On Developmental Stage and the Limits of Clinical Presence

On developmental stage, limbic bandwidth, and the gap nobody is naming

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A NOTE ON PROCESS AND ITS COST

AI was sparingly used to fuse the different strands of this article together. That usage carries a cost that is worth naming directly: every AI query quietly drinks from the Earth's land, water, minerals, and atmosphere — for this article, as for all that preceded it: a glass of water, a gram of carbon, a sliver of sacred ground — in a transaction the Earth was never asked to agree to. The author takes full responsibility for this usage, and recognises its weight, and the entailing responsibility.

The Problem Nobody Is Naming

There is a particular kind of person who arrives in a therapist's office having already done significant work. They have moved through genuine loss. They have passed through periods of deep disorientation in which identity, meaning, and orientation were all in motion simultaneously. They have encountered experiences that no diagnostic category quite covers — and that most clinical frameworks either pathologize or simply cannot see.

They arrive not as beginners. They arrive as people who have already been somewhere. And what they need is to be met there.

What they encounter, instead, are tools designed for different terrain. This is not a failure of empathy or effort. It is a structural problem — one that sits at the intersection of developmental psychology, neuroscience, and the professional systems through which practitioners are formed. Naming it clearly is the purpose of this article.

What the Research Shows: The Stage of the Practitioner

In a fifteen-year longitudinal study, Michael Helge Rønnestad — professor emeritus at the University of Oslo — and Thomas Skovholt identified something rarely addressed in clinical training: for many practitioners, the professional role itself functions as a form of psychological protection.[1] The title, the method, the diagnostic framework — these become containers for the practitioner's own unresolved uncertainty. Technique replaces presence. The role holds, while depth does not deepen.

Genuine therapeutic presence — the capacity to remain open, undefended, and actually moved by what a client brings — develops only when practitioners have done sufficient personal work to move beyond the role as defence.[2] Many do not. They become technically competent,

[1]Rønnestad, M.H. & Skovholt, T.M. (2003). 'The journey of the counselor and therapist: Research findings and perspectives on professional development.' Journal of Career Development, 30(1), 5–44.

[2]Skovholt, T.M. & Rønnestad, M.H. (2011). The Developing Practitioner: Growth and Stagnation of Therapists and Counselors. Routledge.

clinically safe, and personally defended. These are not the same as being capable of accompanying someone into genuinely unfamiliar territory.

Jane Loevinger's model of ego development traces a progression from Conformist through Self-Aware to Individualist and Autonomous stages of psychological maturity.[3] Applied to professional populations, the data consistently show that the majority — including trained clinicians — cluster at the Conformist and Self-Aware levels. These stages carry real competence. But they do not carry the developmental range to meet someone who is living through something more fundamental.

What moves the stages is not training. It is life — specifically, the kind of encounter with genuine groundlessness that cannot be managed or theorised from behind a professional role.

The Integral Map: From Rational to Transpersonal

Ken Wilber's integral psychology describes development moving through prepersonal, personal, and transpersonal waves — each including and transcending the previous.[4] The rational-egoic stage — what Wilber calls the centaur level — represents the mature integration of mind and body, reason and feeling, individual autonomy and relational depth. It is where most advanced professional development currently aims, and rightly so. It is a genuine achievement.

But Wilber's framework makes visible something that clinical systems tend not to account for: beyond the rational-egoic, development continues. The transpersonal levels — what he calls vision-logic, subtle, causal, and nondual — are not mystical additions to an otherwise complete picture. They represent qualitatively different modes of perception, presence, and relational capacity. A practitioner at the rational-egoic stage, however skilled, is encountering a client in transpersonal territory through a map that does not yet extend that far. The mismatch is not one of intelligence or care. It is one of range.

Plotkin's eco-soulcentric model maps the same territory through the lens of nature and soul, with stages running from the constructed social self through genuine individuation and into elderhood and transpersonal service.[5] Both frameworks point at the same structural reality: development does not stop at professional competence, and the depth to which a practitioner can accompany a client is bounded by the depth they have themselves inhabited.

The Limbic System: Why Stage Is Not Just a Concept

The implications of developmental stage are not only philosophical. They are neurobiological. Stephen Porges' polyvagal theory describes how the autonomic nervous system continuously scans the environment for cues of safety or threat — a process he calls neuroception, operating below conscious awareness.[6] Daniel Siegel's concept of the window of tolerance describes what follows: each person has a range within which they can remain present and responsive.

[3]Loevinger, J. (1976). Ego Development: Conceptions and Theories. Jossey-Bass. For application to professional populations, see Cook-Greuter, S.R. (2004). 'Making the case for a developmental perspective.' Industrial and Commercial Training, 36(7), 275–281.

