

## The Use of Art With Social Atoms in Substance Abuse Treatment Planning

Jean Campbell<sup>1</sup>

---

J. L. Moreno's social atom is an effective tool for use in treatment planning with substance-abusing clients. It allows the clinician to quickly assess the client's willingness to change and the support necessary for maintaining sobriety. By using art materials and by giving clients latitude in the symbols used, clinicians increase their freedom in accessing creativity, resulting in clients disclosing a more accurate picture of their emotional state, quality of relationships, and strength of sobriety. Actual case illustrations are used to show the treatment planning process, and composite social atoms are used to protect confidentiality.

---

**KEYWORDS:** Psychodrama; social atom; sociometry; art making; substance abuse; addiction; alcoholism; social atom and art making; treatment planning; recovery.

The network of people in contact with substance abusers, those they feel are important in their lives, can have a direct impact on their ability to achieve and maintain sobriety. The people, places, and things that are connected to the life of addiction can often trigger a relapse. Therefore, in order to achieve and maintain sobriety, a thorough examination of the addict's world will be helpful. Sociometry can be used to describe and understand the addict's complex network.

Sociometry in its basic sense can best be characterized as a collection of methods to investigate and evaluate networks of existing and preferred relationships and the study of interpersonal choices regarding criteria of interest to the therapist (Kumar and Treadwell, 1986). Moreno's (1947) most significant contribution in sociometry was the conceptualization and measurement of the social atom. "As originally defined by Moreno (1934, 1939), the social atom is the nucleus of

1 Director, Action Institute of California, P.O. Box 5055, Sherman Oaks, CA 91423. Correspondence should be addressed to [actioninstitute@mac.com](mailto:actioninstitute@mac.com). The author wishes to express her deep gratitude to Thomas Treadwell for his invaluable assistance in the preparation of this article and to Jean Peterson for her wisdom and teachings on the integration of art therapy and psychodrama.

all individuals towards whom a person is related in a significant manner constituting negative and positive emotional bonds" (Treadwell, Stein, and Leach, 1989). A review of the literature reveals a variety of ways to administer the social atom (Hale, 1981; Moreno, 1947; Treadwell and Collins, 1992a, 1992b; Treadwell, Kumar, Stein, and Prosnick, 1997; Treadwell et al., 1989).

For substance-abusing clients, many people in their social atom will be connected to substance abuse, whereas others are excluded or represented as distant (often called "civilians"), that is, not drinking or using drugs. One way addicts describe their social atom is by identifying who is part of their network and who is excluded. Furthermore, the basis of their choice, the *what*, is often very ambiguous and unclear, as are why and where these people fit or relate to the substance abuser (Hale, 1981). As the disease of addiction progresses, the addict's social network revolves more and more around substance abuse. Therefore, identifying the level to which those included in the social atom are people who are using drugs or drinking is a way to diagnose the stage of the client's illness.

The social atom instrument has been used by others; for example, Taylor (1977, 1984) and Buchanan (1984) have both cited the value of using the social atom to assist in the treatment planning process, and Peterson (1989) cited the value of using art materials in the process of creating the social atom. This article addresses the value of using art materials to allow more spontaneity and creativity on the part of the client and addresses how the social atom can be an asset in the treatment planning process with for substance abusers. Actual case illustrations are cited, and composite social atoms are used to protect confidentiality.

### DEVELOPING TREATMENT PLANS USING SOCIAL ATOMS

A treatment plan is meant to be completed with the client, but many clinicians create it by themselves, using standardized forms, and miss the opportunity to elicit valuable information directly from the client about what is to be addressed during treatment. Through the creation of the social atom, the client reveals the issues and relationships that need immediate attention, including the ones that are directly related to the success of sobriety. The following case illustrates the beginning of the treatment plan process.

