

Pure: Diagnosis as Identity Prison vs. Liberation Tool

When Labels Define Rather Than Describe

THE CENTRAL PATTERN

Can a diagnosis be both accurate description AND imprisoning identity cage?

Pure follows Marnie, a young woman with severe Pure-O OCD (purely obsessional OCD—intrusive thoughts without visible compulsions). The film demonstrates that **diagnosis can function as tool for understanding OR as prison that defines and limits—depending on how it's deployed and internalized.**

This reveals the fundamental paradox: The same label that explains your experience can become the boundary of your identity, transforming from 'something I have' to 'everything I am.'

DIAGNOSIS AS TOOL: The Liberation Potential

What Diagnosis Provides

When functioning as tool, diagnosis offers:

1. Validation of Experience

'I'm not crazy—this has a name. Others experience it. It's recognized condition.' Converts chaos into comprehensible pattern.

2. Explanatory Framework

'This is why I think/feel/behave this way. There's underlying mechanism. It's not moral failure.' Removes self-blame for symptoms.

3. Treatment Roadmap

'Here are interventions that help this condition. There's evidence. I can follow proven path.' Provides actionable direction.

4. Community Connection

'Others have this. I can find them. I'm not alone.' Breaks isolation through shared experience.

5. Predictive Understanding

'These situations will trigger symptoms. I can plan around that. I can develop coping strategies.' Converts random suffering into manageable pattern.

Marnie's Liberation Moment

When Marnie first learns about Pure-O OCD:

She's been experiencing horrific intrusive thoughts (violence, harm, taboo content) and believed she was secretly terrible person whose thoughts revealed hidden depravity. The diagnosis explains: **'These are symptoms of anxiety disorder, not reflections of character.'**

This is profound relief:

- 'I'm not monster I feared I was'
- 'The thoughts don't mean what I thought they meant'
- 'There's treatment'
- 'This can get better'
- 'I can understand what's happening to me'

Diagnosis as tool provides liberation from self-condemnation. It's framework that accurately describes experience without becoming prison.

DIAGNOSIS AS PRISON: The Identity Trap

The Transformation Process

But diagnosis can shift from tool to prison when:

Phase 1: 'I have OCD' (Diagnosis as description)

Condition is something you experience. Identity remains separate. 'I am person who has OCD among other attributes.'

Phase 2: 'My OCD makes me...' (Diagnosis explains behavior)

Condition becomes explanation for choices, reactions, limitations. 'I can't do X because of my OCD.'

Phase 3: 'I am OCD person' (Diagnosis becomes identity)

Condition subsumes all other attributes. Identity organized entirely around diagnosis. 'I am my diagnosis.'

Phase 4: 'OCD defines what I can be' (Diagnosis as boundary)

Condition determines possibility space. Can't imagine self without diagnosis. Life organized around accommodating it.

How Marnie Gets Trapped

As Marnie's OCD treatment progresses:

- She joins OCD support groups → Identity reinforced through community
- She reads extensively about OCD → Becomes expert in her diagnosis
- She explains behaviors through OCD lens → 'I can't because OCD'
- She dates someone with OCD → Relationship organized around shared diagnosis
- She pursues OCD-related work → Career built on diagnosis identity

Each step makes sense individually but collectively creates cage. Her entire life—social, professional, romantic, internal—becomes organized around diagnosis until she can't imagine self separate from it.

The Cascade Corruption

Before Diagnosis-as-Prison:

VALUES: Want authentic connection, meaningful work, full life

MOTIVATIONS: Manage symptoms to pursue goals

IDENTITY: 'Person with OCD working toward recovery'

PERSONALITY: Complex (symptoms are part, not whole)

ADAPTATION: Use treatment to reduce symptom impact

After Diagnosis-as-Prison:

VALUES: Colonized by diagnosis ('What can OCD person want?')

MOTIVATIONS: Avoid triggering symptoms (life organized around avoidance)

IDENTITY: 'I am OCD person' (diagnosis subsumes everything)

PERSONALITY: Flattened to diagnosis (other attributes fade)

ADAPTATION: Accommodate rather than challenge symptoms

The prison isn't the diagnosis itself—it's **identity organized entirely around diagnosis**.