[4]Wilber, K. (2000). Integral Psychology: Consciousness, Spirit, Psychology, Therapy. Shambhala. See also Wilber, K. (1999). 'An approach to integral psychology.' Journal of Transpersonal Psychology, 31(2), 109–136.

[5]Plotkin, B. (2008). Nature and the Human Soul: Cultivating Wholeness and Community in a Fragmented World. New World Library.

[6]Porges, S.W. (2011). The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation. W.W. Norton.

Outside that window, the system moves into hyperarousal or hypoarousal — fight, flight, or collapse.[7]

For practitioners, this has a consequence that is rarely made explicit. A narrow window of tolerance does not stay quietly at the edges of a session. It actively shapes what the practitioner can perceive, what they can remain with, and what triggers their own defensive organisation — often without their awareness. When a client enters territory that touches the practitioner's unresolved material, the practitioner's nervous system begins managing itself. Attention narrows. Technique increases. Presence decreases. The intervention serves, at least in part, to regulate the practitioner rather than to accompany the client.

This is not a character flaw. It is physiology. But it has clinical consequences that training alone cannot address, because the window of tolerance is not widened by knowledge. It is widened by having moved through territory that once exceeded it, and having survived.

The First Template: The Maternal Nervous System

The limbic system does not develop in isolation. Its foundational architecture is shaped, from before birth, by the nervous system of the primary caregiver — most often the mother. Lewis, Amini and Lannon describe this in terms of limbic resonance: the capacity of two nervous systems to come into mutual attunement, with the more regulated system gradually stabilising the less regulated one.[8] The infant's limbic brain arrives unregulated. It learns what safety feels like from the inside through sustained contact with a caregiver whose own system is sufficiently settled to offer that template. This is not primarily a cognitive or emotional process. It is neurological transmission — one nervous system shaping the architecture of another through repeated, embodied contact.

The mother's own nervous system undergoes profound remodelling through pregnancy, birth, and the early postpartum period — documented changes in grey matter density, amygdala sensitivity, and the oxytocin and prolactin systems that underpin sustained attunement.[9] The passage through gestation and birth is physiologically demanding, hormonally transformative, and existentially irreversible. It constitutes a form of involuntary limbic expansion — the nervous system stretched and reorganised by an encounter with something larger than itself that it did not choose and cannot undo.

The child who receives adequate maternal regulation receives, neurologically, a wider template for what safety and holding can feel like. The adult who did not receive that template tends, without subsequent intervention, to carry a correspondingly narrower window. And the practitioner who carries a narrow window will, despite their best intentions, transmit that narrowness in the room — below the level of words, in the quality of what their nervous system makes available to the client's own.

What is less often named is the regulatory function that this involuntary limbic expansion comes to serve — not only for the child, but outward from there. In many contemporary Western families, and increasingly so as partnership structures change and fathers remain emotionally peripheral or absent, it is the mother who functions as the primary nervous system regulator not just for infants and children but for the household and, by extension, for the

[7]Siegel, D.J. (1999). The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are. Guilford Press. The concept of the window of tolerance is developed across chapters 7–8.

[8]Lewis, T., Amini, F. & Lannon, R. (2001). A General Theory of Love. Vintage Books. The concepts of limbic resonance, limbic regulation, and limbic revision are developed across chapters 3–6.

[9]Feldman, R. (2017). 'The neurobiology of human attachments.' Trends in Cognitive Sciences, 21(2), 80–99. For neuroplasticity of the maternal brain, see Kim, P. et al. (2010). 'The plasticity of human maternal brain: Longitudinal changes in brain anatomy during the early postpartum period.' Behavioral Neuroscience, 124(5), 695–700.

adults within it. She holds the emotional temperature of the family. She reads the room before anyone else does. She manages re-entry, de-escalation, and repair — often without recognition, often without rest, and almost always without a framework that names what she is actually doing. This is not a cultural role in the thin sense. It is a neurobiological one: the more regulated system in the room shaping the architecture of the less regulated ones, one encounter at a time.[10]

This matters in the current moment in a way that has not been adequately addressed. Women are moving into the workplace and into public leadership in greater numbers than at any previous point in recorded history. There are calls — reasonable ones — for women to take on expanded roles in institutions, organisations, and governance. And yet the nervous system function that mothers have been quietly performing at the level of family and community — the slow, unglamorous, non-verbal work of limbic regulation — is not being named as a competence. It is not being recognised as a form of capacity-building that shapes entire relational fields. It disappears into the domestic, and what it has actually produced — regulated children, functioning households, social cohesion at the micro level — is attributed to other causes or simply taken for granted.

