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The Digital Mirror: A Qualitative Inquiry into Self-Objectification and Orthorexic Tendencies among Indian College Students with PCOS

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Abstract: Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder affecting young women worldwide. While the reproductive and metabolic implications are well established, less is known about the psychosocial ramifications of PCOS, particularly during emerging adulthood. In this qualitative study, we investigated the lived experiences of 15 Indian college students diagnosed with PCOS, with a focus on digital self-objectification and orthorexic tendencies. Drawing from a phenomenological paradigm and reflexive thematic analysis, we developed four major themes: (1) The Unruly Body: Femininity Under Threat, (2) The Digital Mirror: Surveillance and Comparison, (3) Food as Purity and Punishment, and (4) Cultural Tensions Between Marriageability and Modern Wellness. Our findings highlight the pervasive nature of body surveillance and appearance-based anxiety among young women with PCOS. Social media amplified tendencies to upwardly compare and seek validation based on appearance. Beginning as an attempt to ameliorate PCOS, dietary recommendations over time morphed into rigid, moralized eating patterns reminiscent of emerging orthorexic tendencies. Indian sociocultural expectations centered on marriage and fertility further amplified body dissatisfaction and urgency towards control. These findings provide insight into the role chronic illness, social media, and sociocultural context play in exacerbating psychological distress. Implications for comprehensive PCOS care, digital literacy interventions, and culturally sensitive mental health support are discussed.

Keywords: *PCOS, Self-Objectification, Orthorexia, Social Media, Indian College Students, Qualitative Research*

Vol. 4, Issue 5 May 2026 ISSN: 2584-0142

1. Introduction

Polycystic Ovarian Syndrome (PCOS), a disorder characterized by hormonal imbalance, metabolic irregularities, and reproductive concerns, is frequently viewed only from a medical perspective. However, for the young Indian woman negotiating the intricate social hallways of college life, PCOS is a lived experience that goes far beyond clinical symptoms. A physique that feels 'unruly' must be negotiated every day in a society that values conformity.

This negotiation has moved online in the present digital era. Social media platforms serve as a 'digital mirror,' reflecting not only who we are but also what we are supposed to be. For students with PCOS—who may experience weight gain, acne, or hirsutism—this mirror can be especially distorting. Self-objectification, or internalizing an observer's viewpoint on one's own body, is encouraged.

At the same time, nutritional attention is frequently necessary for PCOS management. This vital awareness can spread to Orthorexia Nervosa—a fixation with consuming only 'healthy' meals—in a time of 'wellness influencers' and #CleanEating. The purpose of this study is to investigate the qualitative complexity of the interactions between PCOS, self-objectification, and orthorexia within the distinct sociocultural context of Indian college students.

i. The Physiological and Psychological Landscape of PCOS

Defining the Condition Beyond Biology and its prevalence

PCOS is now recognized as a complex metabolic and psychological condition rather than only a reproductive disorder. Traditional habits in India have given way to sedentary, urbanized academic settings, which has resulted in a "PCOS explosion." According to epidemiological statistics, almost 20% of young Indian women have PCOS [1], which is significantly higher than the global average. Weight gain, acne, hirsutism (excess hair growth), and irregular menstrual periods are common signs of PCOS [2]. Many afflicted women may feel less attractive or feminine as a result of these physical traits conflicting with conventional Indian beauty standards, which include smooth, hairless skin and a thin body.

According to a 2025 study conducted by researchers from Delhi University and Safdarjung Hospital with partial funding from the Indian Council of Medical Research (ICMR), 17.4% of college-age women in Delhi-NCR between the ages of 18 and 25 had PCOS.

The study discovered a notably high burden of symptoms among young, urban, educated females, even though this 17.4% statistic means that almost one in six of the women in the sample had a PCOS diagnosis.

The Psychosocial Comorbidities

When compared to healthy controls, women with PCOS consistently report far greater rates of anxiety, despair, and body dysmorphia. The psychosocial stress of maintaining a chronic, stigmatized ailment and the hormonal imbalances itself, which can impact mood regulation, are the two main causes of the psychological load. Young adulthood is a crucial time for identity formation, and the "unpredictability" of the PCOS body fosters the development of unhealthy coping strategies.

- **Psychosocial Impact:** PCOS patients report poorer mental health, higher anxiety/depression, and more eating disturbances than controls[3][4].
- **Body Image:** Appearance-related concerns (e.g. feeling less attractive or "less feminine") are very common in Indian PCOS patients[5].