THE MECHANISM: How Labels Imprison

Diagnostic Overshadowing

Once diagnosed, **all behavior gets interpreted through diagnostic lens**:

- Marnie is anxious about job interview → 'OCD anxiety'
- Marnie is upset about relationship conflict → 'OCD emotional dysregulation'
- Marnie is careful about decision → 'OCD compulsive checking'
- Marnie is passionate about cause → 'OCD hyper-focus'

Normal human experiences get pathologized. Anxiety that anyone would feel becomes 'disorder symptom.' Careful decision-making becomes 'compulsion.' The diagnosis explains everything, leaving no space for self independent of diagnosis.

The Expectation Trap

Diagnosis creates expectations about who you should be:

- 'People with OCD are detail-oriented' → You must be detail-oriented
- 'People with OCD struggle with relationships' → You'll struggle (self-fulfilling)
- 'People with OCD need routine' → You structure life around routine
- 'People with OCD are creative' → You must express creativity

You start **performing the diagnosis**—behaving how 'OCD person' is supposed to behave, not how you would naturally behave. The label shapes the reality it claims to describe.

The Avoidance Reinforcement

Diagnosis can justify avoidance that maintains symptoms:

- 'I can't date—my OCD makes relationships too hard'
- 'I can't take that job—the stress would trigger symptoms'
- 'I can't travel—I need my safety routines'
- 'I can't try new things—change exacerbates OCD'

These may be initially true, but **avoiding challenges prevents building capacity to handle them**. The diagnosis becomes excuse to never test boundaries, creating self-reinforcing limitation.

The Identity Investment Problem

Once identity is organized around diagnosis:

- Social connections are with 'OCD community'
- Career is OCD-related (advocacy, support, education)
- Expertise is about OCD (you're the OCD expert)
- Relationship partner shares diagnosis
- Life narrative is 'person living with OCD'

Recovery threatens everything. If symptoms improve significantly:

- Lose community (don't relate to OCD community anymore)
- Lose career relevance (expertise less applicable)
- Lose relationship bond (shared diagnosis was foundation)
- Lose identity (who are you without OCD?)
- Lose narrative (what's your story now?)

This creates **unconscious resistance to recovery** because recovery means losing entire constructed identity. The diagnosis becomes more comfortable than health.

THE FRAMEWORK VS. PRISON DISTINCTION

Diagnosis as Framework (Healthy Use)

Characteristics:

- Explains patterns without defining limits
- Used to develop strategies, not justify avoidance
- Identity remains complex (diagnosis is part, not whole)
- Treatment goal is expanding capacity, not just managing symptoms
- Comfortable imagining self with reduced/absent symptoms
- Life organized around values, not around accommodating diagnosis

Example thinking: 'I have OCD, which means I experience intrusive thoughts. I use these strategies to manage them while pursuing my goals. My diagnosis helps me understand challenges and develop solutions.'

Diagnosis as Prison (Unhealthy Use)

Characteristics:

- Defines what you can/can't do
- Used to justify avoidance and limitation
- Identity collapses to diagnosis (OCD is everything)
- Treatment goal is symptom management, not capacity building
- Can't imagine self without diagnosis (existential threat)
- Life organized around accommodating diagnosis

Example thinking: 'I am OCD person. This means I can't do X, Y, Z. My life must accommodate my limitations. Recovery isn't really possible—I just manage my condition. My diagnosis explains everything about me.'

The Key Difference

Framework: 'I have this condition. Here's how I work with it to live full life.'

Prison: 'I am this condition. My life is defined by managing it.'

Framework uses diagnosis to expand possibility. Prison uses diagnosis to contract it.

MARNIE'S JOURNEY: Navigating the Paradox

The Recognition Moment

Marnie eventually realizes her entire life has become organized around OCD:

- Her apartment designed around safety rituals
- Her job in OCD advocacy (identity = OCD expert)
- Her partner has OCD (relationship = shared diagnosis)
- Her friends from OCD support group
- Her expertise is OCD knowledge
- Her narrative is 'OCD recovery journey'

She has to ask: 'Have I recovered? Or have I just built comfortable prison around my diagnosis?'

