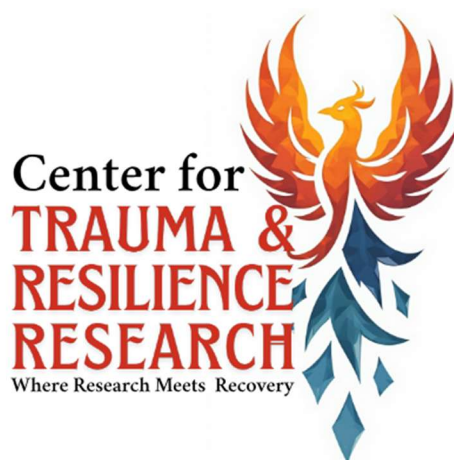


Understanding and Transforming Resentment

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Abstract

Resentment is a complex emotion often emerging from perceived injustice, unmet expectations, or relational wounds. While commonly experienced, unresolved resentment can deteriorate mental health, disrupt therapeutic alliances, and impede emotional healing. This paper explores resentment from a clinical and interdisciplinary perspective, examining its psychological underpinnings, neurological components, and sociocultural dimensions. Strategies for emotional regulation, including emotion-focused, cognitive-behavioral, and compassion-based interventions, are evaluated. A clinical framework is proposed for identifying, processing, and transforming resentment into adaptive coping, self-awareness, and relational growth.

Keywords: resentment, emotional regulation, psychotherapy, injustice, self-awareness, cognitive-behavioral therapy, compassion-focused therapy

Understanding and Transforming Resentment

Resentment is a multidimensional emotional state characterized by suppressed anger, chronic bitterness, and perceptions of unfairness or betrayal (Balcomb, 2021). Unlike acute anger, resentment is often more enduring and corrosive, affecting psychological and relational functioning. Clinically, it may emerge in clients as a response to interpersonal trauma, systemic injustice, or chronic invalidation (Benjamin, 2020). Left unaddressed, resentment may evolve into depressive symptoms, rumination, or maladaptive behaviors (Orem, 2021). This paper explores how resentment is conceptualized and treated within clinical settings, how it can be identified and regulated through therapy, and how integrated biopsychosocial approaches support healing.

Conceptualizing Resentment Clinically

From a psychodynamic lens, resentment may represent repressed rage or unexpressed needs that conflict with internalized moral standards (Ciulla, 2020). Cognitive-behavioral frameworks interpret resentment as rooted in maladaptive thought patterns such as entitlement, injustice schemas, and catastrophic interpretations (Enoch & Spectre, 2021). Emotion-focused therapy (EFT) views resentment as a secondary emotion masking core primary emotions like shame, fear, or abandonment (Abbott et al., 2021). Neuroscientific studies suggest activation of the anterior insula and prefrontal cortex during moral outrage and perceived inequity, indicating neurocognitive involvement in resentment-related processing (Babic & Johnson King, 2025).

Clinical Presentation and Psychological Impact

In psychotherapy, resentment may manifest as resistance, withdrawal, or blame directed at others or the self. Clients often struggle to identify resentment explicitly, presenting instead with affective symptoms like depression, somatic complaints, or relationship conflict (Gheaus,

2021). Resentment may underlie experiences of betrayal trauma, caregiver fatigue, or systemic oppression (Burhan & Malik, 2025). Unresolved resentment can hinder therapeutic alliance by diminishing trust or reducing engagement. In couples therapy, resentment correlates with emotional cutoff, stonewalling, and passive-aggressive communication (Abbott et al., 2021).

Emotion Regulation and Therapeutic Interventions

Emotion regulation strategies for resentment include labeling the emotion accurately, processing underlying unmet needs, and reframing core beliefs. Cognitive-behavioral therapy (CBT) addresses distorted thinking and cognitive entrenchment fueling resentment (Ke & Barlas, 2020). Compassion-focused therapy (CFT) fosters self-compassion, reducing shame and enhancing prosocial motivation, which can counteract resentment's isolating effects (Gilbert, 2010). Emotion-focused interventions guide clients to access and transform primary emotions beneath the resentment, facilitating release and healing (Abbott et al., 2021).

Sociocultural and Systemic Dimensions

Resentment is not only intrapsychic but also socially shaped. Experiences of racism, classism, and marginalization often breed collective resentment (Banda & Cassese, 2022; Davis & Wilson, 2023). Cultural contexts may either reinforce or stigmatize emotional expression, influencing how resentment is experienced and communicated (Balcomb, 2021). Recognizing these dimensions helps clinicians contextualize rather than pathologize client resentment. Group therapy and narrative therapy are effective modalities for addressing collective trauma and systemic resentment (Jacobs & Munis, 2023; Fernandez, 2023).

Integrating Biopsychosocial Perspectives

Transforming resentment requires an integrative framework that incorporates cognitive, emotional, social, and physiological domains. Mindfulness practices enhance interoceptive

awareness and reduce reactive arousal (Na'aman, 2021). Psychoeducation helps normalize the experience of resentment and distinguishes it from guilt, anger, or depression. Clinicians are encouraged to attune to their own countertransference, as unresolved personal resentment may shape therapeutic dynamics (Ciulla, 2020; Neckel, 2023).

Conclusion

Resentment is a multifaceted emotion with significant implications for emotional well-being and relational health. Understanding its origins, manifestations, and functions allows for more compassionate and effective therapeutic work. Through emotion regulation, cognitive restructuring, and relational repair, resentment can be transformed into insight, assertiveness, and growth. A comprehensive clinical response must integrate individual treatment with acknowledgment of systemic contributors, empowering clients to reclaim agency and reconnect with meaning.

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