It is worth being precise about what this is and what it is not. The ordeal of childbirth and the sustained labour of maternal regulation do constitute a form of limbic expansion — an encounter with something that exceeds the prior self and reorganises the nervous system through encounter rather than intention. In that sense they share structural territory with the initiatory processes described elsewhere in this article. But they are not equivalent to deliberate psychological descent: to the sustained, unwilled movement through genuine groundlessness in which identity, meaning, and orientation come apart and must be rebuilt from a different ground. The mother who has raised children through difficulty has carried something real. The practitioner who has moved through their own descent has been somewhere different. Both matter. The conflation of the two — or the dismissal of either — misses what is actually at stake.[11]

What this points toward is a wider cultural reckoning. A society that expects women to sustain the nervous system regulation of family life, then invites them into professional and public roles without acknowledging the resource that role has required and what it has quietly produced, is drawing on a form of capital it has never properly accounted for. The limbic labour of motherhood is not separate from the question of who can hold depth in a clinical room, or in a boardroom, or in a moment of collective crisis. It is continuous with it.

Men, Initiation, and the Expansion of Limbic Range

The biological asymmetry of birth and maternal remodelling is real. But its absence does not mean there is no route toward comparable limbic expansion. Across cultures and throughout recorded history, male initiatory traditions have served a function that modern neuroscience is only beginning to name: the sustained, structured encounter with physical and psychological ordeal — held within a relational and ceremonial container — as a pathway toward nervous system expansion.

The sweat lodge, the vision quest, the extended endurance rite — these are not primarily symbolic. They bring the nervous system to the edge of what it can hold, and then — crucially

[10]Lewis, T., Amini, F. & Lannon, R. (2001). A General Theory of Love. Vintage Books, chapters 3–5. For the transmission of regulatory capacity across relational systems, see also Schore, A.N. (2003). Affect Regulation and the Repair of the Self. W.W. Norton, pp. 3–27.

[11]The distinction between peak experience and genuine descent is developed in Grof, S. (1985). Beyond the Brain: Birth, Death and Transcendence in Psychotherapy. SUNY Press, and elaborated somatically in Levine, P.A. (2010). In an Unspoken Voice. North Atlantic Books. For the neurobiological reorganisation specific to trauma resolution versus suppression, see van der Kolk, B.A. (2014). The Body Keeps the Score. Viking, chapter 6.

— provide the conditions for return: elder presence, community witnessing, held reintegration. What these traditions understood, without the language of neuroscience, is that the window of tolerance does not expand through comfort. It expands at its edges — when what has previously exceeded the system is met, survived, and metabolised within a container that can hold the experience without collapsing around it.

The same mechanism, more gradually, is what happens through genuine therapeutic relationship when the practitioner's nervous system is sufficiently regulated to offer what Lewis, Amini and Lannon call limbic revision: the slow reorganisation of the client's limbic patterning through sustained contact with a differently organised system. The regulated nervous system in the room is the container. Its bandwidth determines what can move.

In the absence of initiatory traditions — as in most contemporary Western contexts — the edge tends to be met without adequate container. The result is not expansion but constriction: defensive organisation, emotional narrowing, and the kind of competence that can perform presence without inhabiting it. This is what shows up, structurally and invisibly, in many clinical encounters.

Descent, Integration, and What Actually Widens the Window

There is a distinction here that matters and is often missed. A step into transpersonal states — a peak experience through meditation, ceremony, or spontaneous opening — can touch something real without reorganising the nervous system that receives it. The ordinary self remains intact, with an expanded narrative attached. The limbic system has been visited but not revised.[12]

Genuine descent is different. It is unwilled, sustained, and not resolved by insight or meaning-making. It brings the nervous system into contact with what lies beyond its previous range and holds it there — sometimes for months, sometimes for years — until something shifts that has to shift, and ground is found on the other side. The integration of such a passage does not produce someone with an interesting story about depth. It produces someone whose nervous system has been genuinely reorganised — whose window of tolerance has expanded not through training or spiritual practice, but through survival and the slow digestion of what was survived.

This is what creates genuine holding capacity in a practitioner. Not the vocabulary of depth, and not the credentials of training, but the limbic reorganisation that accompanied an actual passage — and the quality of ground that was found on the other side. That ground is transmissible. It cannot be taught, but it can be met. And its absence is equally detectable, below the threshold of words, by any nervous system that is trying to find it.

A well-regulated nervous system is not a less responsive one. What widens through genuine integration is not the threshold for activation but the capacity to remain present *with* activation — what Siegel calls the window of tolerance. Research on affect regulation distinguishes this clearly from suppression: what is sometimes mistaken for regulation is dissociation — a shutdown of affective responsiveness that produces the external appearance of calm while the system remains, below awareness, defended and contracted. Levine's somatic work draws the same line: the aim is not desensitisation but *pendulation* — the capacity to move between activation and settledness without collapsing at either end.*more*[13]

[12]Reich, W. (1945). Character Analysis. Orgone Institute Press. Levine, P.A. (1997). Waking the Tiger: Healing Trauma. North Atlantic Books. Levine, P.A. (2010). In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness. North Atlantic Books.

