

Threshold Transitions in Adult Development: The Age Architecture™ Framework for Personal Metamorphosis

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ABSTRACT

Contemporary psychology of adult development often describes mature life transitions through the language of crisis, adaptation, or identity disruption. This language is useful, but it does not cover every case. Some transitions in adulthood seem to involve a deeper shift: not simply adjustment to new circumstances, but a reorganization of the structures through which selfhood, meaning, embodiment, and action are held together. Related patterns of threshold-based change are well known in complex systems theory, neurophysiology, and evolutionary biology. In adult developmental psychology, however, a non-pathological morphology of mature transition remains insufficiently developed. This paper proposes Age Architecture™, a conceptual framework for understanding personal metamorphosis as a structured threshold process. Drawing on dissipative structures theory, predictive processing, and punctuated equilibrium, the framework outlines a seven-phase morphology with preliminary somatic, cognitive, and affective markers. The model does not treat mature transition only as crisis or decline. It approaches it as a possible reorganization of the architecture of experience, offering a language for future research, counseling, and developmental practice.

1. Introduction

Adult development does not end with the consolidation of identity, social roles, or functional adaptation. In some cases, maturity brings a more difficult kind of change: the reorganization of the very structures through which a person experiences selfhood, meaning, embodiment, and action. Classical models of adult development, together with depth-psychological accounts of midlife and individuation, have helped psychology describe life stages and recurrent transitional periods (Erikson, 1982; Levinson, 1986; Jung, 1933). Yet the inner form of mature transition — its sequence, its pressure points, its markers — remains only partly articulated within psychological science.

Existing frameworks approach adult change from several directions. One tradition emphasizes psychosocial stages and developmental tasks, treating transition as the negotiation of age-related challenges (Erikson, 1982; Havighurst, 1972). Another focuses on the periods between relatively stable life structures, especially in midlife and later adulthood (Levinson, 1986). A third turns toward the mechanisms of transformation: disorienting dilemmas, changes in meaning-making, and shifts in the orders of consciousness through which experience is

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organized (Mezirow, 1991; Kegan, 1994; Bridges, 2004). These approaches remain foundational. They show that adulthood is not simply maintenance after youth. They also show that adult change can be deep, discontinuous, and psychologically costly.

Still, a specific question remains open. These theories describe what changes in adult life with considerable power: role, meaning, identity, responsibility, and consciousness. They say less, however, about the form of the transition itself. How does an established life structure become insufficient? How does tension accumulate before a person can name what is happening? What happens in the interval when an old organization no longer holds, but a new one has not yet stabilized? These are not minor questions. They concern the morphology of transition: not only the content of adult change, but the structure of the changing process.

A different vocabulary, developed largely outside developmental psychology, addresses this question of form more directly. Dissipative structures theory describes how open systems far from equilibrium can generate new forms of order when internal fluctuations are amplified beyond a critical threshold (Prigogine & Stengers, 1984). Predictive processing accounts of the brain suggest that persistent prediction errors may require revision of generative models rather than mere parameter adjustment (Friston, 2010; Clark, 2013). Evolutionary biology, through the theory of punctuated equilibrium, has long recognized that morphological change in living systems may involve long periods of relative stability interrupted by shorter episodes of structural reorganization (Gould & Eldredge, 1977). These are not identical theories. What they share is a formal intuition: some forms of change are not gradual additions to what already exists. They are threshold-like passages between organizational states.

The application of this logic to adult personality development remains uneven. Psychology has engaged with nonlinear dynamics most explicitly in relation to psychotherapy, psychopathology, and clinical change processes (Hayes et al., 2007; Schiepek et al., 2016). This work is valuable because it makes discontinuity visible. It shows that significant change may include instability, fluctuation, and sudden reorganization rather than linear improvement. Yet mature transitions outside the clinical domain — those that may unfold in a person whose external life remains intact — are still less often described as threshold processes with their own normative morphology. A conceptual asymmetry follows: nonlinear change is recognized when it signals dysfunction or therapeutic change, but less often when it marks reorganization within non-clinical adult development.

Three gaps follow from this asymmetry. First, adult developmental psychology lacks a widely adopted morphological model of mature transition: a model that describes the form of the process itself, from the accumulation of internal tension through the depletion of a prior life configuration, passage through instability, and emergence of a new organization. Second, the available vocabulary often remains weighted toward crisis, disruption, regression, burnout, or decline. These terms are sometimes necessary, but they can also frame transitional instability as deviation before its reorganizing function has been considered. Third, the integration of developmental psychology, neurobiology, and complex-systems thinking has not yet produced a coherent framework for mature personal transformation outside a primarily clinical frame.

The present paper proposes such a framework. Age Architecture™ is introduced as a conceptual model for describing certain mature transitions as threshold reconfigurations of the underlying architecture of experience. The model distinguishes between two organizations of adult life: one built around external scaffolding, such as role, function, recognition, and social position; the other organized around an internal axis. The transition between these two organizations is not treated here as a universal stage, nor as an obligatory achievement of later adulthood. It is treated more cautiously: as one possible morphology of mature transition,

unfolding through a seven-phase process and accompanied by preliminary somatic, cognitive, and affective markers.

