

Mark Renton: A Conceptualization

Past Student Paper Example

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Plot Summary

Trainspotting follows Mark Renton and his friends as they navigate heroin addiction and its trappings in Edinburgh, Scotland. The film begins with Mark detailing a methodical plot to wean himself off heroin; thus begins his journey through numerous periods of withdrawal, sobriety, maintenance, and recurrence, often cycling in lockstep with Sick Boy and Spud, his friends who also use heroin. In Mark's first bout of sobriety, he unwittingly begins a furtive relationship with Diane, a high schooler he meets at a club. Their relationship serves as the only window we have into Mark's romantic life. During a routine group bender, Dawn, the baby of another friend who is using dies of apparent neglect. The traumatic impact of this event plunges the group deeper into drug use.

Tommy, a friend of the group with no previous drug history, asks Mark to supply him with heroin, which Mark hesitantly does. A foiled shoplifting spree gets Mark and Spud arrested, resulting in Spud serving jail time and Mark escaping incarceration by agreeing to attend mandated drug rehab. Despite the rehab, which includes daily methadone administration, Mark's heroin use recurs once more, resulting in a near-fatal overdose. This event leads his parents to lock him inside his childhood bedroom, forcing him into cold-turkey sobriety. At the culmination of this withdrawal period, Mark tests negative for HIV and moves to England to start a new life away from his friends. Just as he is beginning to reach something close to contentment, his routine is upended when Begbie, a violent friend from his past, and Sick Boy show up at his apartment, reintroducing triggers for past behaviors.

During this time, the group learns that Tommy, who has since become addicted to heroin, has died of complications related to HIV. They return to Edinburgh for his funeral. While there, Sick Boy proposes Mark front money for a large-scale heroin deal he has in the works, and Begbie threatens Mark until he concedes. Mark's heroin use recurs once again when he tests the

batch of pre-sale drugs. The deal results in 16,000 pounds to be split between the friends. But after being reminded of his friends' volatile behavior, Mark decides to abscond with the money himself, leaving Spud with a small cut and vowing to begin a new, changed life (Polygram Filmed Entertainment 1996).

Identifying Information

The identified case for this conceptualization is Mark Renton, a White cisgender male in his mid-twenties living in Edinburgh, Scotland. He initially presents living with his parents, in a home that appears to be of the modest middle class. At first, Mark presents with no known source of employment but eventually finds a job in realty upon moving to England. His religious values are never clearly expressed, though he does invoke God's help in conquering his heroin addiction. The level of sincerity behind that statement reads as ambiguous, however.

Biological/Medical Factors

Conceptualizing from within the paradigm of addiction as disease, heroin dependence is Mark's most prominent medical affliction. According to Bettinardi-Angres and Angres, "the disease of chemical dependency can be traced to neural pathways in the brain predating a diagnosis of addiction. Typically, psychological and social influences drive the person to use the addicting substances, and the combination of genetic predisposition and these influences triggers the disease" (Bettinardi-Angres & Angres 2010). Caused by his dependence on heroin, Mark experiences numerous bouts of debilitating withdrawal effects, including nausea, change in bowel habits (sudden reprieve in constipation, resulting in one instance of near public defecation), increase in sex drive, sweat, chills, pain, and craving.

Strengths, Assets, Resources

Mark's internal resolve to quit heroin is quite striking. From the first moments he's presented, we're privy to his internal process detailing the reasons why he uses heroin—and also the robust arsenal of resources he's compiling in order to withstand the withdrawal that quitting will inflict. In these planning stages, he demonstrates possession of a clear, informed, and methodical mind, as well as an impressive sense of personal determination. He demonstrates this resolve by moving to England, away from everybody he knows, to begin a new life with a new career path. Self-starting seems native to Mark. When not using drugs to regulate emotional turmoil, he leans on close relationships to cope. While sober, he and Sick Boy share long dialogues about music, movies, and art. Their extensive shared knowledge base suggests appreciation for cultural analysis. Filtering feelings and thoughts through media and art seems to provide Mark some semblance of coping.

