

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

Why can a person hear a voice with the acoustic qualities, identity, and apparent agency of another person when no corresponding speaker is present? Auditory verbal hallucinations occur in schizophrenia-spectrum disorders, postpartum psychosis, trauma-related conditions, neurological disorders, and people without a psychiatric diagnosis. Visual hallucinations likewise occur across multiple conditions. Neuroscience has proposed mechanisms involving source-monitoring, inner speech, predictive processing, memory, salience, and sensory-network activity, but no single model fully explains the phenomenological diversity of voice-hearing. This working paper asks a further question from within a Christian ontology: if a non-physical spiritual dimension exists, is it possible that some experiences classified as hallucinations involve perception of something not ordinarily accessible to physical senses? I do not present this “veil” hypothesis as an established scientific explanation. I examine what current research can explain, what remains unresolved, what people actually report, and what evidence would be required before a spiritual-perception hypothesis could be evaluated responsibly.

Author's Note

I am currently developing a methodology and applied modality concerned with the convergence of mind, soul, physical body, and spirit. These working papers document the questions, theoretical propositions, and research directions informing that work. I distinguish reported experience, established scientific findings, Christian theological interpretation, and my own developing hypotheses. The purpose is not to replace psychiatric, medical, or sleep evaluation with a spiritual explanation, but to ask whether our existing explanatory categories are sufficiently complete.

The Question Behind the Diagnosis

Psychiatry has a name for hearing a voice when no external speaker can be identified: an auditory verbal hallucination. That description tells us something important about the perceptual event. It does not necessarily settle every question about its source.

This distinction is what interests me.

People diagnosed with schizophrenia may hear one voice, several voices, voices they recognize, voices they do not recognize, male and female voices, voices speaking in the second or third person, voices that command, accuse, converse, comment, or appear to possess their own personalities. Research on voice identity notes that many voice-hearers experience voices as having distinct identities, and some describe them as spiritual or supernatural beings. Voice-hearing also occurs outside schizophrenia and outside psychiatric illness altogether (Badcock & Chhabra, 2013; Johns et al., 2014; Baumeister et al., 2017).

So I want to begin before interpretation: What is this experience? Why does it so often feel like communication from an “other”? And how much do we actually know about where that experienced voice comes from?

What Neuroscience Currently Proposes

Several neurocognitive models attempt to explain auditory verbal hallucinations. One prominent family of theories involves source-monitoring: internally generated speech, imagery, or memory may not be correctly identified as self-generated and may therefore be experienced as coming from elsewhere. Other models emphasize spontaneous activity in auditory systems, predictive processing, salience, inhibitory control, intrusive memory, and interactions among language and self-referential networks.

These models have empirical support, but the picture is not settled. A systematic review of neuroimaging evidence for the inner-speech model found evidence both for and against it. The left insula emerged as potentially important, but classic language regions did not show all of the predicted differences, and the authors concluded that important gaps remain (Barber et al., 2021).

There is also a phenomenological problem. Ordinary inner speech is often experienced as one's own, usually in first person, and may lack the full acoustic qualities of another person's voice. Auditory hallucinations can instead sound unmistakably like someone else, with pitch, timbre, gender, personality, location, and second- or third-person address. Ford and colleagues note that simply saying inner speech has been “misattributed” does not by itself explain how one's own inner speech becomes an acoustically distinct other voice (Ford et al., 2014).

That does not disprove an internal brain-based mechanism. It means the mechanism remains an active scientific question rather than a fully closed one.

The Voices Are More Diverse Than a Single Model Suggests

The phenomenology matters. In a large study of auditory hallucinations, participants reported multiple patterns rather than one uniform experience. Thirty-nine percent described some voices as resembling replays of previous conversations; some reported voices identical to memories; others experienced persistent commanding or commenting voices. Researchers proposed that different subtypes may involve different neurocognitive processes (McCarthy-Jones et al., 2014).

Voice identity is also striking. Research has found that people may experience voices as known people, unknown people, supernatural beings, or stable characters with recognizable qualities.

Approximately two-thirds of voice-hearers in one phenomenological literature were described as experiencing voices with their own character or persona (Alderson-Day & Fernyhough, 2016).