The aim of this paper is conceptual rather than empirical. It does not claim to validate a diagnostic instrument or establish prevalence. Its purpose is to articulate a framework with enough precision to be tested, revised, and operationalized in future work. Section 2 reviews the main traditions in adult developmental psychology and identifies the unfilled space the proposed model addresses. Section 3 outlines the theoretical foundations of threshold reconfiguration. Section 4 presents the Age Architecture™ model and its seven-phase morphology. Section 5 considers methodological implications and possible routes for operationalization. Section 6 discusses implications, limitations, and future directions. Section 7 concludes.

2. Literature Review

2.1. Stage and Developmental Task Models

Classical theories of adult development gave psychology a crucial starting point: adulthood is not a static condition after youth. It has its own pressures, tasks, and recurring passages. Erikson's life-cycle model remains central here because it frames mature life as a continuing negotiation of psychosocial tensions, especially generativity versus stagnation and, later, integrity versus despair (Erikson, 1982). The value of this model is not only that it names stages. It also prevents adulthood from being reduced to maintenance, routine, or biological decline.

Havighurst's theory of developmental tasks develops a similar intuition from a different angle. Adult life, in this view, is organized around age-linked demands that arise from biological maturation, social expectation, and personal aspiration (Havighurst, 1972). Work, family, civic participation, aging, and changing responsibility all become part of the developmental field. Transition is therefore understood as a person's attempt to meet the tasks that become salient at a particular life period.

Levinson moves closer to the structural question that concerns this paper. His work describes adulthood as a sequence of relatively stable life structures interrupted by transitional periods (Levinson, 1986). That shift matters. It suggests that adult development is not merely cumulative; at certain points, the structure of life itself has to be reviewed, loosened, and sometimes rebuilt. Even so, Levinson's emphasis remains primarily on the alternation between stable periods and transitions. Less fully described is the microstructure of the transition itself: how tension accumulates, how a prior configuration loses coherence, how instability becomes organized, and how a new structure begins to appear.

Taken together, stage and developmental task models established adulthood as a legitimate field of developmental inquiry. They also left a question open. They tell us that mature life has structure, and that this structure changes. They tell us less about the internal morphology of the changing process. More recent work has further complicated the picture: the boundaries between life stages have become more permeable, and the timing of transitions more variable across social and cultural contexts, suggesting that age-linked developmental maps require continuous revision (Arnett et al., 2014). Age Architecture™ begins from this unresolved point: it keeps the insight that adult life is structured, but shifts attention from stages and tasks to the form of reconfiguration itself.

2.2. Transformative and Meaning-Making Models

A second tradition comes closer to the inner side of adult change. It does not ask only what task a person must negotiate at a given age. It asks how adults reorganize the meanings through which they understand themselves and the world.

Mezirow's theory of transformative learning is especially important here. In his account, transformation begins when an experience cannot be absorbed into an existing frame of meaning. A disorienting dilemma interrupts the usual interpretive order; reflection, exploration, and eventual integration may then lead to a revised frame of reference (Mezirow, 1991).

This is a major step toward the concern of the present paper. Adult change is no longer only adjustment. It can be discontinuous. It can involve a restructuring of the meaning-making apparatus itself. Still, Mezirow's account remains mainly cognitive and epistemic. It speaks powerfully about frames of interpretation, but less about the broader architecture of mature life: body, activity, role, affect, and the form of transition as a whole.

Kegan's constructive-developmental theory moves this discussion further. Adult development, for Kegan, unfolds through qualitatively different orders of consciousness, each defined by what a person can take as object rather than remain subject to (Kegan, 1994). The transition between orders is not simply the acquisition of new information. It is a reorganization of the subject-object structure through which experience is constituted. This makes Kegan especially relevant for Age Architecture™. His framework shows that adult development can be architectural rather than additive. A person does not merely add new ideas to the old self; the very structure of selfhood, obligation, and relationship may be reorganized.

Bridges's model of transition gives this reorganization a more temporal form. His distinction between ending, neutral zone, and new beginning makes visible something often missed in adult development: the middle interval, where a prior structure has released its hold but the next one has not yet fully appeared (Bridges, 2004). This "neutral zone" is not empty time. It is a generative interval. For the present argument, Bridges is valuable because he names the temporal shape of transition without immediately pathologizing it. Subsequent work in adult learning has extended this transformative tradition into practice-oriented and cross-cultural contexts, showing that meaning reorganization is embedded in activity, social position, and embodied experience rather than occurring as a purely cognitive event (Merriam & Bierema, 2014; Taylor & Cranton, 2012).

These theories bring the literature close to the central concern of this paper. They recognize discontinuity. They recognize restructuring. They recognize that transitional time has its own internal texture. Yet limits remain. Mezirow's model is strongest at the level of cognition and epistemic change. Kegan's model clarifies the architecture of consciousness but does not primarily aim to map the phases, markers, or somatic dynamics of transition itself. Bridges offers a practical temporal language, but at a level of generality that does not distinguish among types of mature transition or specify their internal mechanisms. What remains underdeveloped is a more explicitly morphological account: one that combines architectural insight, discontinuity, and temporal sensitivity, while describing the passage through identifiable phases.

2.3. Nonlinear Dynamics and Complex Systems Approaches

A third body of work, developed largely outside developmental psychology, offers a more formal vocabulary for the kind of transition at stake here. The central idea is simple, but powerful: complex systems do not always change gradually. Under certain conditions,

accumulated tension within a system can lead to qualitative reorganization once a critical threshold is reached. The new state cannot be predicted merely by extending the old one.