Overall, these results highlight that PCOS in India is an illness with significant emotional and body-image implications rather than just being a reproductive or metabolic problem. In a society where social identity is heavily influenced by physical appearance, PCOS's obvious side effects might exacerbate self-consciousness.

ii. The Digital Mirror: Self-Objectification in the Age of Social Media

The phenomenon known as "Digital Mirror" describes how social media sites use algorithmic curation to cloud reality rather than merely reflecting it. Instagram and Pinterest serve as the main sources of health information for Indian students. However, there are two drawbacks to the rise of the "PCOS Influencer":

- The "Clean Eating" trend: the promotion of restrictive diets (free of sugar, dairy, and gluten) that are frequently offered without medical supervision.
- The Aesthetic of Healing: This is a movement that portrays managing a chronic illness as an "aesthetic" lifestyle option that involves pricey supplements and "perfect" meal bowls.

Internalizing the Observer's Gaze

According to Fredrickson and Roberts' Objectification Theory, self-objectification happens when people internalize the "male gaze" or how society perceives their bodies. They begin to observe their bodies from the outside and cease to live inside them. Self-objectification is a process that has been shown to have adverse impacts on mental health. Social media sites like Instagram and Snapchat have made this notion practical for Indian college students. Not passive, the "Digital Mirror" measures one's value based on aesthetic presentation through algorithmic feedback (likes, comments, shares).

The Comparison Trap and Digital Dysmorphia

Social media is overflowing with carefully chosen pictures of "ideal" bodies, which are frequently slender, flawless, and fair-skinned. Digital usage widens the gap between the "ideal self" and the "actual self" for a student with PCOS, whose reality may include acne or weight changes. Constant body observation results from this. Instead of looking in the mirror to verify their appearance, the student now looks to see if they are "postable." Cognitive resources are depleted by this ongoing scrutiny, which raises anxiety and body shame.

According to empirical research, a larger drive for thinness, appearance anxiety, and body shame are all correlated with higher levels of self-objectification [6]. These pressures in India are reinforced by a number of social variables.

iii. The Pursuit of Purity: Understanding Orthorexia Nervosa

An excessive, pathological concern with consuming only "pure" or healthful foods is known as orthorexia nervosa [9]. Orthorexia is characterized by strict dietary guidelines and an obsession with food quality rather than quantity, in contrast to traditional eating disorders [9]. Orthorexia Nervosa is presented in this paper as a coping strategy for the anxiety associated with chronic disease, rather than merely as an eating disorder.

Cutting out entire food groups, spending too much time meal planning, and feeling guilty when following healthy eating guidelines are all common symptoms. Together with wellness culture, this phenomenon is gaining more and more attention. Youth in India may be more prone to orthorexic inclinations as a result of growing health consciousness and media impact.

Orthorexia is important for Indian women with PCOS for a number of reasons. First, Indian health advice frequently emphasizes weight control without offering helpful recommendations. According to a recent study, despite the fact that PCOS makes weight loss extremely difficult, doctors frequently urge PCOS patients to follow a diet and exercise regimen in order to lose weight [10]. Women may become nervous as a result and turn to the internet for answers, where they may come across rigid diet plans. Second, people are more likely to engage in orthorexic activities if they have personality traits like perfectionism and previous body dissatisfaction, which are prominent in PCOS [11]. Third, social media promotes fitness and "clean eating" trends and puts pressure on users to follow rigid dietary guidelines [12].

iv. Relevance in India: Cultural Context and Research Gap

The Dual Burden: Tradition vs. Modernity

Vol. 4, Issue 5 May 2026 ISSN: 2584-0142

For this study, the Indian environment offers a special, demanding backdrop. College students from India are trapped in a cultural shift. On the one hand, there is the conventional pressure of "marriageability," which holds that a woman's worth is frequently intimately tied to her physical attributes, particularly her weight, fair skin, and bright complexion. This cultural capital is directly threatened by PCOS symptoms including weight gain, hair loss, and acne, which lead to severe social and familial distress.

The Stigma of Fertility and Womanhood

Future fertility is a major topic of discussion when it comes to PCOS in India. For college students who are single, the diagnosis bears the unspoken stigma of "reproductive inadequacy." The process of self-objectification is made more complex by this concern, which is particularly Indian. The body is observed for both functional reproductive potential and aesthetic appeal. Peers, family elders, and the student themselves all closely examine them, resulting in a panopticon of monitoring that is different from what is experienced in the West.

The "Desi" Diet and Western Wellness

India's food scene is likewise changing. "Clean eating" ideas from the West are posing a threat to the traditional Indian diet. Students frequently struggle to balance their home-cooked meals, which are frequently strong in carbohydrates (such as rice and roti), with the low-carb, high-protein requirements of PCOS management and fitness culture. A distinct route to orthorexia is created by this dissonance. The substitution of "superfoods" (quinoa, kale, avocados) for traditional foods becomes a status symbol and a means of control, but it also distances the student from their family's eating customs and cultural culinary history, which further isolates them.

