

“Louisville-PACH”: Psychiatric Problems of Performing Artists

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Abstract—In order to study the psychiatric problems of performing artists, we used a standard psychological instrument, the SCL-90, on the first 20 performing artists seeking treatment at the Louisville Performing Arts Center for Health (Louisville-PACH). The SCL-90s of the Louisville performing artists were compared with those of 87 New York artists previously studied by us. They were also compared with the SCL-90s of psychiatric outpatients who are not performing artists and with those of normal nonpatients. The results showed that despite the geographic difference, the spectrum of symptoms was the same for both groups of performing artists but distinct from the nonpatients and from the psychiatric outpatients in the general population. In addition, the performing artists subgroups (dancers, musicians and actors) who experience different types of stress also displayed a remarkably similar pattern of psychopathology. *Med Probl Perform Art* 5:19–22, 1990.

In 1981 the Performing Arts Center for Health (PACH), an organization concerned with the physical and emotional well-being of performing artists, was founded in New York. It was the first psychiatric clinic in the U.S. devoted exclusively to treatment of performing artists. Using the psychiatric services of PACH, and a standard psychological instrument, the SCL-90, we carried out a study of performing artists in New York in 1985. We found the following: (1) performing artists seeking psychotherapy scored lower in all SCL-90 categories than non-performing artist outpatients; (2) normals scored lower in all SCL-90 categories than performing artists seeking psychotherapy; and (3) there were no statistically significant differences in the symptomatology of the subgroups of performing artists (dancers, musicians, and actors) despite the differences in the kind of stress they experience.¹

In 1987 a Performing Arts Health Center was established in Louisville, Kentucky. A study was designed to evaluate a group of performing artists seeking psychiatric treatment at the Louisville-PACH Clinic with a new variable, geographic setting. Using the psychiatric services of Louisville-PACH and the SCL-90, we compared the symptomatology

of performing artists in Kentucky with those of New York artists. We also compared the symptomatology of performing artist psychiatric outpatients with those of the SCL-90 standard reference group of psychiatric outpatients in the general population as well as with those of nonpatients. Finally, we compared the performing artist subgroups—dancers, musicians and actors—that experience stress peculiar to their particular artistic discipline to confirm the finding in the New York study that there are no statistically significant differences in symptomatology.

PATIENTS AND METHODS

Twenty self-referred performing artists seeking psychiatric treatment agreed to participate in the study in exchange for reduced fees. There were 14 women and 6 men ranging from 15–41 years of age (mean = 28.3), with 50% younger than 30. Nineteen were white and 1 was nonwhite. They were dancers (n = 7), musicians (n = 7), and actors/actresses (n = 6).

Each patient completed a standard instrument, the SCL-90, and a questionnaire relating to employment, physical condition, diet, psychological states, use of health services, drug use, state of life, and sexual preference. The SCL-90 and the questionnaire were completed just prior to a clinical interview.

The SCL-90, the chief instrument of evaluation for this study, consists of a list of 90 symptoms. The patient indicates each symptom manifested within the week previous to the test by level of distress from “not at all” to “extremely.” Each symptom relates to one of nine categories of psychopathology: somatization, obsessive-compulsiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoia, and psychoticism. We scored the individual tests and calculated a statistical mean and a standard deviation for each of the categories: the higher the mean score, the more symptoms present.

In addition there are three global scores: the GSI (Global Symptom Index), the PST (Positive Symptom Total), and the PSD (Positive Symptom Distress Index). Of the global scores, the GSI is the most significant indicator of psychological distress.

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The SCL-90 scores of Louisville-PACH were compared with the SCL-90 scores of 87 New York-PACH (PACH-87) artists. They were also compared with the SCL-90 scores of a standard reference group of 973 nonpatients and of 1,002 psychiatric outpatients. The nonpatients came from a "stratified sample from a single county in one of our large eastern states."² The outpatient comparison was complicated by the fact that no standard deviations were given, only male and female means.³ Therefore, the Louisville-PACH statistical means had to be weighted to the same female/male ratio of 61/39 used in the outpatient group. Furthermore, the lack of standard deviations for the outpatient group precluded any testing for statistical significance.

In addition the performing artist subgroups (dancers, musicians, and actors/actresses) of Louisville-PACH were tested for statistically significant differences ($P < .05$) among themselves using analysis of variance (ANOVA) of the GSI scores and mean scores for each of the nine categories.