Dissipative structures theory provides one of the clearest versions of this logic. Prigogine and Stengers (1984) described how open systems sustained far from thermodynamic equilibrium can generate new forms of order when fluctuations are amplified beyond a critical threshold. For psychology, the relevance is conceptual rather than literal. The point is not to turn human development into physics. The point is more modest: instability is not always a sign of failure. In some systems, it is part of the condition through which a new order becomes possible.

Evolutionary biology offers a parallel formal intuition. Gould and Eldredge's theory of punctuated equilibrium proposed that morphological change in living lineages may occur not through slow, continuous transformation, but through long periods of relative stability interrupted by shorter episodes of structural reorganization (Gould & Eldredge, 1977). The analogy must be used carefully. Speciation is not individual development. Still, the temporal pattern matters. Some living systems remain stable for long intervals and then reorganize comparatively quickly. This pattern resonates with certain mature transitions, where years of external continuity may precede a relatively rapid reconfiguration of identity, activity, and life direction.

Predictive processing offers another bridge, this time at the level of brain and self-modeling. Friston (2010) and Clark (2013) describe the brain as a hierarchical generative system that minimizes discrepancies between expectation and incoming sensory evidence. Most of the time, the system adjusts locally. But persistent, irreducible prediction errors may require revision of the generative model itself rather than mere parameter adjustment. For adult development, this suggests a useful possibility: some mature transitions may not be failures of regulation. They may occur when accumulated experience exceeds what the existing model of self, world, and life trajectory can absorb. Within psychology proper, nonlinear and complex-systems thinking has been developed most explicitly in psychotherapy and clinical change.

Schiepek and colleagues have shown that therapeutic change may include periods of instability, critical fluctuation, and discontinuous reorganization (Schiepek et al., 2016). Hayes and colleagues similarly argue that significant change in psychotherapy often follows nonlinear and discontinuous patterns, with sudden gains sometimes preceded by destabilization (Hayes et al., 2007). This work is important because it brings the language of complex systems into observable psychological change.

A gap remains, however. These approaches make discontinuity visible, but mainly within clinical or therapeutic contexts. Dynamic systems approaches have been applied productively to identity development and adolescent transitions, demonstrating that developmental change can follow nonlinear and self-organizing patterns (Kunnen, 2012; Hollenstein & Loughheed, 2013). Yet mature transitions outside the clinical domain — transitions in people who may still be functioning, working, relating, and fulfilling obligations — are less often described through this same threshold logic. The question, then, is not whether nonlinear change exists in psychology. It clearly does. The question is whether a non-clinical morphology of mature adult transition can be described with enough clarity to become useful for theory, research, and practice.

2.4. The Gap: An Unfilled Fourth Space

The literatures reviewed above do not contradict one another. They occupy different parts of the same field. Stage and task models describe what adulthood asks of a person. Transformative

and constructive-developmental theories describe how meaning and consciousness may reorganize. Complex-systems approaches describe the formal logic of threshold change. Read together, they reveal a space that is still only partly filled.

This space can be understood through two axes. The first concerns the level of description: whether a model focuses on the content of adult change or on the form of the transition itself. The second concerns the clinical status of the process: whether discontinuous change is treated mainly as pathology, therapeutic intervention, or as a possible normative process within non-clinical adult development. Most existing approaches cluster in three areas. Stage and task models are largely content-oriented and normative. Transformative and constructive-developmental theories move toward form, but usually through cognitive and epistemic reorganization. Nonlinear approaches in psychology are form-oriented, but they have been developed mainly in clinical or therapeutic contexts. The fourth space — form-oriented and normative — remains comparatively underdeveloped.

A model in this fourth space would describe the morphology of mature transition itself. It would ask how an adult life structure becomes insufficient, how coherence weakens, how instability appears, and how a new organization begins to form. It would also need to identify possible markers — somatic, cognitive, and affective — without reducing the process to pathology. This is the space Age Architecture™ enters. Several cultural and demographic conditions make this question timely. Adult life is longer than before. Midlife and post-midlife transitions are more visible in counseling, coaching, and developmental support practices. At the same time, many adults lack a precise language for transitions that are neither simple crisis nor clinical breakdown. The result is a practical and theoretical problem: people may be trying to restore an old life structure when the deeper process may be reorganization.

Age Architecture™ is proposed not as a replacement for existing theories, but as a morphology of the transition process itself. It builds on the recognition that adult life is structured, on the insight that mature change may be architectural rather than additive, and on the complex-systems observation that reorganization often passes through tension, threshold, instability, and emergent form. Its contribution is to bring these strands together within a normative account of mature transition.

3. Theoretical Foundations of Threshold Reconfiguration

The framework proposed here rests on three formal foundations and one developmental bridge. Dissipative structures theory, predictive processing, and punctuated equilibrium provide a vocabulary for threshold-organized change. The cultural-historical tradition in psychology helps translate this vocabulary into a language of activity, mediation, embodiment, and psychological life. Together, these resources make it possible to describe mature transition both as a systemic process and as lived human reorganization.