A catalogue of Mark's external resources includes a biological family whom, though maybe not always efficiently attuned, does provide a sense of stability and love, as well as food, shelter, and financial support. Also, though his engagement is short, and we don't know the exact efficacy of the services, Mark does have access to medication-assisted treatment at a rehabilitation center.

Many factors in Mark's life serve as both risks and protections, depending on the context. For example, his parents seem to help him meet his biological needs, but I'm left to wonder if their mis-attunement to his states of emotional distress might pose a barrier to deeper processing. Likely the largest risk factor in his life—his group of friends—serve as a support system for Mark as well. When abstaining from heroin on the same timeline as Sick Boy, Mark is held to a high standard of accountability. However, Sick Boy's drug deal is the catalyst for Mark's final use recurrence of the film. Another dual factor in Mark's life is his own resourcefulness. As

previously mentioned, he self-motivates to prepare a bunker-style withdrawal chamber for himself before his first attempt at sobriety. However, this resourcefulness also gains him access to drugs when they're hard to come by. His ingenuity allows him to master the arts of trading or swiping drugs from others, as well as photocopying and stealing prescription pads from doctors. Proximity to the streets of Edinburgh serves as a risk factor for Mark. He catalogues the laundry list of drugs available within the streets at all times if one just ventures out the door. Additionally, the people, places, and things of Edinburgh—such as his dealer, Swanney's, house, serve as triggering reminders of the highs of heroin when he's not using.

Presenting Problems

Observational analysis would lead me to unofficially diagnose Renton with substance use disorder of heroin. He's also shown smoking cigarettes and hashish, drinking alcohol, and using valium, along with a long list of other drugs, when heroin is unavailable (morphine, diamorphine, cyclizine, codeine, temazepam, nitrazepam, phenobarbitone, sodium amytal, dextropropoxyphene, methadone, nalbuphine, pethidine, pentazocine, buprenorphine, dextromoramide, chlormethiazole). However, heroin seems to be the substance that most often invokes DSM-V criteria for Mark, such as hazardous use, legal problems from use, and repeated attempts to quit/control use (Hasin et. al, 2013).

Within the throes of his recovery experience and cycles through the stages of change, Mark offers that the depression and boredom he feels on a regular basis are even worse than the agonizing pain of withdrawal. He describes passive suicidal ideation with no concrete plan or method: "You'll feel so low, you'll want to top yourself" (Polygram Filmed Entertainment 1996). A formal review of DSM-V major depressive diagnostic criteria yields inconclusive results. Based on observations throughout the film, we can attest that Mark experiences

depressed mood, sleep disturbance, a sense of worthlessness or guilt, suicidal ideation, and a loss of interest or pleasure in activities. However, the extent to which these are due to his dependence on heroin and active withdrawal symptoms is not fully known (SAMHSA 2016). I feel it would also be beneficial to continue screening Mark through treatment for symptoms of PTSD.

Persistent intravenous drug use, along with the deaths of Tommy and Dawn, certainly could qualify as traumatic experiences. Renton presents with some symptoms of the disorder, such as intrusive memories, avoidance of reminders of the trauma, self-blame, and a persistent negative emotional state. However, I would like to interview him more about arousal states and timeline of symptoms for a more holistic clinical picture (SAMHSA 2014). Monitoring for PTSD would be especially relevant in light of Mark's proclivity for depressive states, as researchers have noted comorbidity rates of depression and PTSD as high as 55% (Price & van Stolk-Cooke 2015).