RESULTS

Comparison of the raw mean scores of Louisville-PACH and PACH-87 yields very similar results in all categories but one. Table 1 summarizes the raw mean SCL-90 scores, standard deviations, t -scores, and significant difference between the two groups. Figure 1, which plots the mean SCL-90 scores of each group, demonstrates the close correlation of the results for the two groups. Somatization is the only category showing a significant difference between the two groups, with Louisville-PACH significantly higher than PACH-87.

Table 2 summarizes raw mean SCL-90 scores, standard deviations, t -scores, and significant differences between Louisville-PACH and the normal nonpatients. Figure 2 shows the differences between mean scores. Louisville-PACH shows significantly higher scores (greater symptomatology) in all nine categories. The greatest difference between the two groups is in the category of depression, with nine of the PACH subjects scoring at or above the mean and eight

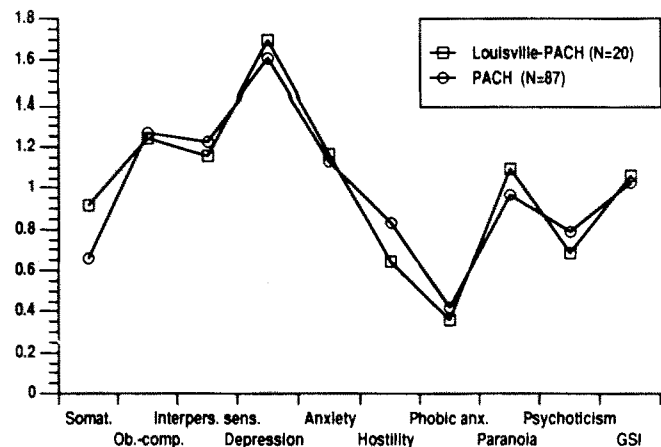


FIGURE 1. Comparison of raw scores of Louisville-PACH artists and PACH 87.

of those scoring well above the mean. The least amount of difference occurred for phobic anxiety.

Table 3 and Figure 3 show the comparison of Louisville-PACH with 1,002 psychiatric outpatients. In all categories but one (somatization), Louisville-PACH performing artists had lower mean scores than outpatients. The categories showing the greatest similarity between the two groups are somatization (Louisville-PACH mean = 0.89; outpatient mean = 0.87) and depression (Louisville-PACH mean = 1.73; outpatient mean = 1.79). The category showing the greatest mean difference between the two groups is hostility (Louisville-PACH mean = 0.65; outpatient mean = 1.10). GSI scores, which reflect the general level of distress, also were lower for Louisville-PACH (mean = 1.06) than for the outpatient group (mean = 1.26)

Among the dancers, musicians, and actors/actresses, the only significant differences were between the musicians and actors/actresses in the obsessive-compulsive and anxiety categories (Table 4). In every category but somatization the musicians showed more symptomatology (Fig. 4) than the other two groups. The actors/actresses showed the least symptomatology in all areas but phobic anxiety and psychoticism.

TABLE 1. Comparison of Louisville-PACH and PACH-87

Category	Louisville-PACH (N = 20)		PACH 87 (N = 87)		t	P
	Mean	SD	Mean	SD		
Somatization	0.92	0.55	0.66	0.51	2.03	< 0.05
Obsessive-compulsive	1.24	0.70	1.27	0.77	0.16	ns
Interpersonal sensitivity	1.16	0.63	1.23	0.80	0.37	ns
Depression	1.70	0.93	1.61	0.82	0.43	ns
Anxiety	1.17	0.65	1.13	0.72	0.23	ns
Hostility	0.64	0.46	0.83	0.66	1.22	ns
Phobic anxiety	0.36	0.42	0.42	0.54	0.47	ns
Paranoia	1.10	0.70	0.97	0.76	0.70	ns
Psychoticism	0.69	0.39	0.79	0.76	0.57	ns
GSI	1.06	0.47	1.03	0.57	0.22	ns

TABLE 2. Comparison of Louisville-PACH Artists and Normal Nonpatients

Category	Louisville-PACH (N = 20)		Nonpatients (N = 973)		t	P
	Mean	SD	Mean	SD		
Somatization	0.92	0.55	0.36	0.42	5.86	< 0.05
Obsessive-compulsive	1.24	0.70	0.39	0.45	8.25	< 0.05
Interpersonal sensitivity	1.16	0.63	0.29	0.39	9.46	< 0.05
Depression	1.70	0.93	0.36	0.44	13.33	< 0.05
Anxiety	1.17	0.65	0.30	0.37	10.21	< 0.05
Hostility	0.64	0.46	0.30	0.40	3.75	< 0.05
Phobic anxiety	0.36	0.42	0.13	0.31	3.26	< 0.05
Paranoia	1.10	0.70	0.34	0.44	7.54	< 0.05
Psychoticism	0.69	0.39	0.14	0.25	9.61	< 0.05
GSI	1.06	0.47	0.31	0.31	11.28	< 0.05