A 32-year-old, single female client entered treatment for alcoholism and crystal methamphetamine addiction. She reported that she had been drinking since the age of 14 and that her drinking had become alcoholic in nature about five years ago, after the breakup of a long-term relationship. Moreover, her crystal methamphetamine addiction began approximately two years ago, when she became involved with a man who was making and dealing that substance. The client reported that her boyfriend had been arrested and jailed for dealing drugs, and being penniless and homeless, she contacted her family and asked them to pay for her treatment, which they were willing to do. Her initial social



FIGURE 1. A client's feeling of being trapped in the darkness of her addiction. This atom was created in colored marker. All images on the bottom of the original illustration are in black, whereas "Freedom" is in yellow; "Mom" and "Dad" in purple; "Mary," "Carol," and "Jen" in green; and the line with a heart connecting the top and bottom images is red.

atom (see figure 1), completed upon admission, reflected distance and loneliness in her social connections, which were a direct result of her addiction and her overconnection to her former boyfriend.

When processing the atom with the client, I chose to hold up her social atom for her to look at. This can offer the client a different perspective of the image, and often clients notice things they might not by just looking at the atom on a table. When she looked at it from a distance, she commented, "I didn't realize that everyone around me is in dark colors, including my disease, which is towering over my head. And when I notice how far away my family is from me on the page, I feel really sad." She also noticed that, despite a request to do so, she had "forgotten" to include her recovery on the page.

With this client, it would be suggested that her treatment planning include some of the basics of early recovery: building sober support, securing a sponsor in a 12-step fellowship, learning about addiction and codependency (because of her history of connection between relationships and active

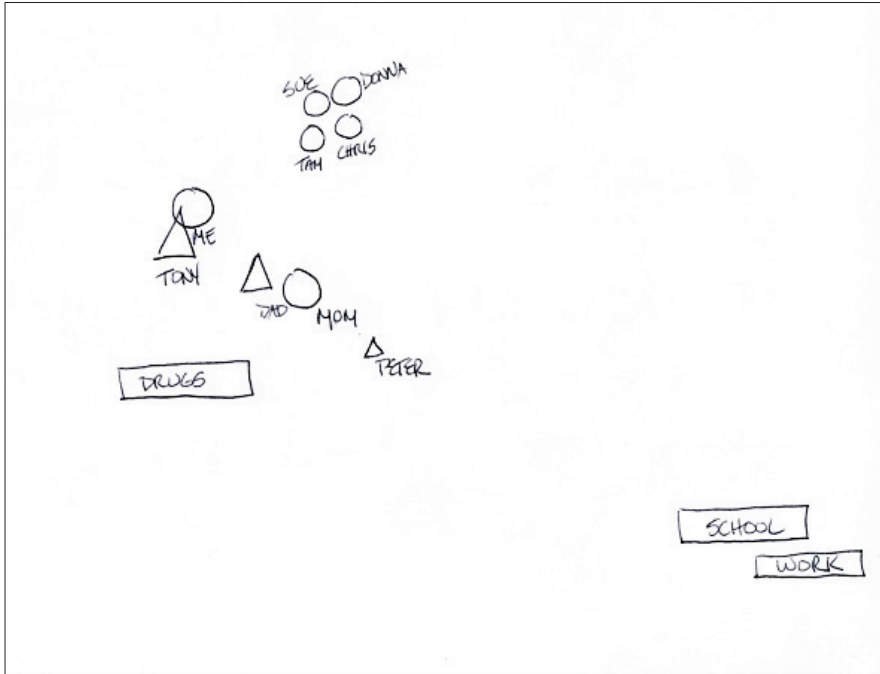


FIGURE 2. Traditional social atom. All images are drawn in black pen.

addiction), working through her ambivalence about sobriety, and including her family in the process.

In a co-creative approach to treatment planning, goals can be identified and established together. The clinician can bond with the client in this process, demonstrating that therapy can be a collaboration rather than merely a process of the therapist telling the client what to do. Furthermore, because the social atom can help the client have greater insight regarding her situation, it demonstrates that therapy is a two-way process. This is especially important in exploring what resources the client has in place to support her sobriety.

