



Effect of Shame and Guilt on Mental Health

Felipe Federor*

Department of Psychology, University of Barcelona, Barcelona, Spain

DESCRIPTION

Shame and guilt are likely to be important stepping stones in the rehabilitation process. Shame and guilt, which are sometimes referred to as "moral" emotions because of their alleged involvement in encouraging altruistic behaviour and discouraging antisocial behaviour, offer potentially interesting points of intervention with offenders. Here current psychology theory is explained which highlights crucial distinctions between shame and guilt. Recent research has looked into the implications of these moral emotions for criminal and risky behaviour, with a focus on a small number of studies involving actual offenders.

The distinction between conduct and self has been made by the Reintegrative Shaming Theory (RST). Disintegrative shame, often known as stigmatisation, is a term used in RST to describe behaviours and policies that focus on the person. The person is isolated and humiliated; forgiveness is withheld, and the purpose is to punish the person by instilling sentiments that are equivalent to shame. Instead of focusing on the individual, "reintegrative shaming" labels the crime as reckless, wrong, or terrible. The behaviour is criticised, but the individual is valued, reintegrated into society, and given the opportunity to make up for his or her wrongdoing. In reintegrative shaming, behaviour is expressly "uncoupled" from the self, with the goal of instilling emotions similar to "guilt," as defined by psychologists.

The assumption that shame is a deterrent to immoral or criminal activity is challenged by both RST and psychological theory. There appear to be two alternative methods to feel awful about one's failings and transgressions, one more adaptive than the other, whether one employs "shame and guilt" or "disintegrative shame and reintegrative shame."

There's a lot of evidence that shame and guilt are two separate feelings. It has been proposed in the field of forensic psychology that sentiments of shame and remorse about a crime have different implications for the offender's behaviour. The lack of independent, devoted measures of offence related guilt and shame, however, makes examination of this topic difficult. The goal of this study was to create and validate a preliminary measure of crime related shame and guilt. The offence related shame and guilt scale, as well as two other general measures of shame and guilt, were completed by 60 men in forensic psychiatric institutions.

Drug addicts commit crimes that are both related to and caused by their addiction. Treatment is the only remedy for criminal activity induced by addictive illness; punishment is less likely to correct such behaviour, according to the latter research. This viewpoint is supported by studies that indicate reduced criminal recidivism after addiction treatment.

CONCLUSION

In the frontal and temporal parts of the brain, guilt and shame share certain neural networks, but their patterns are very different. When your actions collide with your conscience, you feel guilty. When we believe we have harmed our reputation, shame is triggered.

In 1997, only approximately 40% of state and federal prisons provided on-site addiction treatment, despite the fact that many convicts had addictive illnesses and their crimes were committed while they were under the influence. In that year, only roughly a third of state offenders and one-fourth of federal inmates reported receiving drug or alcohol treatment.

Correspondence to: Felipe Federor, Department of Psychology, University of Barcelona, Barcelona, Spain, E-mail: Federor_Felipe@yahoo.com

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