DISCUSSION

For the general population, the stresses of day-to-day living may lead to distress and a variety of symptoms. Performing artists have the additional stress of performance, which may result in greater and more varied symptomatology. In addition, personality traits that are associated with artistic endeavor may influence the manifestation of symptoms.

The SCL-90 serves to quantify symptoms. The raw mean scores and standard deviations for Louisville-PACH and PACH-87 are remarkably similar, closely paralleling each other in all categories but somatization. This means that these two groups of performing artists have a similar range and severity of symptoms despite regional difference.

Both the PACH-87 and Louisville-PACH groups displayed more somatization than did the psychiatric outpatient group or nonpatients. Perhaps artists are not aware of their feelings and tend to express their emotions indirectly through their art. In general, performers tend to speak in symbolic language, and psychological conflicts with symbolic meaning are often associated with somatization. The Louisville-PACH artists displayed more somatization than

any of the other groups, including PACH-87. At this time we are not able to ascertain the reason for the elevated score in this category in the Louisville-PACH group.

In comparison to normal nonpatients, Louisville-PACH showed significantly higher distress in every category of psychopathology measured by the SCL-90. Because the PACH performers came to the center for psychiatric treatment, they would be expected to show higher levels of psychological distress. On the other hand, compared with the 1,002 psychiatric outpatients, the PACH artists showed lower psychopathology in all categories but somatization. Typically, outpatients who utilize psychiatric clinics tend to have more disabling mental illness. However, performers suffering that degree of psychopathology would not be able to perform in their profession. Because patients who use PACH services currently must be performing artists, full-time arts students, or persons in career transition, they are not likely to be suffering from a severe, debilitating mental illness. The motivation and discipline required in the performing arts may reflect stronger ego assets in the artists studied than in the psychiatric outpatients. Furthermore, clinical experience has shown that artists approach therapy with the same strong motivation, discipline, hard work, and willingness to take direction that they apply to their art.⁴ Therefore, they tend to persevere in treatment.

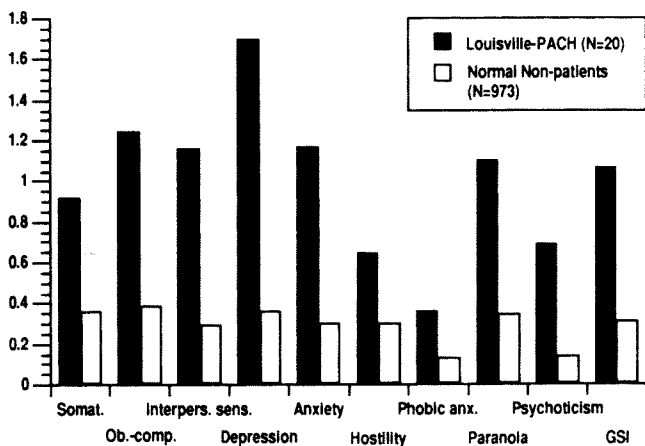


FIGURE 2. Comparison of Louisville-PACH artists and normal nonpatients.

TABLE 3. Comparison of Louisville-PACH Artists and Psychiatric Outpatients

Category	Louisville-PACH (N = 20) Mean	Outpatient (N = 1002) Mean
Somatization	0.89	0.87
Obsessive-compulsive	1.24	1.47
Interpersonal sensitivity	1.18	1.41
Depression	1.73	1.79
Anxiety	1.18	1.47
Hostility	0.65	1.10
Phobic anxiety	0.36	0.74
Paranoia	1.03	1.16
Psychoticism	0.70	0.94
GSI	1.06	1.26

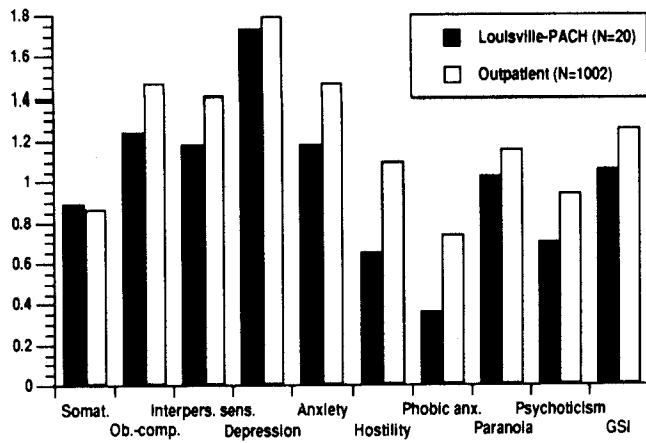


FIGURE 3. Comparison of Louisville-PACH artists and psychiatric outpatients.