[13]Van der Kolk, B.A. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Viking, pp. 88–95 (affect regulation and dissociation). Levine, P.A. (2010). In an Unspoken Voice: How the Body

This matters for practitioners specifically. The risk of significant personal work without adequate integration is not emotional blunting but its mirror — a stoicism or philosophical detachment that mistakes the absence of distress for the presence of depth. True integration tends to produce someone who feels *more*, not less — because dissociation and numbing are no longer the default exit from what is difficult. What the nervous system gains is range and resilience, not distance.

Limbic Regulation: What Actually Changes Things

Lewis, Amini and Lannon's central finding is that genuine psychological change — what they call limbic revision — does not occur primarily through insight or cognitive reframing. It occurs through sustained contact with another nervous system whose limbic organisation is different.[14] The regulated system gradually revises the less-regulated one — not through instruction, but through resonance. This is why the therapeutic relationship is not a vehicle for the work. It is the work.

Porges' framework adds precision: the social engagement system — the ventral vagal branch of the autonomic nervous system — is activated by cues of genuine safety in another's face, voice, and physical presence.[15] These cues are not producible through effort or technique. They are the natural expression of a nervous system that is genuinely regulated and genuinely at ease with depth. A client whose system is in chronic defensive organisation will detect their presence or absence below the threshold of conscious awareness — and will remain, however imperceptibly, guarded or will begin, however slowly, to move.

A practitioner whose window of tolerance has not been widened through genuine encounter with difficulty cannot transmit what they do not carry. They can provide safety, empathy, and clinical skill. But the neurobiological mechanism through which deeper change occurs requires a nervous system on the other side of the room that has been somewhere, and found ground there.

The Gap and Its Consequences

Norway's mental health system is not unusual in lacking a framework for this. Its strongly evidence-based orientation — with the emphasis on measurable outcomes, replicable technique, and clinical risk management — selects for role-competence. Spiritual emergency gets coded as psychosis. Significant developmental rupture gets managed as crisis. The transpersonal dimension is largely absent from training, from supervision, and from the professional culture that shapes what a practitioner can and cannot see.

The result is that the clients most in need of genuine accompaniment are among those most likely to be harmed by the mismatch. They are not difficult clients. They are clients who require a different developmental range in the person sitting with them — a wider limbic window, a more integrated relationship with depth, and the capacity to remain present with what cannot be resolved rather than intervening to make it manageable.

There are, across Scandinavia, perhaps 200 to 400 practitioners working at genuine depth — with clients in significant developmental rupture, with ecological grief that has no clinical category, with experiences that exceed standard frameworks. Most carry this work without

Releases Trauma and Restores Goodness. North Atlantic Books, pp. 77–80 (pendulation and titration). Siegel, D.J. (1999). The Developing Mind. Guilford Press, chapters 7–8 (window of tolerance).

adequate supervision. Not because supervision is unavailable, but because supervision at this depth — from someone whose nervous system has actually been in that territory — barely exists.

What Becomes Possible

Living systems — individuals, groups, organisations — carry the intelligence of their own next movement. What allows that movement to emerge is not direction but conditions: the removal of what is preventing the system's own process from completing.[16]

The conditions that allow genuine movement in a client are not primarily created by technique. They are created by the quality of the nervous system present in the room — its range, its groundedness, its capacity to remain with what is difficult without defending against it or attempting to resolve it before it is ready. When that quality is genuinely present, the client's system begins, often slowly and non-linearly, to find what it has been looking for.

This is not an argument against clinical training, evidence-based practice, or professional rigour. It is an argument for recognising that these are necessary but not sufficient. What lies beyond them — the widened limbic window, the integrated developmental range, the capacity to transmit ground rather than merely demonstrate knowledge — is formed through a different process entirely. And it is, quietly, what the work most requires.

A NOTE ON THIS ARTICLE

This piece was written in April 2026, from a cabin among trees, dunes, and the ocean on the west coast of Denmark. It is informed by thirty years of somatic practice, twenty years of organisational and movement work in Norway, an MSc in organisational and leadership psychology, and the slower education of having moved through territory that had no clinical framework for it.

The author works with individuals at genuine thresholds, with practitioners seeking supervision at depth, and with leaders and organisations for whom presence — not technique — is what the moment actually requires.

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[16]Stacey, R.D. (1996). Complexity and Creativity in Organisations. Berrett-Koehler. Capra, F. (1996). The Web of Life. Anchor Books.