

A Study of SCL-90 Scores of 87 Performing Artists Seeking Psychotherapy

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It is widely believed that performing artists have unique personality characteristics that set them apart from others. However, this clinical impression has not been substantiated by quantitative data.

For the past five years our group has been conducting a specialized psychiatric clinic for performing artists. Called the Performing Arts Center for Health (PACH), the clinic is located at Bellevue-NYU Medical Center. Psychiatric consultations, individual counseling, and psychotherapy are offered at a fee based on the patient's annual income.

This clinic provided a unique opportunity to compare the psychopathology of performing artists with that of other outpatients. To make this comparison, we administered a standard psychological instrument, the SCL-90, to a group of performing artists seeking psychiatric care.

Method

The patients considered in this study consisted of 87 performing artists who underwent psychiatric evaluation at PACH, hereafter designated the

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"PACH 87." The mean age of the patients was 27, with a range of 17 to 46. The number of females was 53 (61%) and the number of males was 34 (39%). Caucasians comprised 95% of the patients. Professional dancers comprised 39 of the patients (46%); there were 35 actors (40%) and 13 musicians (14%).

The patients seen at PACH are mostly self-referred and they learned of the existence of PACH through word of mouth. The therapists involved in PACH are psychiatrists, psychologists, and social workers at NYU-Bellevue who expressed a special interest in working with performers.

The SCL-90 evaluations were given to the patients to complete after their first evaluation appointment at PACH. Completed forms were returned to the therapist at the next evaluation appointment. It should be noted that 52% of the performing artists chose to continue treatment at PACH after their initial evaluations.

The SCL-90 evaluation consists of a listing of 90 symptoms to which the respondent indicates the severity with which the symptom has recently manifested itself. Each of the 90 symptoms is applied to one of 9 categories of psychopathology: somatization, obsessive-

compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. There are three global scores that can be derived from the results. The Global Symptom Index (GSI) will be the only one of the global scores considered here.

The data from the completed questionnaires were analyzed through utilization of a retail software program.¹ The raw score is based on the magnitude of severity reported by the respondent in each category. The T score is based on a comparison of the respondent's raw score with a mean score of a pool of normals of the same sex. The T score is useful in assigning statements of clinical relevance. A T score of 75 or above in the category of depression, for example, would translate into *severe clinical depression*, whereas a T score of 55 to 60 would be considered to be indicative of *mild depression*. T scores below 55 are taken as indications of lack of psychopathology.

Results

Table 1 reveals the mean raw scores and T scores for all 87 subjects in each SCL-90 category. The clinical assignment that is associated with the T score is also provided.

T tests of statistical significance were performed between the mean raw scores of the PACH 87 and the scores of 974 normal non-patients. The results of these tests can be found in Table 2. The data for the non-patient sample came from a "stratified random sample from a diversely comprised county in one of our large eastern states."² There is a significant difference between non-patients and the PACH 87 in every SCL-90 category.

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TABLE 1. Mean Scores for the 87 PACH Subjects

Category	Raw Score (Mean)	T Score (Mean)	Clinical Description
Somatization	.66	56.94	Mild somatization
Obsessive-compulsive	1.27	65.47	Significant obs-comp.
Interpersonal sensitivity	1.23	67.28	Significant int. sens.
Depression	1.61	70.10	Clinical depression
Anxiety	1.13	65.18	Significant anxiety
Hostility	.83	58.67	Mild hostility
Phobic anxiety	.42	57.00	Mild phobic anxiety
Paranoia	.97	62.18	Moderate paranoid ideation
Psychoticism	.79	66.63	Significant psychoticism
GSI	1.03	67.48	—

TABLE 2. Comparison of PACH Subjects and Normal Non-patients

Category	PACH (N=87)		Non-patients (N=974) ²		t	p
	Mean	SD	Mean	SD		
Somatization	.66	.51	.36	.42	6.23	<.001
Obsessive-compulsive	1.27	.77	.39	.45	16.28	<.001
Interpersonal sensitivity	1.23	.80	.29	.39	19.22	<.001
Depression	1.61	.82	.36	.44	23.17	<.001
Anxiety	1.13	.72	.30	.37	18.09	<.001
Hostility	.83	.66	.30	.40	11.90	<.001
Phobic anxiety	.42	.54	.13	.31	7.79	<.001
Paranoia	.97	.76	.34	.44	11.88	<.001
Psychoticism	.79	.76	.14	.25	18.09	<.001
GSI	1.03	.57	.31	.31	19.04	<.001

TABLE 3. Comparison of PACH Subjects and Psychiatric Outpatients

Category	PACH (N=87)		Out-Patient (N=1002) ²		t	p
	Mean	SD	Mean	SD		
Somatization	.66	.51	.87	.75	2.56	<.02
Obsessive-compulsive	1.27	.77	1.47	.91	1.99	<.05
Interpersonal sensitivity	1.23	.80	1.41	.89	1.82	<.1, >.05
Depression	1.61	.82	1.79	.94	1.73	<.1, >.05
Anxiety	1.13	.72	1.47	.88	3.50	<.001
Hostility	.83	.66	1.10	.93	2.61	<.01
Phobic anxiety	.42	.54	.74	.80	3.65	<.001
Paranoia	.97	.76	1.16	.92	1.88	<.1, >.05
Psychoticism	.79	.76	.94	.70	1.88	<.1, >.05
GSI	1.03	.57	1.26	.68	3.06	<.01