Even the boundary between “inside” and “outside” is not simple. Some people cannot easily say whether a voice occurs inside the head, outside the head, or in another kind of experiential space. Phenomenological psychiatry has argued that forcing these experiences into an ordinary external-perception model can obscure what people are actually reporting (Parnas, 2023; Telles-Correia et al., 2022).

This makes me hesitant to use the word glitch as though it explains the phenomenon. A hallucination is a clinical description. The causal explanation remains more complicated.

Postpartum Psychosis Makes the Question More Urgent

Postpartum psychosis is especially important because the onset can be abrupt and the phenomenology can include auditory, visual, tactile, and olfactory hallucinations, delusions, altered sense of control, severe insomnia, confusion, and dramatic changes in perception. Contemporary reviews describe postpartum psychosis as a psychiatric emergency requiring immediate medical evaluation and treatment because of risks to both mother and infant (Toor et al., 2024).

Some women hear voices commanding harm to themselves or their babies. Visual hallucinations are reported more frequently in postpartum psychosis than in some primary mood or psychotic disorders, and women may describe a profound sense that something foreign, overpowering, or unlike their ordinary self has entered their experience.

There are serious biological hypotheses for postpartum psychosis, including its strong relationship to bipolar-spectrum illness, sleep disruption, hormonal transition, immune processes, and other physiological changes associated with childbirth. Those findings must be taken seriously.

My question is not whether biology is involved. Of course biology is involved. My question is whether biology exhausts the meaning or source of every reported experience.

If a woman's physiology enters an unusually vulnerable state after childbirth, could that vulnerability alter only internally generated perception? Or, within a Christian ontology, could vulnerability also alter a person's experience of a spiritual dimension? At present, science can investigate the first possibility. The second remains a theological hypothesis, not an empirical conclusion.

The Veil Hypothesis

Christian Scripture assumes a reality that includes both visible and invisible creation. It contains accounts in which people perceive spiritual beings or realities that others do not perceive, sometimes after God “opens” their eyes. Second Kings 6:17 is perhaps the clearest biblical image: Elisha's servant sees the surrounding horses and chariots of fire after Elisha prays that his eyes be opened. Numbers 22 describes Balaam's donkey perceiving an angel

before Balaam does. The New Testament likewise assumes angels, demons, spirits, visions, and spiritual discernment.

These texts establish a Christian theological ontology in which ordinary physical perception is not necessarily the boundary of reality. They do not establish that schizophrenia or postpartum hallucinations are moments when a literal veil has been lifted.

I am therefore using “veil hypothesis” deliberately as a hypothesis.

The proposition would be: If a non-physical spiritual dimension exists and human perception of it is ordinarily limited, could some altered perceptual states involve increased or disordered access to experiences interpreted as spiritual?

This immediately produces competing explanations. The experience might be generated internally. It might involve memory, predictive processing, trauma, sleep deprivation, neurological dysfunction, or medication/substance effects. It might be spiritually interpreted but biologically generated. Within a Christian worldview, one might additionally ask whether some experiences involve spiritual perception or spiritual influence.

A rigorous framework cannot decide among those possibilities merely from the fact that someone hears a voice.

What Would Count as Evidence?

This is where the inquiry becomes researchable.

If voices are entirely generated by internal neurocognitive processes, we should continue improving models that explain their content, acoustic identity, timing, agency, and relationship to brain states.

If a spiritual-perception hypothesis is proposed, it must make itself vulnerable to investigation rather than functioning as an explanation that can never be questioned.

For example: Do voice-hearers ever report verifiable information they could not reasonably have known? Are such cases reproducible under controlled conditions? Do experiences interpreted as spiritual differ phenomenologically or physiologically from other hallucinations? Are there consistent relationships between sleep, trauma, hormonal transition, neurological state, prayer, spiritual practice, and onset or cessation? How do people distinguish a voice they regard as a memory, their own thought, another human being, God, or a hostile spiritual entity? Can independent raters identify stable phenomenological differences without knowing the participant's interpretation?

None of those questions would automatically prove a spiritual source. But they would move the conversation from assumption toward observation.

A Necessary Clinical Boundary

There is a danger on both sides of this question.

One danger is reductionism: assuming that because neural activity accompanies an experience, the brain has therefore explained the entire ontological source of the experience.