### THE MAKING OF THE SOCIAL ATOM

In a classic social atom (see figure 2), clients are given paper and pencil and, as Peterson (1989) states, they are instructed

to imagine that a piece of paper represents their “life space.” They are to place themselves somewhere in the center of their world and place around them all the persons whom they experience emotionally to be within their life

space, irrespective of geographical distance, death, or other physical factors. Persons whom they feel closer to should be placed closer to them on the page; those who are more important to them should be made graphically larger. Classically in sociometric procedure, females are indicated by circles; males by triangles. (pp. 330–331)

But as Peterson suggests, and as is explored in this article, “It facilitates further spontaneity-creativity and more information about the image maker to encourage the use of personally chosen symbols and colors to represent different figures” (1989, p. 331).

Peterson’s belief that clients may choose their own symbols for their atom is quite valid, because the classic symbols might feel too mathematical or linear and often don’t capture the gist of what the client is trying to represent. However, when working with addicts, it’s important to note that they often do not feel as though they are at the center of their own world, as their world has been ruled by addiction for months, years, or even decades. Therefore, the instruction that I give is that the clients place themselves somewhere on the page and include all the important people and things in their lives today. They may use the classic symbols of triangles for men, circles for women, and rectangles for things, and they may also include deceased people, indicating them through dotted lines in the symbol rather than solid ones. As in Peterson’s work, clients are also given permission to use art materials and nontraditional symbols to complete their atoms. In addition, even though art materials are being used, using words such as *draw* can be intimidating to clients; therefore, it is best to use language such as *create an image*.

The client is asked to label each item on the page (through names or initials), because people often forget who is who. This can also be helpful if you ask the client to complete another atom in the future, because it can allow her to note the different locations and shifts that have occurred in her relationships.

Peterson (1989) acknowledges that the social atom allows the client to explore “the network of important relationships” in his or her life (p. 330). For the addict, the relationship with her disease often has become the primary relationship, to the detriment of all others. Therefore, when working with substance abusers, I also request that they include both their disease and their recovery in the atom. When they do so, a clearer picture can emerge about their relationship with these two entities, which can include information that might directly influence some of the goals chosen in our treatment plan dialogue.

I also give clients permission to include as many manifestations of the disease as they want (e.g., eating disorder, sex addiction, gambling) and any co-occurring disorders (e.g., mood, anxiety, or personality disorders). Often, diagnostic information provided by the client may or may not be glossed over, yet this clinical information can be critical in treatment planning. Moreover, in

a standard series of intake questions, an emotionally guarded client may not reveal something simply because it wasn't asked directly. Because she is asked to include all the significant people and things in her life, she may reveal things in the atom that would not normally have been disclosed.

It is important that the instructions be descriptive enough that the client can complete the task but open-ended enough that she can have her own interpretation of it. The open-ended nature of the description often results in diagnostic information being revealed.

### DIAGNOSIS AND INTERPRETATION OF THE ATOM

The social atom is incredibly valuable as a diagnostic tool, and it can be highly beneficial if it is used as part of the intake process. A wealth of information can be gathered simultaneously through this one image.

When clients share their atom, Peterson (1989) suggests that the role of the therapist is to be a "guide and facilitator for the protagonist's . . . own intra-psychic or interpersonal exploration, a guide who encourages active exploration" (p. 323). That is why it is recommended to not interrogate or ask leading questions of the client but rather to ask open-ended questions about the content of the atom and about the client's process of completing it.

For example, rather than asking a leading question such as, "Why did you make your mother so small?" it might be better to ask, "Tell me more about the size and placement of your mother on the page." As Peterson (1989) points out, "Protagonists are less likely to feel defensive . . . [and] come to their own insights and self-interpretations" when they are given such latitude (p. 324).