The Terrifying Question

'If my OCD symptoms reduced to near-zero, who would I be?'

This question reveals the prison: **She can't answer it.** Her entire identity is organized around having OCD. Without it:

- What would she talk about?
- What expertise would she have?
- What would connect her to her partner?
- What community would she belong to?
- What would be her story?

The diagnosis has become so totalizing that **health feels like identity death.**

The Liberation Path

To use diagnosis as tool rather than prison, Marnie must:

1. Develop identity beyond diagnosis

Cultivate interests, relationships, expertise unrelated to OCD. Build self that doesn't depend on diagnosis.

2. Challenge diagnosis-based limitations

Test boundaries. Try things 'OCD people can't do.' Discover capability outside diagnostic box.

3. Separate normal from pathological

Recognize that not all anxiety is disorder. Some stress is appropriate. Not everything is symptom.

4. Imagine future without diagnosis

Practice envisioning life where symptoms are minimal or absent. What would you do? Who would you be?

5. Use diagnosis strategically, not totally

Apply it where useful (understanding triggers, developing strategies). Ignore it where limiting.

WHY MEDICAL/THERAPEUTIC SYSTEMS CAN REINFORCE PRISON

The Institutional Incentives

Medical and therapeutic systems can inadvertently reinforce diagnosis-as-prison:

Chronic patient model:

Treatment focuses on lifetime symptom management, not recovery. 'You'll always have this condition—here's how to cope.' Creates expectation of permanence.

Diagnostic certainty:

Once diagnosed, every behavior interpreted through that lens. Therapist sees 'OCD checking' where maybe there's appropriate caution.

Treatment duration:

Long-term therapy can make diagnosis central to identity. 'I'm in OCD treatment' becomes defining feature of life.

Community reinforcement:

Support groups provide valuable connection but can also reinforce 'OCD person' as primary identity.

Medication maintenance:

'You need to stay on medication indefinitely' can create dependence where recovery feels impossible.

The Ethical Complexity

Systems face difficult balance:

Too much emphasis on recovery → Can feel dismissive of real ongoing struggles, create pressure

Too much emphasis on management → Can reinforce permanence, create comfortable prison

There's no simple answer. But awareness of diagnosis-as-prison pattern helps clinicians avoid inadvertently reinforcing it.

WHAT CHANGES WITH RECOGNITION

Before recognition:

- 'Diagnosis explains everything about me'
- 'I am my diagnosis'
- 'My limitations are determined by my condition'
- 'Recovery means perfect symptom management'

After recognition:

- 'Diagnosis can be tool (describes patterns) OR prison (defines limits)'
- 'Identity organized around diagnosis creates cage'
- 'Diagnostic overshadowing pathologizes normal experiences'
- 'Recovery as identity threat when diagnosis is foundation'
- 'Framework use: expand capacity. Prison use: justify limitation'
- 'Health requires identity beyond diagnosis'
- 'Medical systems can inadvertently reinforce prison through chronic model'
- 'Liberation = using diagnosis strategically while maintaining complex self'

THE BOTTOM LINE

Pure demonstrates that **diagnosis functions as tool or prison depending on how it's deployed.**

As tool: Provides validation, explanation, treatment roadmap, community. Helps understand patterns to develop strategies. Diagnosis describes part of experience without defining totality.

As prison: Identity collapses to diagnosis. Life organized around accommodating symptoms. Recovery threatens everything. Diagnosis defines what's possible. Normal experiences pathologized. Can't imagine self beyond label.

The transformation happens gradually: 'I have OCD' → 'My OCD makes me...' → 'I am OCD person' → 'OCD defines my possibilities.' Each step reasonable but collectively creates cage.

The question: **Does your diagnosis help you understand yourself to expand capacity—or has it become comfortable prison that protects you from having to test your boundaries?**

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Learn more: disrupttheloop.com | Patent Application No. 63/914,253