3.1. Dissipative Structures: Instability as a Condition of New Order

Prigogine and Stengers (1984) described how open systems far from thermodynamic equilibrium can generate new forms of organization when fluctuations become amplified beyond a critical threshold. The important point for this paper is not thermodynamics as such. It is the more general logic: a system may pass through instability and emerge with a qualitatively different form of order. Two features are especially relevant for adult psychology. First, instability is not necessarily a symptom of breakdown. Under certain conditions, it can be part of structural reorganization. Second, the new structure cannot be fully derived from the previous one. It emerges from the system's history, but it is not a simple continuation of it.

For Age Architecture™, this account provides a conceptual permission that psychology often lacks. A person may pass through a period in which prior coherence weakens and a new organization has not yet stabilized. Such a period may be painful, uncertain, and difficult to name. It is not, for that reason alone, evidence of dysfunction. It may also be the interval in which a new architecture of experience is beginning to form.

3.2. Predictive Processing: When the Existing Model Can No Longer Absorb Experience

Predictive processing describes the brain as a generative system that continuously compares expectation with incoming sensory and interoceptive evidence (Friston, 2010; Clark, 2013). Most discrepancies are handled locally: the system adjusts attention, weighting, interpretation, or action. But not all discrepancies can be absorbed this way. Under certain conditions, persistent prediction errors may require revision of the generative model itself.

This offers a useful neurobiological analogy for mature transition. A person does not live only through explicit beliefs. They live through an implicit model of self, world, body, role, time, and future. When accumulated experience no longer fits that model, the problem is not simply that one belief is wrong or one decision must be changed. The organizing model itself may become unstable.

In this sense, some mature transitions can be understood not as failures of regulation, but as moments when the existing architecture of experience has reached its absorptive limit. The person may still function externally. Yet internally, the model through which life has been organized no longer holds experience with the same coherence.

3.3. Punctuated Equilibrium: Stability and Episodes of Reorganization

Punctuated equilibrium offers a formal precedent for another feature of mature transition: temporal asymmetry. Gould and Eldredge (1977) argued that morphological change in living lineages may involve long periods of relative stability interrupted by shorter episodes of structural reorganization. Again, the use here is analogical. Individual development is not speciation. But the pattern is useful. Adult life often appears stable from the outside for a long time. Roles continue. Work continues. Relationships continue. The person may even appear successful. Then, within a comparatively shorter period, the organizing principles of life begin to shift. What looked sudden may have been prepared by years of accumulated tension.

This matters because developmental theory sometimes expects change to look gradual if it is legitimate. The logic of punctuated equilibrium suggests otherwise. Some forms of reorganization may be prepared slowly but become visible quickly. Apparent suddenness, then, does not necessarily contradict developmental logic. It may be part of the form of transition.

3.4. Cultural-Historical Psychology: Reconfiguration Through Activity and Mediation

The three formal foundations describe threshold reorganization at an abstract level. They do not, by themselves, explain how such reorganization is lived in a human life. For that, the framework draws on the cultural-historical tradition in psychology.

Vygotsky's account of higher mental functions and Leontiev's theory of activity show that psychological life is not formed in isolation. It is organized through mediated activity: signs,

tools, roles, social participation, and forms of action that structure the person's relationship to the world (Leontiev, 1978; Vygotsky, 1978). This is crucial for Age Architecture™. Mature transition is not only an inner event. It is enacted through changes in how a person acts, speaks, chooses, relates, works, and inhabits the body.

When a mature life structure becomes insufficient, what reorganizes is not only a set of beliefs or meanings. The system of mediated activity through which the person has been living also changes. A role may remain, but it is inhabited differently. A practice may continue, but its organizing principle shifts. A relationship may persist, but the internal position from which the person participates in it is no longer the same. This developmental bridge keeps the model from becoming purely abstract. It links threshold reconfiguration to lived activity, embodiment, and social participation. The next section builds on these foundations to present the Age Architecture™ model itself.

4. The Age Architecture™ Model

4.1. Two Organizations of Adult Life

Age Architecture™ begins with a simple distinction: adult life may be organized through two different architectures. This distinction is not chronological. It does not mean that one belongs to early adulthood and the other to later life. Nor is it evaluative. The first organization is not immature, and the second is not automatically "higher." They are two ways of coordinating identity, activity, meaning, relationships, embodiment, and time.

The first organization may be called **external scaffolding**. Here, coherence is maintained through role, function, professional position, family responsibility, recognition, and social expectation. These coordinates are not superficial. They become internalized and answer the question "Who am I?" through a network of relations: parent, professional, member of an institution, bearer of responsibility, holder of reputation. Much of classical adult development takes place within this architecture: generativity, role consolidation, family and civic responsibility, work, contribution, and continuity. Its strength lies in structure. A person knows who they are because they know what they do and where they belong.

The second organization may be called an **internal axis**. Here, coherence is maintained less by external position and more by an inner organizing principle: values, embodied orientations, modes of attention, sensitivities, criteria of truthfulness, and characteristic forms of action. The person remains recognizable to themselves even when external circumstances change. Roles do not disappear. Work, family, and social participation may continue. What changes is the relationship to them. Roles are now inhabited from the internal axis rather than constituting the self.

The transition between these two organizations is the central concern of the model. It is not universal or obligatory. A person may live an entire adult life within the first organization without this being a failure. But when the transition does occur, it is not simply an incremental addition of "inner meaning" to an existing structure. The previous architecture loses its organizing power, and another form of coherence gradually becomes possible. This passage is what the present framework calls **personal metamorphosis**.