Here are some helpful questions to ask clients, to allow clarification for both therapist and client:

- Who supports your recovery?
- Is there anyone you purposely did not include in your atom?
- Which relationships might most challenge your ability to stay sober?
- Who might need to be added on the page (e.g., sober friends, sponsor) who can help support your sobriety?

Most substance-abusing clients present with suspicion, so it's important not to appear to be diagnosing or analyzing them, which also suggests that the clinician must be careful not to make assumptions about what things mean in each client's atom. There are trends and patterns that can suggest certain things (five or fewer people on the page suggests that the client may be isolated and depressed; more than 15 people or things on the page may suggest that the client's life is too chaotic; people or things underneath the client may suggest that those things or people are supportive to the client [J. Peterson and D.

Grachek, personal communication, April 1997]), but it is important to invite the client to elaborate and help her determine her truth about who and what she has included on the page.

As indicated earlier, allowing the client to feel a sense of mastery and power when reviewing her social atom can help her feel that it is more of a collaborative process rather than feeling that the therapist is the expert. When clients describe their experiences and the choices they have made, being mindful of choice of words and tone of voice when inquiring can further that collaborative posture.

An important role for the clinician here is to pay attention to the choices the client has made in completing the atom. This applies not only to the size and placement of each person or thing on the page but also to the symbols (size and shape). In addition, it is equally important to consider the art medium chosen, patterns of colors (which may offer information about a sense of stuckness vs. fluidity in the client's life), and the colors used to represent significant others and objects in one's social atom. Some questions that clinician might ask himself or herself include: "What types of symbols does the client use for each disorder?" "Is each disorder or disease represented separately or as a cluster?" "Are there any patterns of colors, shapes, or sizes that the client included?" "Where did she place herself in relation to all the disorders?"

The following case example illustrates this process:

Joanne is a 41-year-old, recently divorced woman who has a long history of alcoholism and depression. In her first social atom, which was done in a residential treatment center, she was offered multiple media (crayons, colored markers, colored pencils, and charcoal). Her entire atom was completed in black charcoal, with all the figures appearing to be very dense (i.e., filled in, with no open spaces in them) and everything on the page appearing inordinately close to her, except her recovery. When we processed her atom, she spoke about feeling smothered by all the people in her life and by her addiction and depression. She agreed that her treatment plan would need to include finding a way to get some space for herself (i.e., learning to set boundaries), and to work through her ambivalence about recovery so that she could move closer to it. She was clear that she wanted more color on the page, but she didn't know how to acquire it.

This comment about the lack of color served as a metaphor for our work and translated into an exploration of how her depression darkens her outlook on life and how it often leads her back to drinking. When I asked her to identify an action that she would be willing to take to help shift this, she suggested that she notice two things a day that are colorful and keep a journal to share any thoughts or feelings about this experience. With time, she came to acknowledge the power she had to notice the positive (colorful) things in her life rather than