Predisposing Factors and Developmental History

We aren't privy to the details of Mark's upbringing, but his current presentation allows us to construct a hypothetical framework that could explain his behaviors and worldviews. The window of Mark's life we observe throughout the movie is inundated with experiences of shame and guilt that manifest in a deepening sense of self-hatred. Mark is haunted by the deaths of Dawn and Tommy, believing he could have done more to save the former and that the latter is directly his fault. Mark expresses a sense of shame that he can't seem to kick heroin as easily as Sick Boy. He feels guilt for Spud's incarceration as he remains free. Mark also laments a more existential sense of guilt that he somehow avoided contracting HIV as a person who uses intravenous drugs in the middle of the AIDS epidemic.

As previously mentioned, Mark and his friends are firmly situated in a milieu of pop culture. Musical artists like Iggy Pop and Lou Reed are noted as largely influential, as well as James Bond movies. In one conversation between Mark and Sick Boy, we see an example of how the representation of Bond girls impacts what the group finds sexually appealing. We also can see how influential music and art are in Mark's life by the changes they catalyze. After a conversation with Diane about how all the old musical artists Mark loves are passe, he concedes that he needs something new, abruptly moving to England to begin his new life.

Mark espouses a chronic distaste for the culture and society in which he grew up throughout the film. At one point, he verbalizes his hatred for Scotland and its people: "It's shite being Scottish. We're the lowest of the low. The scum of the fucking earth" (Polygram Filmed Entertainment 1996). This repugnance for his culture serves as a mirror for his view of himself, and vice versa. He also expresses disdain for Western society at large, highlighting the insipid nature of capitalism, the nuclear family, and keeping up with the Joneses. He seems to only view two paths in life: a servant to the prevailing cultural narrative or a person who uses drugs. His belief in this dichotomy seems to push him deeper into drug use, almost to spite the other world.

Assessing Mark's childhood through Erikson's psychosocial stages can provide some insight to how he may have developed this paradigm. Erikson proposes that, throughout life, there are eight distinct developmental stages, each embodied by a crisis that, if successfully navigated, will result in the development of a corresponding moral virtue (Maree 2021). Mark's current worldview and behaviors lead me to believe he may have experienced hardships during the Initiative vs. Guilt stage, which usually occurs during preschool (four to five years). During this stage, a child must have the opportunity to complete tasks on their own. They must be provided the leeway to explore new things and make mistakes in order to develop a sense of

personal direction in their life (Maree 2021). Mark's belief that the only two paths in life are submitting to "society" or submitting to drugs could be indicative of barriers in exploration and mastery during this developmental stage. He may never have had the opportunity to develop a sense of personal direction due to coddling or constrained parenting, so he believes his only life choice is to subscribe to what he sees. We see this coddling dynamic in action when Mark's mother still dotingly deems him her "little boy" after his arrest.

Significant Relationships and Attachment

I believe Mark exhibits a fearful/avoidant attachment style, characterized by a negative view of self and others (Ringel 2008). In his first foray into sobriety, Mark comments that he doesn't want to see any of his friends, because they remind him of himself. Parenting styles that foster avoidant attachment can be characterized by those that provide basic biological needs for the child but exhibit emotional mis-attunement and insensitivity to the child's affects (Ringel 2008). Avoidant attachment often reflects and deepens feelings of self-loathing, which Mark expresses throughout the film. The only romantic connection we're privy to in Mark's life is Diane, who he seeks to avoid after their one-night stand. This could be due to the illegality of their relations, a manifestation of avoidance, or a combination of both. Additionally, though Mark seems to almost always be around friends, his opinions of them remain consistently low; he refers to them as "so-called mates" (Polygram Filmed Entertainment 1996). Mark seems to feel alone even when surrounded by others.

Mark's window of tolerance for distress is small throughout the film. His ability to regulate without substances seems significantly impaired—a skill he likely has never had to practice due to a swift transition from a coddling household to the numbing of heroin. We see this distress intolerance in action after Dawn dies. When asked to say something about the death,

Mark instead reaches for his needle, injecting himself before injecting Dawn's mother—in an act of collective pain avoidance.