The distinction draws on existing resources, especially constructive-developmental accounts of subject-object shifts (Kegan, 1994) and existential-humanistic accounts of meaning, responsibility, and internally grounded selfhood (Frankl, 1959; Yalom, 1980). The contribution of Age Architecture™ is to treat these not as attitudes or life themes, but as architectural

configurations of adult life — and to describe the transition between them as a structured process.

4.2. The Seven-Phase Morphology of Transition

The transition between the two organizations does not occur as a single event. It unfolds through a morphology: a patterned sequence in which the prior architecture weakens, instability appears, and a new organization gradually forms. The seven phases proposed here are conceptual, not yet empirically validated. They describe a structural order, not a strict calendar. In actual lives, phases may overlap, return, or move unevenly.

The morphology applies to non-clinical adult transition. It does not replace clinical diagnosis. Rather, it offers a conceptual way to distinguish certain transitional processes from depressive, anxiety-related, or other clinical states that may require separate assessment.

Phase 1: Accumulation of Internal Tension

The first phase begins when the existing life structure still works externally but no longer fits the person's lived experience as easily as before. Roles continue. Responsibilities are met. From the outside, little may appear to have changed. Internally, however, discrepancy accumulates. Activities that once felt natural now require effort; rest restores less than expected; the person may feel a quiet mismatch between what a situation means socially and how it feels inwardly. In predictive-processing terms, the existing model still absorbs experience, but with increasing cost. At a conceptual level, this differs from depressive onset because vitality is not globally lost. The tension is specific: something in the life architecture no longer corresponds.

Phase 2: Depletion of the Prior Form

In the second phase, the prior architecture begins to lose organizing power. The person may still occupy the same roles, but their inner justification weakens. What once felt self-evident now has to be explained to oneself. Questions return: Why am I still doing this? What no longer works? What is missing, even though the structure remains intact? Markers may include role-specific fatigue, reduced anticipation of previously meaningful goals, sleep or bodily tension linked to particular routines, and repeated questioning of direction. This is not necessarily clinical exhaustion. The depletion is structural: it concerns the form through which life has been organized, not vitality as a whole.

Phase 3: Destabilization

The third phase is marked by loss of automatic coherence. The person can no longer inhabit old self-descriptions without contradiction. There may be inner noise, alternating clarity and disorientation, heightened sensitivity to false alignment, and reduced tolerance for maintaining forms that no longer fit. The destabilization concerns the architecture of life rather than general self-regulation. Basic functioning may remain intact, but the inner coordination between role, meaning, body, and action becomes unreliable.

Phase 4: Threshold Passage

This is the most condensed phase. The prior architecture no longer organizes the person's life, but the new one is not yet available. The person is not simply between decisions; they are between organizing structures. Time may feel altered. The future no longer pulls in the old way, while the present becomes unusually dense. Previous self-descriptions lose authority.

New questions appear, but not yet a new form. Conceptually, this differs from depressive absence because orientation is not gone; it is present as readiness before it can be clearly named.

Phase 5: Liminal Reorganization

In the fifth phase, new organizing principles begin to appear, first in fragments. A preference returns. A sensitivity becomes reliable. A bodily sense of ease or resistance begins to guide decisions before the person can fully explain it. Some activities are re-entered, but under different criteria. Others fall away. The person starts to recognize what is consistent with the emerging internal axis. This phase should not be confused with grandiosity or sudden reinvention. The signs are usually modest: small recognitions, repeated choices, a new vocabulary, a different standard of truthfulness.

Phase 6: Consolidation

In consolidation, the new organizing principles begin to function together. The internal axis is no longer a series of flashes or recognitions; it becomes a working structure. The person can again decide, act, and commit, but the basis of action has shifted. Some previous roles may continue, yet they are inhabited differently. Markers include restored capacity for sustained engagement, less need for external confirmation, affective states marked more by congruence than intensity, and bodily regulation in activities aligned with the new architecture. This is not a defensive return to the old form. It is continuity after reorganization.

Phase 7: Stabilization of the New Architecture

The final phase is the stabilization of the second organization as a durable way of living. The person experiences continuity across changing contexts because the internal axis remains coherent. External disruption becomes less threatening to identity, and generativity returns in reorganized form. Work, relationships, and responsibility may continue, but they are now guided by a different organizing principle. The new architecture is stable, but not closed. It remains responsive to experience and capable of further development.

Three general properties follow from this morphology. First, the process is non-linear in time but ordered in structure. Second, it is normative but not universal: it describes one possible form of mature transition, not an obligatory stage of adulthood. Third, it is open to operationalization. The phases can be studied through interviews, longitudinal observation, somatic and cognitive markers, and comparison with clinical assessment where necessary.

Illustrative Vignettes

The following brief vignettes are not intended as clinical cases, diagnostic examples, or empirical evidence. They are schematic illustrations designed to clarify how the proposed morphology may appear in non-clinical adult life.