1.1 Theoretical Framework

This research paper employs a multi-theoretical approach to carefully negotiate the intricate interactions among digital behavior, disordered eating, and chronic illness. No single perspective suffices to account for the lived experience of PCOS in the digital age. Rather, this study combines three complementary lenses.

Objectification Theory: The Body as an Object of Surveillance

First proposed by Fredrickson and Roberts (1997), Objectification Theory holds that women in patriarchal society are conditioned to see their bodies from the 'outside in'—as objects to be examined—rather than as vessels of emotion and action. This internalization is termed self-objectification. For the Indian college student with PCOS, persistent 'triggers' for objectification—central adiposity, cystic acne, hirsutism—disrupt the conventional feminine

Vol. 4, Issue 5 May 2026 ISSN: 2584-0142

ideal. Applying this theory to the digital sphere, a smartphone screen functions as a portable panopticon: social media metrics (likes, comments, shares) measure one's effectiveness at controlling the 'unruly' PCOS body.

Social Comparison Theory

Leon Festinger's Social Comparison Theory (1954) holds that people assess their own beliefs and abilities by contrasting them with those of others, particularly when no objective standard exists. In the digital world, nearly all comparisons are 'upward': algorithms prioritize content featuring ideal bodies—typically slender, fair-skinned, and symptom-free. For students with PCOS, the gap between the Actual Self and the Ideal Social Self on their feeds creates acute psychological distress. Crucially, this discrepancy is often framed as 'health inspiration,' masking the anxiety and comparison that underpin it.

The Biopsychosocial Model of Orthorexia Nervosa

This model frames orthorexia not as mere vanity but as a maladaptive coping strategy for biological and psychological pain. When a student feels powerless to stop her hormone swings, food becomes the sole domain she can control. The medical diet (dairy-free, seed-cycling, etc.) transforms into a strict moral code. Biological fear of symptoms motivates restriction; psychological relief reinforces it; social praise for 'clean eating' perpetuates the cycle. The student believes she is healing; in actuality, she risks social isolation and nutritional deficit.

Synthesis: The "Digital Mirror" Conceptual Model

This study proposes a Cyclic Model of Digital Orthorexia in PCOS synthesizing all three frameworks:

- Trigger (Biological): PCOS produces an 'unruly body' (weight gain, acne, hair growth) causing initial body dissatisfaction.
- Social Amplifier: Social media highlights the gap between her figure and the 'normative' ideal through upward comparison.
- Internalization (Psychological): Self-objectification intensifies continuous body monitoring.
- Behavioral Control: Strict dietary guidelines emerge orthorexic behaviours as an attempt to 'fix' the objectified body and reclaim a sense of control.

Rather than focusing solely on social media, this model emphasizes how the medical reality of PCOS renders these young people especially vulnerable to digital pressures.

Vol. 4, Issue 5 May 2026 ISSN: 2584-0142

2. Review of Literature

Hofmann, K., Decrinis, C., et al. (2025) investigated the psychological aspects of PCOS, paying special focus to emotional distress, body image, and health-related quality of life (HRQOL). 587 women with PCOS (M age = 32.5 years; M BMI = 31.3 kg/m²) were included in the study. They completed standardized tests measuring body image (MBSRQ-AS), anxiety and depression (HADS), self-esteem (Rosenberg Self-Esteem Scale), and PCOS-specific quality of life (MPCOSQ). The majority of respondents reported poor appearance appraisal and body area satisfaction, indicating significant body image dissatisfaction. Clinically significant levels of anxiety and depression symptoms were very common, and over half of the subjects had low self-esteem. The majority of the domains had low HRQOL values. Negative body image was a significant predictor of higher psychological discomfort and a lower quality of life, according to regression analyses. The results emphasize the necessity for integrated psychosocial therapies in clinical care by highlighting the interconnected roles that obesity and body image disturbance play in influencing mental health outcomes in women with PCOS.

Dwivedi, M., Sharma, S., Vajpeyi, L., & Zaidi, S. Z. H. (2024) examined the degree of self-objectification among Indian teenage girls, concentrating on the distinctions between coeducational and all-female educational environments through a qualitative study. Based on objectification theory, the study used the Objectified Body Consciousness Scale (OBCS) to investigate control beliefs, body shaming, and body monitoring. Purposive sampling was used to choose 400 teenage females from convent schools spread across many Uttar Pradesh cities. The results showed that individuals' levels of body surveillance were noticeably higher, which was indicative of increased self-objectification. According to comparisons, students from coeducational schools reported lower levels of control beliefs, body shaming, and body monitoring than students from all-girls institutions. The findings imply that the educational environment might influence how adolescents perceive their bodies. It was examined how elevated self-objectification relates to larger societal forces and how they affect the development of identity. The study draws attention to possible threats to mental health in the early years. School-based counseling, awareness campaigns, and mindfulness-based therapies are among the suggestions made to help adolescent girls develop more positive body image.