Despite this perceived avoidant attachment, Mark still exhibits very enmeshed boundaries with his friends for much of the film. Belonging seems to be a primary concern for all members of the group, and their bonds present as problematically unconditional. For example, Begbie is referred to as “a psycho but a mate” after engaging in yet another violent encounter (Polygram Filmed Entertainment 1996). Mark describes his history with romantic connections as minimal, largely due to his heroin-induced low libido. However, when he connects with Diane, the tether seems to add a sense of conflicted value to his life. The connections Mark experiences, in spite of himself, tend to have blurred boundaries. With each new attempt at sobriety, it seems as though Mark tries to create bounds for himself, but they're continually crossed in the name of “friendship.” Even his attempt at leaving the country is undercut by Begbie and Sick Boy arriving unprompted at his door. However, Mark's decision to steal the money from the drug deal seems to represent an ultimate drawing of lines. Unable to remain friends in moderation, Mark chooses to cut the group out of his life with a betrayal.

The older and wiser influences we see in Mark's life mirror his dichotomous “society vs. drugs” view of the world. On one hand, his parents live modest, straight-laced, and comfortable lives, watching sitcoms and playing bingo with friends. On the other end of the spectrum, Swanney runs a lucrative heroin business. He's known colloquially as “Mother Superior” due to the “length of his habit,” and he subsists on getting and keeping others high (Polygram Filmed Entertainment 1996).

Relationships seem to be the hardest thing for Mark to manage in the midst of his recovery. His sobriety from heroin seems to always hinge on the proximity of his friends and

familiar influences. As somebody who presents as void of his own narrative, Mark seeks connection where he can find it. That connection begins with his social circle, and, by the end of the film, becomes “society at large.” While on the run with the drug money, Mark is shown smiling, facetiously declaring “I’m going to be just like you—the job, the family, the fucking big television....good health, low cholesterol...leisurewear, luggage...looking ahead to the day you die” (Polygram Filmed Entertainment 1996). It appears he’s trying to convince himself to fit in with the “other tribe”—or perhaps realizing he never will. Both prospects seem bleak.

Cognitive-Behavioral

Viewing Mark’s heroin use through a social learning theory lens provides some behavioral illumination. The theory posits that individuals gain access to new behaviors by observing them in others. We learn new things through social observation and imitation (McCullough Chavis 2011). In the beginning of the film, Mark comments on his mother’s valium use, alluding to the hypocrisy of her sanctioned habit versus his criminal one. It is possible he learned to use substances to regulate emotions from a young age from within his own household. We aren’t privy to how long Mark has been friends with his group, but I would also venture to guess that his modes, methods, and motivations for using heroin were likely first observed in others before he tried them himself.

We hear Mark verbalize quite a few cognitive distortions throughout the film. Probably his most damaging and persistent is “I’m a bad person” (Polygram Filmed Entertainment 1996). This thought could be filed under multiple kinds of distortions, but the “overgeneralization” subcategory of “labeling/mislabeling,” or when a person assigns a value to themselves based on limited experiences, feels most relevant (Burns 1999). Mark also engages in “fortune telling,” or predicting the worst case scenario (Burns 1999). At one point, he comments: “Nothing was going

to be just fine...Everything was going to be bad” (Polygram Filmed Entertainment 1996). Mark also seems to hold a core belief that everybody has an addiction of some sort—whether it be Begbie’s fighting or telling the truth to a fault, in Tommy’s case.

Stages of Change

We see Mark cycle through most of the stages of change throughout the film. We meet him in the preparation stage of quitting heroin (gathering withdrawal supplies); however, he quickly cycles back to a recurrence of use. Even though Mark recognizes the incomparable ecstasy of heroin, he never seems to rest in the precontemplation stage—when an individual is unaware of a problem or disinterested in help (Norcross et. al, 2010). From the moment we meet him, he presents conflictedly: aching for the euphoria of heroin but struggling to pry himself from its destructive grasp. Mark spends the film cycling through contemplation and preparation, punctuated by several short action phases that seem to last anywhere from a day to a month. He appears to achieve a maintenance phase (abstinence from heroin for at least six months) when he moves to England. However, his trip back to Edinburgh for Tommy’s funeral triggers a recurrence of use and a revisit of the contemplative stage (Norcross et. al, 2010).

