

# AMBITENDENCY

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October 15, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *AMBITENDENCY*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=47874>

## AMBITENDENCY

**Primary Disciplinary Field(s):** Psychopathology, Clinical Psychology

### 1. Core Definition

**Ambitendency** is a complex psychopathological concept that describes a pronounced inner conflict manifesting as a tendency towards contradictory behavior. Fundamentally, it refers to the simultaneous presence of opposing motivational drives or attitudes concerning a single object, situation, or course of action, which subsequently prevents a clear and decisive motor response. Unlike general indecision, ambitendency is rooted deeply in the psychological structure, reflecting powerful, counteracting internal forces that neutralize the ability to initiate or complete volitional action. It embodies a struggle where the impulse to act in one manner is immediately and automatically countered by the impulse to act in the exact opposite manner, leading to a state of behavioral inertia or profound inconsistency.

In its most common usage, particularly outside strict clinical contexts, ambitendency is often employed to describe an individual's **mixed feelings** toward a specific situation or another person. However, within psychopathology, the term carries a much more specific connotation, often involving disturbances in the motor and conative spheres. The phenomenon is distinguished by a profound lack of finality in behavioral output, resulting from the clash of opposing attitudinal drives that are strong enough to impede effective functioning. This behavioral conflict ensures that actions remain perpetually unfinished or perpetually countered, highlighting a significant disruption in the executive functions necessary for goal-directed behavior.

### 2. Etymology and Historical Context

The term **ambitendency** is closely related to, yet distinct from, **ambivalence**, a concept popularized by Swiss psychiatrist Eugen Bleuler in the early 20th century, particularly in relation to schizophrenia. While ambivalence refers to the coexistence of contradictory feelings or ideas (e.g., love and hate) within the psychic realm, ambitendency specifically describes the external, behavioral manifestation of this internal conflict. The root "ambi-" signifies "both" or "on both sides," and "tendency" refers to the inclination or drive toward a particular action.

Historically, the concept emerged within the foundational studies of descriptive psychopathology, where clinicians sought precise terms to classify the observable deficits in patients suffering from severe mental illnesses, especially those affecting volition and motor control. Early researchers recognized that certain patients exhibited not merely a lack of movement (akinesia) or random movement (agitation), but rather a distinctive pattern of simultaneous, opposing impulses. The articulation of ambitendency helped differentiate this specific form of conative disturbance from

broader categories of ambivalence or motor retardation, providing a specialized term for the observable, physically perplexing state arising from internal psychic conflict.

### 3. Manifestations in Psychomotor Behavior

A critical aspect of the clinical definition of ambitendency focuses on its expression as a syndrome of **unfinished motor reactions**. This manifestation occurs when an individual attempts to execute a deliberate behavior but is simultaneously held back by a counteracting impulse, resulting in incomplete, hesitant, or retracted movements. This pattern of behavior is often observed in states characterized by emotional numbness, emptiness, or severe withdrawal, representing a kind of psychomotor deceleration.

The observable characteristics of psychomotor ambitendency include:

**Motor Perplexity:** The individual appears motorically confused, exhibiting difficulty in selecting and committing to a single action. They may start a movement (e.g., reaching for a glass) only to pause, hesitate, and retract the hand, or initiate a step only to pull the foot back.

**Reluctant and Inconclusive Movements:** Actions are displayed as hesitant, tentative, or poorly executed. The movement lacks the smooth, decisive quality of intentional, goal-directed behavior. In the absence of clear deliberate motion, the body seems stuck between two opposing instructions, leading to a visible physical struggle.

**Psychomotor Deceleration:** While not identical to catatonic stupor, the constant neutralization of motor impulses results in a general slowing down of activity. Energy is expended in the internal conflict rather than in external action, contributing to a state where the individual appears paralyzed by choice.

This motor disturbance is fundamentally a failure of the will (volition), where the internal decision-making process is so compromised by contradictory drives that the motor system receives two conflicting commands--"Do X" and "Do Not X"--simultaneously, rendering effective action impossible.

