

Beyond Motor Control: The Cognitive and Affective shifts post Cerebellar Dysfunction

When we examine humanity, at its core, lies the brain. Many may ask how the brain works. How is it that one works, thinks, and functions? These answers to the unanswered questions are all within our brain, and how it connects to the rest of our body. When one specifically dives into the different functions and systems of the brain, there are millions of intricate and unsolved puzzles that Neuroscientists try to unravel each day. For many years, including the present ones, the cerebellum has been a deeply unanswered and underexplored part of the brain, with little research existing on its functions. Although past research suggested that the cerebellum was only involved in balance and coordination, recent research proposes otherwise, with the region being involved in a multitude of cognitive functions, including emotion regulation, motor control, and cognitive functioning. This essay will focus on how lesions to the cerebellum not only impair coordination but also result in distinct cognitive and affective syndromes, supporting the concept of the ‘Cerebellar Cognitive Affective Syndrome’(CCAS) as a key area of study in clinical neuropsychology. It will zoom in on how lesions in specific regions of the cerebellum affect motor function, create cognitive deficits, and affect emotion-regulating systems.

Throughout the years of Neuroscience, the cerebellum has been considered the center for motor coordination, balance, and sensorimotor control. For much of the 20th century, its function was mostly disregarded in systems such as emotion regulation and cognition, with people focusing on features and motor symptoms such as ataxia (a loss of full control of bodily movements), dysmetria (the inability to perform accurate and smooth movements) following

cerebellar lesions. However, this view began to shift with more and more research regarding neuroimaging and neuroanatomy, revealing strong connections between the cerebellum, the various lobes of the brain, and even limbic structures. The breakthrough began when neurologist Jeremy D. Schmahmann and neuropsychologist Janet C. Sherman (1998) published a study proposing the *Cerebellar Cognitive Affective Syndrome* (CCAS). Multiple different case studies identified a pattern in non-motor deficits, specifically with patients with isolated lesions on the cerebellum, including impairments in executive function (planning, working memory, abstract reasoning), visuospatial processing (the brain's ability to understand and interpret visual information about the location and relationships of objects in space), language, and emotional regulation (e.g., irritability) (e.g., Alexander et. al. 2012). Schaumann argued that these symptoms were not side effects of motor disability, but showed that the cerebellum is also connected to brain functions such as cognition and emotion. This shift in thinking about the cerebellum led to a redefinition of the cerebellum itself, giving it credit for its connection to cognitive and emotive function. Since Schaumann and Sherman developed CCAS, more and more evidence on the cerebellum and its function outside motor ability has been found, through brain imaging and different brain tissue studies, which have supported the original CCAS theory. As a result, CCAS has become a significant topic of study in modern neuroscience (Schmahmann & Sherman, 1998).

Research into cerebellar stroke has shown a strong connection between damage in specific regions of the cerebellum and motor dysfunction. Specific studies using brain imaging and behavioral testing reveal that motor symptoms such as ataxia and dysmetria correlate with lesions primarily located in the anterior (frontal) part of the cerebellar lobe. According to Stoodley et. al. (2016), “patients with the cerebellar motor syndrome, but not CCAS, had damage

to anterior cerebellar regions, extending into lobule VI, and included damage to the interpositus and dentate nuclei.” This quote helps one understand the effects of a lesion on a specific part of the cerebellum on the motor functions. Stoodley describes how the cerebellar motor syndrome is specific to damage in the anterior part of the cerebellum, meaning that deficiencies in motor function are not general effects of brain injury, but specific to the damage in the cerebellum's frontal parts. The involvement of deep cerebellar structures like the dentate and interpositus nuclei, which send signals to motor areas of the cerebral cortex, highlights how important these regions are for carrying out smooth and precise movements. What is especially important about these findings is that the patients with these motor symptoms (Cerebellar motor syndrome symptoms) did not show problems with thinking, memory, or emotion, or any cognitive function. Notably, these deficits occurred in patients who did not present with cognitive or affective impairments, emphasizing a functional dissociation between motor and non-motor areas within the cerebellum. Rather than supporting a broad neurological decline, these findings suggest the structure-function relationship within the cerebellum, in which anterior regions are dedicated to coordination, voluntary and smooth movement, posture, and balance. Therefore, these findings support the notion that the cerebellum as a whole is not only responsible for movement, as it has been found by studies such as the one conducted by Stoodley, that motor functions are directly connected to the frontal part of the cerebellum, showing that the various parts of the cerebellum may contribute to cognitive and emotional function, further supporting the idea of CCAS. This differentiation provides a useful framework for understanding how distinct cerebellar circuits contribute to separate areas of human behavior, and why anterior lesions produce motor syndromes while sparing cognitive integrity.