Vignette 1: The Executive

A 47-year-old senior manager in a large organization had maintained a successful career trajectory for over two decades. External indicators remained strong: recognition, responsibility, income, and institutional belonging. Internally, however, she began to notice a growing mismatch. Meetings that had once felt purposeful now required deliberate effort to enter. Sleep became irregular in ways linked specifically to work obligations rather than to general anxiety. She described a recurring sense of “doing the right things for the wrong reasons” — a formulation that resisted her own attempts to dismiss it as fatigue or ingratitude. Over the following eighteen months, her questioning shifted. She moved from asking how to manage her schedule more effectively to asking why her life remained organized around criteria she no longer recognized as her own. No clinical diagnosis was indicated. What she

described was not loss of function but loss of structural fit: the architecture through which she had organized meaning, time, and identity was no longer absorbing her experience. The transition she eventually underwent involved a reorganization of professional activity around different criteria — not withdrawal, but reorientation from a different internal position.

Vignette 2: The Academic

A 52-year-old researcher had built his professional identity around a clearly defined field, institutional recognition, and a stable network of collaborative relationships. Following a period of external success — promotion, publication, public visibility — he noticed what he described as “a kind of inner silence where there used to be direction.” Goals that had previously organized his energy no longer did so. He continued to work competently, but the work no longer held the same organizing function. Affect was not globally reduced; he remained engaged with family and certain creative activities. The depletion was role-specific and structural. Over time, and without a clear precipitating event, he began to reorganize his research activity around questions that had long remained peripheral — questions closer to what he called “what I actually find worth asking.” The transition was not dramatic. It was marked by repeated small recognitions: which conversations felt alive, which obligations felt hollow, which directions carried what he described as bodily ease rather than performed motivation. These recognitions gradually consolidated into a new orientation.

Table 1. Differential Features of Age Architecture™ Transition, Burnout, Major Depressive Episode, and Adjustment Disorder

Feature	Age Architecture™ Transition	Burnout	Major Depressive Episode	Adjustment Disorder
Primary locus	Life structure as a whole	Work role and demands	Neurobiological and psychological regulation	Identifiable external stressor
Onset pattern	Gradual accumulation; may appear sudden at threshold	Gradual depletion through chronic overload	Variable; may be gradual or acute	Within 3 months of stressor
Vitality	Role-specific depletion; global vitality partially preserved	Progressive exhaustion; reduced capacity across domains	Globally reduced; anhedonia prominent	Variable; often linked to stressor context
Questioning pattern	Structural: “Why is life organized this way?”	Functional: “How do I restore capacity?”	Often absent or ruminative self-criticism	Situational: “How do I cope with this change?”
Relationship to roles	Roles continue but lose inner justification	Roles feel overwhelming and depleting	Roles may feel meaningless globally	Roles disrupted by the specific stressor
Somatic markers	Role-specific tension; bodily mismatch before verbal articulation	Chronic fatigue, somatic complaints linked to workload	Sleep, appetite, psychomotor disturbance	Physical symptoms often linked to stressor
Affective tone	Alternating clarity and disorientation; grief-like loss of a life form	Emotional exhaustion, cynicism, detachment	Persistent low mood, loss of pleasure	Distress and/or emotional dysregulation

Feature	Age Architecture™ Transition	Burnout	Major Depressive Episode	Adjustment Disorder
Response to restoration	Restoration of old structure provides temporary relief at best	Responds to rest, boundary-setting, load reduction	Responds to clinical treatment	Responds as stressor resolves or is adapted to
Orientation to future	Future loses old pull; present becomes dense; readiness before naming	Future feels threatening or empty	Future feels hopeless	Future contingent on resolution of stressor
Clinical status	Non-clinical by definition; clinical screening required	Occupational phenomenon (ICD-11); not a mental disorder	Mental disorder requiring clinical assessment	Mental disorder requiring clinical assessment

Note. This table is conceptual and intended to support differential framing in practice. It does not replace clinical assessment. Age Architecture™ transition may co-occur with any of the above conditions; their presence does not exclude a concurrent structural reorganization process.

4.3. Somatic, Cognitive, and Affective Markers

The seven-phase morphology becomes useful only if it can be linked to observable signs. The markers proposed here are preliminary. They are not diagnostic criteria and should not be used to identify a phase in isolation. Their purpose is narrower: to show what kinds of evidence future research could examine when studying mature transition as a structured process.

Three marker groups are especially relevant.

Somatic markers concern the body as a register of transition. This is important because mature reorganization is not only cognitive. A person often senses the weakening of a life structure before they can explain it. In the cultural-historical tradition, embodiment is one of the ways psychological life is realized; in predictive processing, interoceptive signals are central to the model of self (Seth, 2013). Within Age Architecture™, somatic markers may include role-specific fatigue, changes in recovery, sleep patterns linked to particular routines, bodily tension around previously familiar obligations, or a felt sense of ease and resistance that appears before explicit reasoning. The point is not that the body “knows” in a mystical sense. The point is more precise: the body may register a structural mismatch earlier than reflective language does.

Cognitive markers concern the organization of thought rather than the content of thought alone. During mature transition, people may not simply ask new questions; the structure of questioning changes. A person may move from optimization questions — “How can I do this better?” — to structural questions — “Why is my life still organized in this way?” Previously stable self-descriptions may begin to undergo repeated revision. The future may lose its old organizing pull, while the present becomes unusually dense. These patterns could be studied through interviews, longitudinal writing, or narrative analysis. What matters is not one isolated statement, but a repeated pattern of reformulation.

Affective markers require particular care because emotion is easily confused with clinical states. The model therefore treats affect structurally. Relevant signs may include fatigue or flatness tied to specific roles rather than to life as a whole; muted but stable feelings of recognition or rightness; alternation between clarity and disorientation; and grief-like response associated with the loss of a form of life rather than with a specific person or event. These

affective patterns do not prove transition. They indicate domains where transition may be observable.