Treatment Plan and Interventions

Based on this analysis, it feels important that Mark receives holistic treatment, building strengths in biological, psychological, and social realms. I would propose Mark’s primary treatment goals as: commitment to regular methadone administration, increase of distress tolerance skills through CBT and DBT work, and involvement in a peer support program, such as Narcotics Anonymous.

Mark seemed to respond fairly to methadone administration in his past. However, he deemed his dosage insufficient. According to the Mount Sinai Journal of Medicine, most

individuals require 80-120 milligrams per day—or more—to curb cravings, manage withdrawal symptoms, and negate the high heroin imposes (Joseph et. al, 2000). My suspicion is that Mark's past rehabilitation center administered a standardized methadone dose to each patient, regardless of individual symptoms and needs. For Mark to reach a more biologically stable place, I believe he would require client-centered care—routine check-ins with rehab staff to ensure his dosage was efficient and his needs were being met in the clinic. Duration of Mark's methadone treatment would depend on his recovery progress, as it has been noted that a small number of individuals require long-term administration (lasting more than ten years) (Bertschy 1995).

Concurrent with Mark's methadone administration, I would advise a focus on building distress tolerance through practicing somatic exercises that manage activation, as well as reframing cognitive distortions that might lead to activation. Because Mark is so accustomed to regulating his body and numbing his mind through heroin, I think it's especially important he learn physical tools to intervene when feeling overwhelmed. TIP skills, of the Dialectical behavior therapy framework, could serve as a reliable safety base. The skills include tipping the temperature of your face with cold water, exercising vigorously, practicing paced breathing, and engaging in paired muscle relaxation (Linehan 2015). Linehan promotes these somatic activities as emotional regulators that help restore equilibrium and control urges to engage in dangerous behaviors (Linehand 2015).

When Mark is more biologically settled through methadone engagement and distress tolerance, we can focus in on reframing the cognitive distortions that seem so pervasive in his mind. Using cognitive behavioral therapy, Mark can begin to recognize when he's experiencing cognitive distortions and learn how to reframe them into more neutral or positive messages. Another helpful CBT practice for Mark would be logging a dysfunctional thought record. This

record would encourage Mark to recognize the situations that trigger his automatic distortions, as well as what emotions he feels in reaction and what behaviors and outcomes have been historically associated with this chain. This analysis would be the first step in choosing an alternate outcome to drug use (Beck 1995).

The final piece of Mark's treatment puzzle would be involvement in a peer-support program, such as Narcotics Anonymous. As noted earlier, Mark presents with an insecure attachment style, which can grow in security through reparative experiences of closeness with others. NA could provide that corrective intimacy. A social learning theory lens suggests that, by seeing others model successful maintenance phases of recovery, Mark might be able to replicate that behavior himself. Additionally, seeing others successfully reach recovery from addiction and carve out alternative lives for themselves might help Mark see a path apart from his "stunted suburbanite vs. heroin user" dichotomy (McCullough Chavis 2011). Qualitative studies have found that NA members note fellowship as "a pervasive and essential element of recovery" (DeLucia et. al, 2015). Mark has already demonstrated that quitting heroin concurrently with friends can have a powerful impact on recovery. NA would provide a more stable base to which Mark can tether himself.

Adding this treatment plan to the intrinsic strength and resolve Mark has already demonstrated would set him up on a steadier road to recovery. I have faith he could reach an expansive stage of post-traumatic growth, embracing a life that far surpasses his currently limited worldview.

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