them to harm themselves or their babies. This is a psychiatric emergency and requires immediate medical care (Toor et al., 2024).

There are compelling biological reasons to study what happens after childbirth: hormonal transition, sleep deprivation, immune processes, and the strong relationship between postpartum psychosis and bipolar-spectrum illness. I do not question that biology matters.

But here is the question I keep asking: does identifying biological vulnerability tell us the complete source of every experience that occurs during that vulnerability?

If the brain enters an unusually altered state after childbirth, one possibility is that it generates perceptions internally that feel external. Within a Christian worldview, another question can also be asked: could an altered state of perception ever affect how a person experiences a spiritual reality? At present, science can investigate the first possibility far more directly than the second. That difference in measurability is important. But a difference in measurability is not automatically a verdict about what exists.

What I Mean by the Veil Hypothesis

Christian Scripture does not describe reality as limited to what human eyes and ears normally perceive. It assumes visible and invisible creation. It describes angels, demons, spirits, visions, and moments in which something that was already present becomes perceptible to a person.

Second Kings 6:17 is especially interesting to me. Elisha's servant initially sees an army surrounding the city. Elisha prays, 'LORD, I pray, open his eyes that he may see.' Then the servant sees the mountain full of horses and chariots of fire. Numbers 22 presents another strange perceptual story: Balaam's donkey perceives the Angel of the LORD before Balaam does.

These passages do not tell us that schizophrenia is spiritual sight. They do not tell us that postpartum hallucinations are demons. I do not want to make Scripture say something it does not say.

But they do establish something important within Christian theology: ordinary sensory perception is not presented as the boundary of reality.

That is where my 'veil hypothesis' begins. If a spiritual dimension exists and human beings do not ordinarily perceive all of it, could there be circumstances in which perception becomes altered, widened, confused, or unusually sensitive? And if so, how would we distinguish genuine spiritual perception from internally generated hallucination?

That is a hypothesis, not a conclusion. The experience could arise from memory, trauma, predictive processing, neurological dysfunction, medication, substances, severe sleep deprivation, hormonal changes, or other brain-based processes. It could also be a biologically generated experience that the person interprets spiritually. A Christian ontology allows one more possibility: that some experiences could involve spiritual influence or perception. The fact that the possibility exists theologically does not tell us which individual experience belongs in which category.

How Would We Test Any of This?

This is the point where I think the conversation becomes much more interesting. If I am going to ask whether some voices might have a source beyond the person's ordinary internal processes, then the spiritual hypothesis cannot simply become an explanation for anything we do not understand. It has to produce questions that expose it to investigation.

Could a person ever receive verifiable information through a voice that they could not reasonably have known? Does that happen reliably enough to study? Do experiences interpreted as spiritual differ from other hallucinations in their timing, content, physiology, or neural activity? What happens immediately before a voice begins? What happens when it stops? Are there consistent relationships with sleep loss, trauma, hormonal changes, neurological state, prayer, worship, medication, or spiritual intervention?

I am also interested in whether independent researchers could examine descriptions of voices without knowing how the participant interprets them. Could they identify stable differences between voices experienced as memory, self-talk, another human being, God, or a hostile spiritual presence? Maybe they could not. That result would matter too.

None of this would automatically prove a spiritual source. But it would move us away from simply arguing over interpretations and toward observing what is actually happening.

The Brain Is a Mechanism. Is It Always the Source?

This distinction may be one of the most important in the entire paper.

If I hear a human voice in the room, my brain is involved in the experience. Auditory systems activate. Attention shifts. Meaning is processed. Emotion may change. The fact that the brain participates in hearing the voice does not mean the brain created the speaker.

Of course, hallucinations are different because no ordinary external speaker can be identified. But the broader point remains: showing neural activity associated with an experience tells us how the experience is being processed. It does not always settle the philosophical question of ultimate source.

This is not an argument that hallucinated voices therefore come from spirits. That would be a leap. It is an argument for being careful about what a brain scan can and cannot tell us.

A Necessary Boundary

There are two errors I want to avoid.

The first is reductionism: assuming that because we can identify brain activity associated with an experience, we have necessarily explained everything about its source and meaning.

The second is spiritual overreach: telling someone with schizophrenia, postpartum psychosis, epilepsy, delirium, severe sleep deprivation, substance effects, or another medical condition that the voice they hear is definitely God, a demon, or another spiritual being.

That second mistake can be dangerous. Postpartum psychosis requires urgent psychiatric care. A voice commanding self-harm or harm to another person requires immediate safety assessment regardless of the person's spiritual interpretation.

I do not believe an expanded view of the human person should make assessment smaller. It should make it more complete. Examine the brain. Examine sleep. Examine hormones. Examine trauma, medication, substances, neurological illness, cognition, environment, and history. Listen carefully to what the person says the experience feels like. And if we introduce a spiritual interpretation, be clear about what is observed, what is believed, and what remains unknown.

Research Questions I Want to Carry Forward

1. What features distinguish ordinary inner speech from voices experienced as distinctly 'other'?

2. Are there reliable subtypes of auditory hallucinations with different neural or cognitive mechanisms?

3. What happens in the brain and autonomic nervous system immediately before, during, and after a voice-hearing episode?

4. Why do some voices develop stable identities, personalities, locations, or apparent agency?

5. How do sleep deprivation, trauma, hormonal transitions, medication, substances, and neurological conditions change the form or frequency of voice-hearing?

6. Can researchers identify phenomenological differences between experiences interpreted as self-generated, human, divine, or hostile-spiritual without knowing the participant's interpretation?

7. Are there documented cases in which a voice conveys independently verifiable information unavailable to the hearer through ordinary means?

8. What changes when prayer or other spiritual practices appear to reduce or stop distressing voices, and can those changes be separated from expectancy, attention, arousal reduction, social support, or other known mechanisms?

9. Could multimodal research - EEG or fMRI, autonomic measures, sleep data, hormonal data, structured interviews, and real-time symptom tracking - reveal meaningful differences among kinds of voice-hearing?

10. How can clinicians take spiritual interpretations seriously without prematurely validating a supernatural source or dismissing the person's worldview?

The Question I Am Carrying Forward

I keep coming back to a very simple question: where are the voices coming from?

Saying 'the brain is hallucinating' begins an explanation, but it does not answer every question I have. Why this voice? Why this identity? Why this message? Why this timing? Why does one person experience an accusing male voice while another hears a comforting voice they identify as God? Why do voices appear in severe psychiatric illness and also in people who are otherwise functioning well? Why do some experiences feel like thoughts while others feel like encounters?

And then there is the theological question I am not willing to remove simply because it is difficult to measure: if reality includes a spiritual dimension, how would an embodied human being perceive it?

I do not know whether any subset of what psychiatry calls hallucinations belongs in that category. That is precisely why I want to ask the question carefully. I am not interested in calling every voice a spirit. I am equally uninterested in treating the word hallucination as though it has already answered a question that science itself is still investigating.

Maybe many voices will ultimately be explained through mechanisms we already understand or are beginning to understand. Maybe some will require better models of memory, prediction, identity, and perception. And perhaps there are experiences that will continue to challenge the boundaries of those models.

For me, the responsible position is neither immediate supernatural certainty nor immediate supernatural dismissal. It is disciplined curiosity.

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