The other danger is spiritual overreach: telling a person with schizophrenia, postpartum psychosis, epilepsy, delirium, substance effects, severe sleep deprivation, or another medical condition that a voice is definitely a demon, God, or another spiritual being.

The second error can be dangerous. Postpartum psychosis in particular requires urgent psychiatric care. Command hallucinations involving self-harm or harm to another person require immediate safety assessment regardless of how the experience is spiritually interpreted.

An expanded ontology should expand assessment, not eliminate differential diagnosis.

I am interested in a model capable of saying: Let us examine the brain. Let us examine sleep, hormones, trauma, medication, substances, neurological illness, cognition, and environment. Let us also listen carefully to the person's spiritual interpretation. And if we are going to propose a spiritual source, let us be clear about what is belief, what is observation, and what remains unknown.

The Question I Am Carrying Forward

I do not think “the brain is hallucinating” is the end of the inquiry. It is the beginning of a mechanism question.

What produces the percept? Why does it take this voice, this identity, this message, this timing, this apparent agency? Why can voice-hearing occur in psychotic illness and in people who do not meet criteria for psychiatric disorder? Why do some experiences feel internal while others feel radically other? Why are some comforting and others tormenting? What changes when the voices begin, and what changes when they stop?

And then there is the theological question I am not willing to remove simply because it is difficult to test:

If reality contains a spiritual dimension, how would an embodied human being perceive it?

I do not yet know whether any subset of what psychiatry calls hallucinations belongs in that category. I am arguing that the question deserves more precision than either immediate supernatural certainty or immediate supernatural dismissal.

References

- Badcock, J. C., & Chhabra, S. (2013). Voices to reckon with: Perceptions of voice identity in clinical and non-clinical voice hearers. *Frontiers in Human Neuroscience*, 7, 114.
- Barber, L., Reniers, R., & Upthegrove, R. (2021). A review of functional and structural neuroimaging studies to investigate the inner speech model of auditory verbal hallucinations in schizophrenia. *Translational Psychiatry*, 11, 582.
<https://doi.org/10.1038/s41398-021-01670-7>
- Baumeister, D., Sedgwick, O., Howes, O., & Peters, E. (2017). Auditory verbal hallucinations and continuum models of psychosis: A systematic review of the healthy voice-hearer literature. *Clinical Psychology Review*, 51, 125-141.

- Ford, J. M., Morris, S. E., Hoffman, R. E., Sommer, I., Waters, F., McCarthy-Jones, S., Thoma, R. J., Turner, J. A., Keedy, S. K., Badcock, J. C., Cuthbert, B. N., & Wible, C. G. (2014). Studying hallucinations within the NIMH RDoC framework. *Schizophrenia Bulletin*, 40(Suppl 4), S295-S304.
- Johns, L. C., Kompus, K., Connell, M., Humpston, C., Lincoln, T. M., Longden, E., Preti, A., Alderson-Day, B., Badcock, J. C., Cella, M., Fernyhough, C., McCarthy-Jones, S., Peters, E., Raballo, A., Scott, J., Siddi, S., Sommer, I. E., & Larøi, F. (2014). Auditory verbal hallucinations in persons with and without a need for care. *Schizophrenia Bulletin*, 40(Suppl 4), S255-S264.
- McCarthy-Jones, S., et al. (2014). A new phenomenological survey of auditory hallucinations: Evidence for subtypes and implications for theory and practice. *Schizophrenia Bulletin*, 40(1), 231-235.
- Parnas, A. U. (2023). Are auditory verbal hallucinations in schizophrenia just 'voices' or something different? *European Psychiatry*, 66(S1), S618-S619.
- Toor, R., Wiese, M., Croicu, C., & Bhat, A. (2024). Postpartum psychosis: A preventable psychiatric emergency. *Focus*, 22(1), 44-52. <https://doi.org/10.1176/appi.focus.20230025>
- Telles-Correia, D., et al. (2022). The phenomenology of auditory verbal hallucinations in schizophrenia and the challenge from pseudohallucinations. *Frontiers in Psychiatry*, 13, 942462.
- The Holy Bible. 2 Kings 6:15-17; Numbers 22:22-35; Ephesians 6:12; 1 Corinthians 12:10.