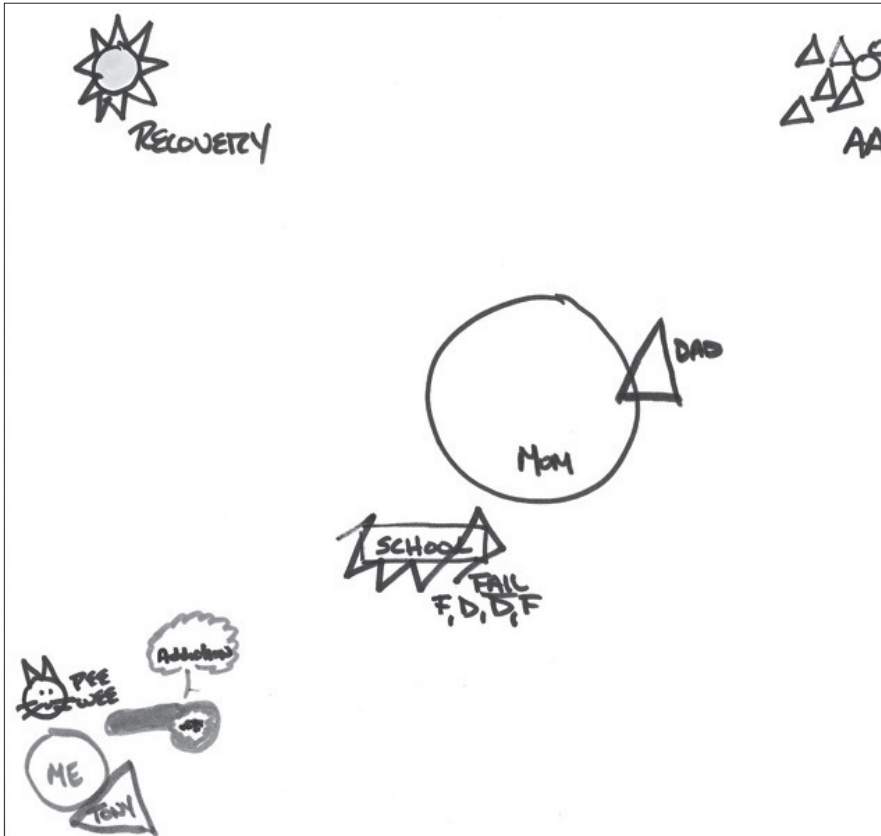


FIGURE 3. Social atom of a newly recovering addict with a low sense of self-esteem (notice where she has placed herself in the atom). This atom was created in marker. In the original illustration, all images are in black except that “Recovery” has a yellow center, “Me” is in pink, “Tony” is in blue, and “Addiction” is in green and black.

just the negative (dark) things in her life. As a result of including this in her treatment plan at her suggestion, she felt more empowered to effect self-change.

Placement and size of the disease and recovery can be vital in determining where clients are in their recovery process. People connected to addiction may also appear on the page, and this can provide critical information about what lifestyle shifts the client needs to make to support recovery or what might lead the client back to drinking or using if change is minimal. For example, when a client places people close to herself on the social atom who were substance abusers, and no sober people are placed closely, it can be helpful for the therapist to explore this configuration with the client and include a process of addressing this issue in the treatment plan.