Beyond its well-established and researched role in motor coordination, the cerebellum has been increasingly recognized as a key component in supporting cognitive function. A growing body of neuropsychologists and neuroscientists examines different aspects of cognition, and what role the cerebellum plays in it, with evidence supporting its role becoming greater with each case study. Although the motor functions primarily rely on the anterior domain of the cerebellum, modern research suggests that damage to the cerebellum's posterior regions can impair non-motor functions and the performance range of cognitive abilities. We can see this when Reumers et al. (2025) present an analysis of this phenomenon, which works as a systematic review and a meta-analysis involving over 3000 patients with cerebral disorders. Participants throughout these studies either had focal cerebellar lesions, usually from stroke or surgery, or degenerative cerebellar conditions, such as ataxia. The cognitive results were measured through the use of standard neuropsychological tests covering systems such as language, processing speed, executive function, memory, and social orientation. Reumers and others statistically compared patient scores with formerly suggested neural conditions with those of healthy control groups, allowing them to identify various patterns of cognitive impairments associated with cerebellar damage. Their findings show a widespread correlation between lesions in the cerebellum and cognitive impairments, specifically finding damage in processing speed, language, and social cognition. We see this when the authors explain, "Patients with cerebellar disorders performed significantly worse compared to control or reference groups on all cognitive domains. The deficits were most pronounced in the domains of processing speed, language (particularly word generation), and social cognition (especially theory of mind)." These results represent and build upon the initially mentioned original concept of CCAS, showing that neural injuries specifically regarding the cerebellum do not merely impede core motor and linguistic

functions, but can also damage the ability to understand social cues and processing fluency, areas that are usually not associated with cortical (outer layer of the cerebellum) function. Particularly, the finding that verbal systems, such as word generation, are affected by cerebellar lesions indicates that the cerebellum could be a part of the cortico-cerebellar language network. Such cognitive impairments are not necessarily distributed between everyone with cerebellar disorders, but are highlighted with patients with degenerative diseases (where the disease worsens and deteriorates over time) compared to ones with focal lesions (specific, localized areas of damage or abnormality within an organ or tissue), likely due to the ability of degenerative conditions to cause widespread and long-lasting damage to both sides of the cerebellum. As neuroscientists understand, the strong connection between the cerebellum and association areas within the frontal and parietal lobes helps us understand why even small disruptions to the area can produce measurable deficits in various functions such as attention, planning, language retrieval, and abstract thinking. These ideas complement the idea that the cerebellum plays a crucial role in the regulation and fine-tuning of cognitive processing, further backing up the CCAS theory.

Finally, in addition to motor and cognitive impairments, cerebellar damage has also been shown to affect emotional regulation and social behavior, revealing an affective outreach of cerebellar function and cerebellar damage. In exploring emotional and behavioral consequences of cortical and cerebellar injury, Wolf, Rapoport, and Schweizer (2009) provide a detailed account of how emotional disturbance may occur in the absence of cognitive functions such as thinking or memory. They report that cerebellar patients with certain specific impairments show reduced emotional expression and control, inappropriate behavior, lack of self-control, and strong personality shifts, including being impulsive and being unable to ‘read the room’. Wolf,

Rapoport, and Schweizer explain, “difficulty modulating behavior and personality style was observed in 15 patients and characterized by flattened affect, disinhibition, and behavior described as ‘overfamiliarity, flamboyant and impulsive actions, and humorous but inappropriate and flippant comments.’ The behavioral symptoms were more pronounced in patients with lesions involving the vermis or paravermian regions.” This observation directly addresses lesions in the vermis or paravermian cerebellar regions, midline cerebellar regions, reinforcing these structures in molding emotional behavior, showing the cerebellum's role within these emotive systems. Importantly, again, these functions operate independently of cognitive and motor dysfunction, supporting the idea that the cerebellum's various structures work independently from each other, yet within the same entity. These findings strengthen the notion that cerebellar lesions, especially in midline regions, can significantly alter emotional behavior and social behavior, solidifying the Affective component of the Cerebellar Cognitive Affective Syndrome.

In conclusion, the functional side of the cerebellum stretches beyond the initially established motor coordination system, holding critical functions regarding both emotions and cognitive thinking. Lesions to the anterior part of the cerebellum are strongly associated with movement and motor deficiencies such as ataxia and dysmetria, confirming the initially developed idea that the cerebellum systems are responsible for motor coordination and motor function. However, beyond that, lesions on the posterior cerebellum, revealed through both neuroimaging and behavioral studies, lead to cognitive dysfunction and impairment, building upon the initial thought behind the cerebellum. These deficits can be measured through executive function, language, and processing speed deficiencies, further showing the cerebellum's significant role within cognitive systems. Furthermore, the affective disturbance (a condition characterized by significant disturbances in a person's emotional state) observed in patients with

midline cerebellar damage, such as disinhibition, flattened affect, and personality changes, highlights a certain emotional engagement within the cerebellum. Together, these three validate the concept of the Cerebellar Cognitive Affective Syndrome as an accurate and strong framework for future examination of these neural regions, emphasizing the fact that the cerebellum plays a clinical role not only in movement, but it the regulation of thought, emotion, and behavior. Recognizing the cerebellum's ability to control multiple systems and functions is crucial for future research and is essential now for diagnosis, rehabilitation, and, in general, the future of neuropsychology.

References

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