TABLE 4. Comparison Between Raw Scores of Each of the Three Fields

Category	Dancers (N=39)		Actors (N=35)		Musicians (N=13)		D vs. A		D vs. M		A vs. M	
	Mean	SD	Mean	SD	Mean	SD	t	p	t	p	t	p
Somatization	.72	.55	.61	.41	.64	.65	.94	ns	.41	ns	.20	ns
Obsessive-compulsive	1.25	.87	1.33	.72	1.17	.60	.43	ns	.31	ns	.71	ns
Interpersonal sensitivity	1.30	.90	1.26	.76	.92	.50	.21	ns	1.45	ns	1.50	ns
Depression	1.53	.88	1.73	.81	1.48	.67	1.02	ns	.19	ns	1.00	ns
Anxiety	1.06	.80	1.26	.70	1.01	.47	1.14	ns	.21	ns	1.18	ns
Hostility	.81	.82	.87	.52	.81	.43	.37	ns	.02	ns	.39	ns
Phobic anxiety	.53	.69	.32	.33	.35	.41	1.65	ns	.90	ns	.25	ns
Paranoia	1.05	.83	.94	.74	.82	.54	.57	ns	.91	ns	.54	ns
Psychoticism	.85	.93	.78	.57	.66	.61	.08	ns	.21	ns	.63	ns
GSI	1.00	.67	1.09	.50	.97	.41	.65	ns	.14	ns	.77	ns

A distinct psychology may be present in those who choose to perform regardless of the particular mode of expression chosen.

A comparison was performed between the scores of the PACH 87 with those of 1002 psychiatric outpatients. These outpatient scores were obtained from a study involving psychiatric evaluations at four treatment centers in other states.² Table 3 indicates that the other group of outpatients scored higher in all SCL-90 categories. This difference approached significance in the interpersonal sensitivity, depression, paranoia, and psychoticism categories, while being insignificant in all others.

Table 4 contains the results of comparisons between SCL-90 scores of the three groups of performing artists: dancers, actors, and musicians. There is no significant difference between the results for any of the three groups in any of the 10 SCL-90 categories.

Discussion

The PACH patients rated significantly higher than non-patients in all categories. The difference between the two groups was not unexpected. Any group that initiates psychotherapy would be expected to have symptomatology above that of the norm.

The lower scores of the PACH patients in all SCL-90 categories as compared with other outpatients cannot be overlooked. Most important is the difference in the GSI scores. The GSI represents the best indicator of the depth

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of psychopathology.² Performing artists may be an outpatient group with comparatively strong defenses. Their creativity and often rigorous training may be the basis of the relative intensification of ego strengths.

It was mentioned earlier that 52% of the artists who were evaluated at PACH continued treatment. This is another distinction of the PACH patients with respect to other outpatients. Other psychiatric outpatients have been noted to have a much lower rate of continuance of psychotherapy subsequent to initial evaluation. This divergence may represent a certain motivation that is necessary in any performing artist. Also, prospective patients may perceive an enhanced efficacy in a group of clinicians who express a special interest in working with artists.

The similarity between the SCL-90 profiles for the dancers, actors, and musicians is most striking. These per-

forming artists who sought therapy are exposed to different personal stresses and stresses unique to their fields. The dancer has to contend with constant orthopedic insult while the actor pounds the pavement in a search for the parts hundreds of others are trying for. Yet the symptomatology of patients in the three fields was remarkably similar while being distinct from that of psychiatric outpatients in general. This finding may offer indirect evidence of a "performing artist personality." A distinct psychology may be present in those who choose to perform regardless of the particular mode of expression chosen. The administration of the SCL-90 to performing artists who are not involved in psychotherapy would be useful in exploring this possibility.

The SCL-90 is a widely used instrument. There is, however, a fair amount of criticism of it. One group performed a rigorous factor analysis of responses to the SCL-90.³ The SCL-90 was found to be limited with respect to the differentiation of specific symptomatology, such as anxiety versus depression. The global scores, though, are considered to be very useful measures of psychopathology or psychological discomfort.

One paper reports a significant discordance between therapists' clinical assessment of patients and the ratings derived from SCL-90 results.⁴ The discordance was due to underreporting of

symptoms by patients in many cases. The underreporting was due to paranoia or fearfulness. This phenomenon was observed in one PACH patient who was quite troubled but whose SCL-90 revealed no symptomatology at all. Contrary to the usual practice, this patient completed the SCL-90 while waiting outside the therapist's door prior to the evaluation. Sensitivity to this situation is presumed to have led to the underreporting of this patient's symptoms.

The SCL-90 has been shown to be practical and useful in exploring the symptomatology of performing artists who seek psychotherapy. Perhaps more importantly, a pool of data has been established that can serve as a basis for further quantitative work concerning the psychology of the performing artist.

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