Of the 20 artists who came for evaluation at Louisville-PACH, 95% completed the intake and 65% followed through with the recommended treatment. PACH-87 yielded similar figures, with 90% completing the intake and 50% continuing treatment. This is much higher than the roughly 65% of patients seeking evaluation at a psychiatric clinic who complete the intake.⁵ Again, this may be attributable to the motivation and self-discipline of performing artists.

Among the Louisville-PACH subgroups of performing artists—dancers, musicians, and actors—the only differences found were between musicians and actors. Musicians scored significantly higher in the obsessive-compulsive and anxiety categories. PACH-87 showed no significant differences among any of the groups. Because the sample number for the Louisville-PACH subgroups was small, the findings cannot be considered conclusive.

In this preliminary report, we have found the SCL-90 to be a useful instrument for quantifying symptomatology. There is, however, a fair amount of criticism of it. One group performed a rigorous factor analysis of responses to the SCL-90⁶ and found the test to be limited with respect to the differentiation of specific symptoms such as anxiety versus

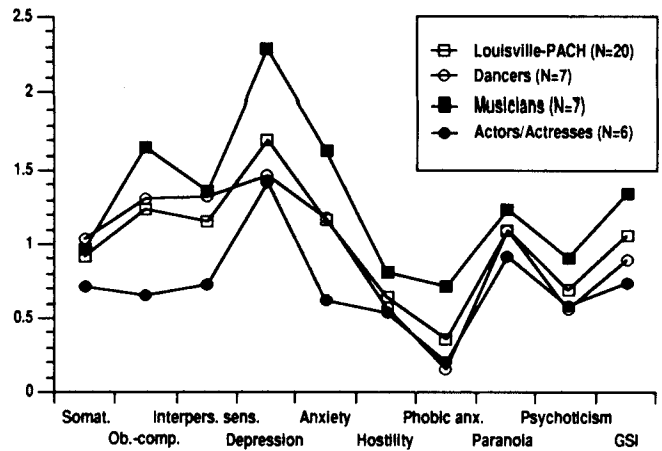


FIGURE 4. Comparison among raw scores of each of the Louisville-PACH performing groups.

depression. The global scores, however, are considered to be useful measures of psychopathology or psychological discomfort. In future studies with the use of other instruments, we intend to explore further common personality traits that may influence the manifestation of symptoms in performing artists.

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TABLE 4. Comparison of Raw Scores for Each of the Louisville-PACH Performing Groups

Category	Louisville-PACH (N = 20)		Dancers (N = 7)		Musicians (N = 7)		Actors (N = 6)		D vs. A Sig?	D vs. M Sig?	A vs. M Sig?
	Mean	SD	Mean	SD	Mean	SD	Mean	SD			
Somatization	0.92	0.55	1.04	0.62	0.96	0.51	0.72	0.46	no	no	no
Obsessive-compulsive	1.24	0.70	1.31	0.46	1.66	0.69	0.65	0.53	no	no	yes
Interpersonal sensitivity	1.16	0.63	1.32	0.58	1.36	0.59	0.73	0.53	no	no	no
Depression	1.70	0.93	1.47	0.71	2.29	0.69	1.42	1.09	no	no	no
Anxiety	1.17	0.65	1.18	0.56	1.63	0.50	0.62	0.49	no	no	yes
Hostility	0.64	0.46	0.57	0.44	0.81	0.51	0.53	0.37	no	no	no
Phobic anxiety	0.36	0.42	0.16	0.25	0.71	0.61	0.20	0.16	no	no	no
Paranoia	1.10	0.70	1.10	0.67	1.24	0.96	0.92	0.79	no	no	no
Psychoticism	0.69	0.39	0.56	0.27	0.90	0.43	0.58	0.34	no	no	no
GSI	1.06	0.47	0.89	0.50	1.34	0.34	0.74	0.46	no	no	no