In addition, noting where the client has placed herself on the page can further



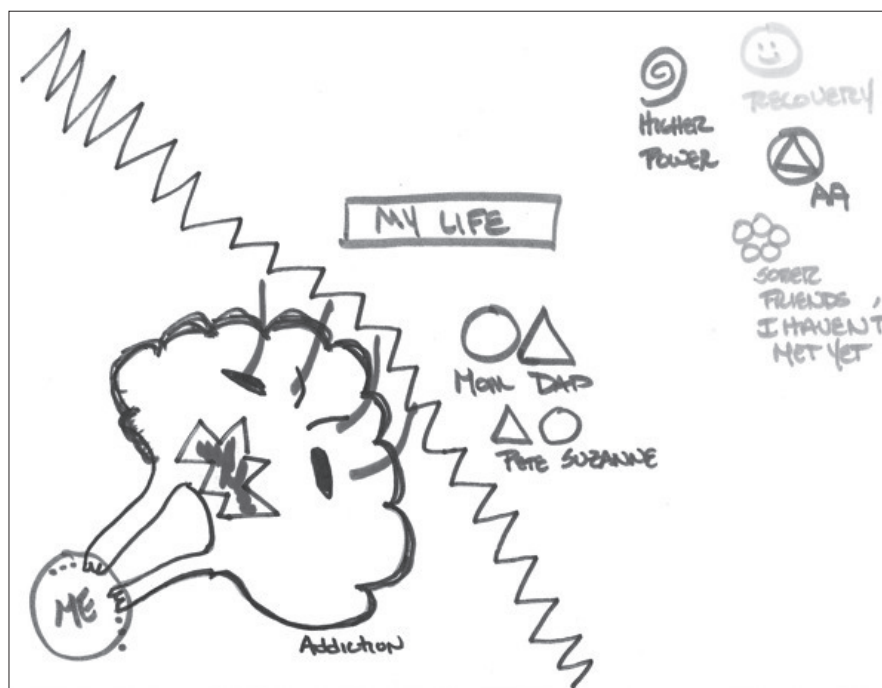


FIGURE 4. Social atom depicting the power of addiction and how it keeps a person trapped. This atom was created in marker. All original images are in black except the following: “Me” is in blue with red dots; “Addiction” is in black and red; “Mom,” “Dad,” “Pete,” and “Suzanne” are in dark blue; “Sober friends I haven’t met yet” is in light blue; “My Life” and “Higher Power” are in purple; “AA” is in green; and “Recovery” is in yellow.

assist in the treatment planning process. That placement, especially in reference to the people and things around her, can offer insight into the client’s sense of self-esteem and the nature of her relationships.

For example, figure 3 suggests that the client does not have a good sense of self and feels overpowered by her mother. This client’s treatment plan would certainly include education about codependency and setting boundaries. Because there are so few people in the social atom, the treatment plan might also include working toward developing a sober support system.

In figure 4, the client feels trapped behind the “monster” of addiction and feels overpowered by her disease and cut off from her life. In this client’s treatment plan, the focus will be on getting her sober and building connections to family and the positive things she’s indicated on her social atom. For example, she identified “Sober friends I haven’t met yet,” suggesting, in her case, that she is interested in connecting with others in Alcoholics Anonymous (AA). Although this might be a struggle, because there is great distance between her addiction and a healthier social network, the fact that this client included a number of positive things and

relationships on the page offers some hope and evidence of willingness to change.

Having the client include both disease and recovery in the social atom can offer vital information about the client's level of willingness to change. And because the social atom can serve as the genesis of a treatment plan, it can be helpful to notice where the most energy is on the page and how people and things are being represented. For example, if the majority of energy in the social atom is connected to the substance-using friends the client has had, then the client probably has a great deal of ambivalence about recovery. In order to achieve and maintain sobriety, she could benefit from making shifts in her social atom to include more sober people and move those substance-using friends to a more distant spot.

In licensed substance abuse treatment centers, treatment plans need to include measurable goals (e.g., making two recovery-related phone calls per day), and it can be more motivating for the client if these goals are realistic. When a client can have an experience of accomplishment by fulfilling goals established in the treatment plan, it can build self-esteem. Esteem-enhancing actions can breed more esteem, which can lead to more behaviors driven by self-esteem. The client can now be in a positive spiral of change rather than the detrimental cycle of addiction and shame.

### TEACHING POSITIVE AND REDUCING NEGATIVE ROLES

The many roles substance abusers have developed can maintain their lifestyle and kept their addiction alive. The negative or harmful roles can keep the client off-balance and connected to addiction. Therefore, the role of the therapist is to assist the client in identifying positive behaviors that one can try on or test out, with the idea of replacing the old role of "using" to the new role of "recovering." Accepting the challenge to do so represents a change in the client's behavior, and her willingness to do so can serve as a barometer to measure the success of sobriety. The new roles of truth-teller, clean and sober addict, AA fellow, and so on that might replace the roles of liar, active addict, isolator, and so on will need to be learned and nurtured for true change to occur. The social atom can inform both the client and the clinician about which roles are already in place, which roles might need to be let go of, and which roles can be acquired. It can also be helpful to have the client complete a social atom periodically during the therapeutic process so that both client and therapist can visibly see the shifts that are being made and reevaluate their future work together.

Many clinicians neglect to process the negative connections that might need to be severed, such as a drinking buddy or codependent girlfriend. Another often neglected issue is the negative repercussions the addict encounters during the change process. It is important to prepare the client for these repercussions

because many people will subtly—or not so subtly—undermine progress. Sometimes, despite outwardly being supportive of recovery, family members can also sabotage recovery by making unsupportive comments such as, “Why do you need to make those meetings all the time? You weren’t home for dinner when you were drinking, and now you’re still not home for dinner.” It can be important to remind the client that struggling with change is a lonely process, and it is extremely important to stay connected to a stable support system. By so doing, one might prevent a slip backwards into the familiar negative behaviors connected to addiction.