Taken together, these markers form a preliminary map rather than an instrument. No single marker is decisive. A more useful approach would be to look for configurations across body, thought, affect, and activity. Future work may test whether such configurations correspond to the phases proposed in Section 4.2.

5. Methodological Implications and Possible Routes for Operationalization

The framework presented here is conceptual. It proposes a morphology of mature transition; it does not yet prove that this morphology appears in a stable or measurable form across populations. The next step is empirical. Several routes are possible.

5.1. Longitudinal Qualitative Investigation

The most direct route is longitudinal qualitative research with adults who report significant non-clinical transitions in mature life. Repeated interviews over months or years would allow researchers to follow how tension, depletion, instability, reorganization, and stabilization appear in personal narrative. Narrative identity research offers a useful precedent for this kind of work (McAdams & McLean, 2013). Age Architecture™ would add a structural lens: the material would be analyzed not only for themes, but for the form of transition. The challenge is time. Such transitions may unfold more slowly than typical research designs allow. Multi-site projects or links with existing longitudinal cohorts may help address this problem.

5.2. Experience Sampling Methods

A second route is the adaptation of experience sampling methods (ESM). Standard ESM protocols track affect, activity, and context in daily life (Csikszentmihalyi & Larson, 1987). For this framework, the focus would need to shift slightly: from mood alone to structural patterns. Researchers could track role-specific fatigue, congruence-based affect, bodily resistance, or context-dependent changes in meaning. This may help distinguish mature transition from more generalized clinical states, because the timing and context of markers often matter as much as their intensity.

5.3. Integration with Interoception and Embodied Cognition Research

A third route concerns interoception and embodied cognition. The somatic dimension of the model should be tested against existing instruments rather than treated as a metaphor. Measures such as the Multidimensional Assessment of Interoceptive Awareness (MAIA) may offer a starting point (Mehling et al., 2012). Such work could clarify whether the bodily markers described in the framework correspond to recognized patterns of body awareness, self-regulation, and interoceptive sensitivity.

5.4. Structured Interview and Clinical Differentiation

A fourth route is the development of structured interviews based on the seven-phase morphology. These interviews would have two aims. First, they could test whether the phases are recognizable in adult lives. Second, they could help distinguish normative transition from adjacent clinical states. This work should be done with clinical researchers and compared with established assessment tools. The purpose is not to replace diagnosis. It is to identify when a

person's difficulty may reflect structural reorganization, when it may reflect clinical distress, and when both may be present.

5.5. Methodological Considerations

Three cautions are necessary. First, the model is normative but not universal. Research should ask when the morphology appears, not assume that it appears in every adult life. Second, the model sits near the boundary between developmental and clinical inquiry; careful screening is therefore essential. Third, the categories proposed here must remain revisable. If empirical evidence shows that phases overlap differently, that markers cluster in unexpected ways, or that some concepts need to be abandoned, the framework should change. Its value lies not in being final, but in making a neglected region of adult development researchable.

6. Discussion

The framework proposed in this paper addresses a specific gap in adult developmental psychology: the lack of a non-pathological morphological model of mature transition. Its central claim is modest but important. Some adult transitions are not best understood only as crises, adaptations, or losses of function. In certain cases, what is taking place is a reorganization of the architecture through which a person holds selfhood, meaning, embodiment, activity, and time.

Age Architecture™ brings together several lines of thought that are usually kept apart. Constructive-developmental theory gives the model an architectural concern: the question of how the form of experience changes. Complex-systems approaches provide a language for threshold, instability, and emergent order. The cultural-historical tradition keeps the model grounded in mediated activity, embodiment, and social life. The result is not a replacement for existing theories, but an attempt to describe a region between them: mature transition as a structured, non-clinical process with its own internal logic.

6.1. Theoretical Contribution

The main contribution of the framework is the articulation of a fourth conceptual space in adult developmental psychology: a space that is both **form-oriented** and **normative**. Stage and developmental task models are normative, but they mainly describe the content of adult challenges. Transformative and constructive-developmental theories move toward form, especially through meaning-making and subject-object relations, but they do not primarily map the morphology of transition itself. Nonlinear and complex-systems approaches describe form with considerable power, but in psychology they have been developed mostly in psychotherapy and clinical change.

Age Architecture™ occupies the point where these strands meet. It treats mature transition not only as a change in content — what a person values, believes, or does — but as a change in the organization that makes those values, beliefs, and actions coherent. The model also insists that instability does not automatically mean pathology. It may, in some cases, mark the beginning of reorganization.

A second contribution lies in the integration itself. Dissipative structures theory, predictive processing, punctuated equilibrium, and cultural-historical psychology are not collapsed into one another. Each contributes a different layer: systemic logic, neurobiological analogy, temporal pattern, and developmental grounding in activity and mediation. The framework asks each source to do only its own work. That is what keeps the model from becoming a loose metaphor.

6.2. Cultural Resonance

The morphology described in this paper also resonates, in formal terms, with cultural traditions in which stability is not organized around fixed location, but around continuity of orientation through movement. The pastoral and nomadic traditions of the Eurasian steppe, including the Scythian-Saka cultural complex of the first millennium BCE, developed forms of life in which coherence was maintained through patterned movement rather than territorial fixity (Beckwith, 2009; Frachetti, 2012).

