

# Clinical Lesson: The Role of Perfectionism in Post-Concussion Syndrome and its Distinction from Residual Effects in Athletes

Short Communication

Volume 5 Issue 2- 2024

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## Article History

Received: July 31, 2024 Accepted: August 01, 2024 Published: August 02, 2024

## Introduction

Over the past three decades, my work as a clinical neuropsychologist has focused extensively on the long-term effects of concussions in athletes and the distinct condition known as Post-Concussion Syndrome (PCS). This clinical lesson aims to elucidate the differences between the residual damage observed in athletes with multiple concussions and the symptomatology of PCS, with a particular emphasis on the role of perfectionism in exacerbating PEM (Post-Exertional Malaise) and other PCS-related symptoms.

## Background: Concussion Effects in Athletes

In the 1980s, I conducted a study examining the residual effects of concussions on footballers and boxers. My research revealed that even a single concussion could result in delayed information processing and decreased memory performance, primarily in the visual domain. As the number of concussions increased, more severe neurological impairments were observed. These included:

- Parkinsonism: Manifesting as tremors, rigidity, and bradykinesia.
- Speech Disorders: Clear articulation difficulties, commonly referred to as slurred speech.
- Cognitive Impairments: Notable problems with planning, significant delays in processing, and memory-concentration weaknesses.
- Dementia: In severe cases, a specific form of dementia characterized by predominant parkinsonism.

These findings underscored the pure residual damage that accumulative brain trauma can inflict on athletes, presenting a stark contrast to PCS.

## Post-Concussion Syndrome (PCS): A Different Paradigm

PCS is fundamentally different from the residual damage seen in athletes. While athletes with multiple concussions exhibit clear neurological deterioration, individuals with PCS often present with symptoms heavily influenced by emotional variables. The primary

complaint among PCS patients is PEM, a debilitating fatigue triggered by physical or cognitive exertion, rather than the parkinsonism expected from their concussion history.

## Characteristics of PCS Patients

PCS patients often share certain psychological traits, including a high drive, a strong sense of responsibility, and a tendency towards perfectionism. Over 32 years of full-time clinical practice, during which I have treated thousands of PCS patients, these characteristics have been consistently observed. Unlike the athletes studied, PCS patients are typically not relaxed but exhibit a heightened sensitivity to minimal residual symptoms, which drives them into a reactive process.

## Perfectionism: Definition and Dynamics

Perfectionism in PCS patients is a critical factor exacerbating their condition. It is defined not merely by the pursuit of high standards but by an underlying complex of fear and shame. This combination fuels the perfectionistic behavior observed in PCS patients. Key aspects of perfectionism include:

- Fear of Criticism: Perfectionists set high standards not for the sake of achievement but out of fear of others' reactions.
- Symptom Masking: High performance levels serve as a mask for deep-seated fears, particularly the fear of criticism and judgment.
- Psychological Burden: The internal rule for perfectionists can be summarized as "What do they think of me?", driving relentless self-criticism and anxiety.

## How Perfectionism Amplifies PEM Malaise

The interplay between perfectionism and PCS is profound. Perfectionists are highly reactive to even minor residual symptoms, interpreting them as significant failures. This reaction triggers a cascade of emotional responses, amplifying the sensation of PEM and other cognitive complaints. The constant fear and shame inherent in perfectionism keep PCS patients in a state of heightened arousal and stress, preventing recovery and perpetuating the cycle of malaise.



## Clinical Experience and Research

My extensive clinical experience, spanning over three decades, has provided me with a unique perspective on PCS. My work, which includes a doctoral dissertation on PCS, has involved treating thousands of patients and conducting research into the mechanisms driving their symptoms. This background has equipped me with the insights necessary to identify the critical role of perfectionism in PCS and to develop effective treatment strategies.

## A Revolutionary Approach to PCS Treatment

Given the deep-seated nature of the fear and shame driving perfectionism, traditional treatment methods, such as strict living regimes, have limited effectiveness. Instead, a revolutionary approach focusing on the treatment of shame and generalized anxiety has shown promise. This approach addresses the root psychological issues, leading to significant improvements in PCS symptoms. Key components of this treatment include:

- i. **Therapeutic Interventions:** Self compassion therapy and other psychotherapeutic techniques to address fear and shame.

- ii. **Relaxation Techniques:** Methods to reduce overall arousal and stress levels, crucial for managing PEM.
- iii. **Follow-Up and Support:** Regular follow-ups to ensure sustained improvements and provide ongoing support.

## Case Studies and Outcomes

Numerous case studies have demonstrated the effectiveness of this new treatment approach. Patients who undergo this therapy not only show immediate improvement but also maintain these gains over long-term follow-ups. The reduction in PEM and other cognitive complaints significantly enhances their quality of life.

## Conclusion

The distinction between the residual effects of concussions in athletes and PCS is profound, with the latter being heavily influenced by psychological factors such as perfectionism. Understanding and addressing these factors is crucial for effective PCS treatment. My extensive clinical experience and research have led to the development of a novel treatment approach that focuses on the root causes of PCS, offering hope for sustained recovery in patients.