The bottom line is that clients’ negative roles are long-standing and difficult to change. When the therapist introduces change, it helps to do so in a collaborative manner in which both client and therapist discuss the possible obstacles. For example, the therapist and client can discuss openly the amount of time it is going to take to make small changes, the willingness that is needed to carry those changes out, and the new boundaries the client will need to develop during the change process. In addition, the therapist can help the client understand that not everyone is going to be supportive of the changes and that hurdles are part of the recovery process. This reinforces or assists the addict in knowing that she is not alone in moving forward in sobriety and that staying connected to sober support is crucial.

## CONCLUSION

It is important to not expect too much change too quickly for addicts; doing so might set up the client to fail, leading to relapse. Establishing specific, achievable goals is helpful. This is why it is even more important for the therapist to work with the client to continually reevaluate the treatment plan. Working collaboratively allows both client and therapist to know what changes the client is ready to make.

In brief, the social atom is an internal and external map of the client’s social, intellectual, occupational, and vocational relationships. Therefore, it is useful in supplying the therapist with information about the client’s family structure, addiction network, and healthy social network. It allows both therapist and client to work collaboratively in assessing strengths and weaknesses within the client’s network. By using the social atom upon intake, and especially by allowing the client’s spontaneity to emerge through the use of art materials and nontraditional symbols, the therapist and client can co-create a treatment plan that can establish measurable, achievable goals, motivating the client toward positive change and stronger recovery.

## REFERENCES

- Buchanan, D. R. (1984). Moreno's social atom: A diagnostic and treatment tool for exploring interpersonal relationships. *The Arts in Psychotherapy, 2*, 155–164.
- Hale, A. E. (1981). *Conducting clinical sociometric explorations: A manual for psychodramatists and sociometrists*. Roanoke, VA: Royal Publishing.
- Kumar, V. K., & Treadwell, T. (1986). Identifying a protagonist: Techniques and factors. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 38*(4), 155–164.
- Moreno, J. L. (1934). *Who shall survive? A new approach to the problem of human interrelations*. Washington, DC: Nervous and Mental Disease Publishing.
- Moreno, J. L. (1939). *Psychodramatic shock therapy: A sociometric approach to the problem of mental disorders*. Psychodrama Monograph No. 5. Beacon, NY: Beacon House.
- Moreno, J. L. (1947). Organization of the social atom. *Sociometry, 10*(3), 287–293.
- Peterson, J. (1989). The marriage of art therapy and psychodrama. In H. Wadeson, J. Durkin, & D. Perach (Eds.), *Advances in art therapy* (pp. 317–355). New York: Wiley.
- Taylor, J. A. (1977). *Investigative studies of the social atom*. Unpublished manuscript, Saint Elizabeth's Hospital, Washington, DC.
- Taylor, J. A. (1984). The diagnostic use of the social atom. *Journal of Group Psychotherapy, Psychodrama and Sociometry, 37*(2), 67–84.
- Treadwell, T., & Collins, L. (1992a). The Moreno Social Atom Test—R: Brief report. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 45*(3), 122–124.
- Treadwell, T., & Collins, L. (1992b). The Social Atom Test—Revised. *International Journal of Small Group Research, 5*(1), 65–88.
- Treadwell, T., Kumar, V. K., Stein, S. A., & Prosnick, K. (1997). Sociometry: Tools for research and practice. *The Journal for Specialists in Group Work, 22*(1), 52–65.
- Treadwell, T., Stein, S., & Leach, E. (1989). The Social Atom Test—Revised. *International Journal of Small Group Research, 5*(1), 47–63.