This connection is strictly analogical. The framework is not derived from these traditions, and it does not claim ethnographic or historical authority over them. What matters here is the formal resonance. A life can be stable not because it stays in one place, but because it carries an organizing principle through change. In the same way, the second organization of adult life described in this paper is not a withdrawal from the world, but a different way of remaining coherent within movement.

This cultural resonance is therefore mentioned as context, not as evidence. It widens the imagination of what stability can mean. It also reminds us that many modern developmental theories still carry sedentary assumptions: stability as settlement, identity as fixed position, maturity as consolidation. Age Architecture™ proposes another possibility: stability through reorganization.

6.3. Implications for Practice

For counseling, coaching, and developmental support practices, the practical implication is framing. A mature transition may be misread as only crisis, burnout, or decline. Sometimes that reading is correct, and clinical assessment must never be bypassed. But sometimes the person is not simply failing to maintain an old structure. The old structure may have exhausted its organizing capacity.

This distinction matters. If the problem is exhaustion, restoration may be appropriate. If the problem is structural depletion, restoration alone may return the person to a form that no longer works. The task then becomes different: to support the passage through uncertainty without prematurely pathologizing it, while remaining attentive to genuine clinical risk.

The marker framework may help here. Somatic signs, changes in questioning, shifts in affect, and altered relations to role and time can all provide clues. None of them is decisive alone. But together they may help practitioners distinguish ordinary stress, clinical distress, and a deeper process of reorganization. This does not replace clinical attention. It sharpens it.

Ethically, the framework should be applied with attention to gender, socioeconomic position, cultural context, and access to support. A transition that appears as personal reorganization in one context may be constrained by caregiving duties, financial dependence, institutional inequality, or cultural expectations in another. Practitioners should therefore avoid using the model to romanticize instability or to encourage premature life disruption. Its value lies in careful framing: supporting reflection and differentiation while respecting practical limits, relational responsibilities, and the need for clinical referral when distress exceeds a developmental frame.

6.4. Limitations

Several limitations must be stated clearly. First, the model is conceptual rather than empirical. The phases and markers have been theoretically derived and have not yet been validated through systematic observation. Second, the framework is bounded. It addresses non-clinical

mature transition and does not claim to explain transitions occurring within significant psychopathology, where other frameworks and diagnostic tools are necessary.

Third, the model is culturally situated. Although it is presented at a general level, the way mature transition is recognized, named, supported, or suppressed will vary across cultural and historical contexts. Research on identity development and emerging adulthood has demonstrated that the form and timing of transitions differ substantially across social class, cultural background, and institutional context (Arnett, 2016; Schwartz et al., 2013). Its generalizability is therefore an empirical question, not an assumption.

Fourth, the framework does not establish prevalence. It does not tell us whether this morphology is common, rare, or linked to particular social, professional, gendered, or life-course conditions. Fifth, the differentiation between transition and adjacent clinical states remains conceptual. Future research must test these distinctions against established clinical assessment tools and real longitudinal cases.

Finally, the term Age Architecture™ is used in this article as the name of the proposed conceptual framework. The trademark notation is intended only to identify the author's framework and does not imply that the term has been empirically validated, institutionally endorsed, or established as a diagnostic category. Future scholarly use of the concept should distinguish between the intellectual property status of the term and the empirical status of the model.

6.5. Directions for Future Work

Future work should begin with empirical investigation of the proposed morphology. Longitudinal qualitative studies, experience sampling, interoception research, and structured interviews all offer possible routes. The question is not simply whether adults report change, but whether the form of change follows recognizable patterns: accumulation, depletion, destabilization, threshold passage, liminal reorganization, consolidation, and stabilization.

Three broader directions also matter. The first is neuroscience, especially research on self-related processing, predictive processing, and interoceptive inference. These fields may help clarify how shifts in self-modeling and bodily registration accompany mature transition. The second is cross-cultural comparison: different societies may recognize or suppress different forms of adult reorganization. The third is the social context of extended adulthood. As work, family, longevity, and identity patterns change, more people may encounter transitions that classical developmental categories do not fully name.

Age Architecture™ is therefore best understood as a starting point. Its value lies in making a neglected region of adult development researchable: the region where instability may not be the end of coherence, but the beginning of another form.

7. Conclusion

This article has proposed Age Architecture™ as a conceptual framework for understanding certain mature transitions as normative morphological processes rather than solely as crises, adaptations, or signs of decline. Its central argument is that some transitions in adult life involve more than changes in content — roles, goals, meanings, or circumstances. They involve a reconfiguration of the underlying architecture through which selfhood, activity, embodiment, and meaning are organized.

By drawing on dissipative structures theory, predictive processing, punctuated equilibrium, and cultural-historical psychology, the framework identifies a form-oriented and non-pathological space that remains underdeveloped in the literature. The proposed seven-phase morphology,

from accumulation of internal tension to stabilization of a new architecture, offers a preliminary vocabulary for describing how such transitions may unfold.

The model remains conceptual and provisional. Its phases and markers require empirical investigation, refinement, and possible revision. Even so, the framework may contribute to adult developmental theory and practice by making mature transition more visible as a structured process — and by offering a language through which instability can be understood not only as disruption, but also, in some cases, as the beginning of reorganization.

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