### 4. Ambitendency, Ambivalence, and Ambiguity

It is crucial to differentiate **ambitendency** from its closely related cousins, ambivalence and ambiguity, particularly in academic discourse:

**Ambivalence:** This term, introduced by Bleuler, pertains primarily to the emotional and cognitive realms. It describes the simultaneous existence of opposing feelings (e.g., affect) or opposing thoughts (e.g., intellect) towards an object. Ambivalence is a psychic state.

**Ambitendency:** This term focuses specifically on the conative and motor realm. It describes the simultaneous existence of opposing drives or wills (tendencies) resulting in observable behavioral paralysis or contradictory action. Ambitendency is a behavioral state resulting from ambivalence of the will.

**Ambiguity:** This refers to uncertainty or lack of clarity in meaning or interpretation, primarily a linguistic or perceptual issue, rather than a conflict of internal psychological drives.

In the context of psychopathology, ambitendency is often seen as the final, observable outcome when ambivalence reaches the level of the will (conation). If a patient is ambivalent about leaving a chair (they want to stay, they want to go), the resulting ambitendency is the motor hesitation--the slight lift of the body followed by the immediate sinking back down, or the constant shifting without standing.

## 5. Clinical Association with Schizophrenia and Catatonia

Ambitendency is historically linked to the study of **schizophrenia**, particularly the symptom clusters related to catatonia and disturbances of the will. In descriptive psychiatry, catatonic symptoms involve profound abnormalities in motor behavior, ranging from immobility (stupor) to excessive, often purposeless, movement (excitement). Ambitendency fits into this spectrum by illustrating a specific quality of movement disturbance.

The psychomotor perplexity associated with ambitendency is a key feature differentiating certain forms of catatonia from simple motor slowing or depression. For instance, in **negativism**--another common catatonic symptom--the patient actively resists all attempts to be moved or instructed. Ambitendency, however, suggests a self-imposed conflict rather than resistance to an external force. The patient is not resisting the clinician; they are resisting their own opposing impulse. This internal conflict often contributes to the overall impression of bizarre, unpredictable, and fragmented behavior observed in severe psychotic episodes.

## 6. Jungian Interpretation

In the depth psychology tradition, specifically within the framework developed by Carl Jung, ambitendency is discussed in relation to **clairvoyant ambivalency**. Jungian theory emphasizes the existence of compensating, counteractive habits within the unconscious that continuously seek expression. When these habitual drives are consciously perceived or brought into proximity, they create a psychic tension that manifests as ambivalency.

Jung viewed the persistence of these counteractive habits as generating a state of conflict that is not merely emotional but deeply influential on the direction of the ego and its projected actions. The clairvoyant nature suggests that the underlying conflict is sensed or anticipated before it fully

manifests, contributing to the feeling of being perpetually drawn in opposite directions. For Jung, understanding ambitendency required analyzing the specific counteractive habits--often unconscious complexes or archetypal drives--that were undermining the individual's conscious goals and leading to behavioral impasse.

## 7. Significance and Impact

The concept of ambitendency remains highly significant in descriptive psychopathology because it forces clinicians to look beyond simple diagnoses of indecision or motor retardation. It provides a specific lens for understanding the intricate relationship between thought, emotion, and observable action. Recognizing ambitendency helps in distinguishing primary volitional disorders from secondary effects of mood or anxiety.

Furthermore, in a broader psychological context, the study of ambitendency illuminates how profound internal conflicts--whether stemming from moral dilemmas, contradictory relational needs, or opposing goals--can physically paralyze an individual, demonstrating the powerful psychosomatic link inherent in human behavior. It underscores that the failure to act decisively is not always due to a lack of motivation, but frequently due to the presence of **too many, equally powerful, conflicting motivations**.

## 8. Further Reading

[Eugen Bleuler and the Concept of Ambivalence \(Wikipedia\)](#)

[Catatonia and Motor Disturbances in Schizophrenia \(Wikipedia\)](#)

[Psychology Dictionary: Ambitendency \(Source Reference\)](#)

[Studies in Psychopathology: The Concept of Volition and Tendency \(Academic Reference\)](#)