Davitadze, M., Malhotra, K., et al. (2023) examined the variations in body image issues between women with and without polycystic ovary syndrome (PCOS) through systematic review and meta-analysis. Using validated body image metrics, several electronic databases were searched from the beginning to July 2022 to find pertinent studies. Nine studies, including

865 comparison subjects and 918 PCOS-afflicted women, satisfied the inclusion requirements. The Multidimensional Body-Self Relations Questionnaire–Appearance Scales (MBSRQ-AS) and the Body Esteem Scale for Adolescents and Adults (BESAA) were frequently used measures. According to meta-analytic results, women with PCOS expressed a stronger appearance orientation and a considerably higher level of dissatisfaction with their overall look than did controls. Additionally, they showed more negative views of body weight, elevated levels of weight obsession, and decreased pleasure with particular body parts. Women with PCOS also had lower weight-related body esteem, according to the BESAA results. Overall, the results indicate that women with PCOS have more severe body image problems, underscoring the need for more psychological awareness in clinical care as well as additional research to establish protective factors and underlying causes.

Farajzadegan, Z., Kazemi, A., Salehi, M., & ZareMobini, F. (2023) investigated into the psychological experiences of women with polycystic ovarian syndrome (PCOS) in a particular sociocultural setting was carried out in Isfahan, Iran. 13 PCOS-afflicted women, four spouses, and 13 medical professionals were among the participants, who were chosen via purposive sampling. Between September 2018 and November 2019, semi-structured interviews were used to gather data, which were then subjected to standard content analysis. The results were categorized into five broad areas. Psychological responses to infertility and its perceived probability, distress from irregular menstruation, anxiety about the onset of chronic diseases, the wider emotional ramifications of having the condition, and psychological issues related to appearance were among them. In relation to both present symptoms and expected future consequences, participants reported ongoing emotional strain, anxiety, and uncertainty. The results demonstrate the multifaceted psychological toll that PCOS takes on Iranian society. In order to maintain mental health among women with PCOS, the study highlights the necessity of ongoing psychosocial assistance and all-encompassing care approaches.

3. Methodology

3.1 *Research Design*

This study utilized a qualitative research design based on a phenomenological orientation. The purpose was to understand the experiences of Indian college-going women with PCOS, with specific focus on self-objectification and orthorexic tendencies in online settings. Phenomenology enables the researcher to explore how individuals perceive, experience, and give meaning to their realities—particularly appropriate given the subjectivity

and cultural embeddedness of the phenomenon under study. The analytic process was conducted within a reflexive thematic analysis framework (Braun & Clarke, 2006; 2019).

3.2 *Participants*

Fifteen female college students aged 18–24, formally diagnosed with PCOS by a registered gynecologist or endocrinologist, participated in this study. Sampling combined purposive and snowball techniques, with recruitment occurring at universities in North India. Initial participants referred peers meeting the inclusion criteria. Data collection continued until thematic saturation was reached at the thirteenth interview; two additional interviews confirmed saturation.

Inclusive Criteria	Exclusive Criteria
• Female students aged 18-25 years • Has a diagnosis of PCOS of at least 6 months. • Active members of one or more social media. • Open to taking part in a 45-60 minutes deep interview.	• Is getting treatment on an eating disorder she has been diagnosed with. • Inability to participate due to severe psychiatric condition.

3.3 *Sampling Technique*

A purposive sampling technique was used to be certain that the participants possessed firsthand experience of PCOS and were active online. Snowball sampling also helped in the recruitment; whereby initial participants would refer other peers who fit the inclusion criteria.

The process of sampling was done up to a point of data saturation which was when no new themes that could be considered substantial were obtained in the interviews.

3.4 *Data Collection Method*

Semi-structured, in-depth interviews lasting approximately 45–60 minutes were conducted either face-to-face or via encrypted video call, based on participant preference. Interviews were conducted in English or Hindi (per participant convenience), audio-recorded with permission, and transcribed verbatim within 48 hours. Hindi responses were translated to English with careful attention to contextual meaning. Field notes capturing non-verbal cues, emotional responses, and pauses were recorded immediately after each session.

Vol. 4, Issue 5 May 2026 ISSN: 2584-0142

3.5 *Research Objectives*

1. The aim of the study is to investigate the nature of experiences and perceptions of Indian college students with PCOS of the change of bodies related to the condition.
2. To get the impact of social media on the formation of self-perception and body surveillance.
3. To investigate the development of orthorexic behaviors as an issue in the management of PCOS.
4. To examine the effect of cultural expectation in India on self-objectification and dietary control in India.

3.6 *Research Question*

1. What do Indian college students with PCOS tell us about their lived body experiences?
2. How does social media serve as a digital mirror in the creation of body surveillance and self-objectification?
3. What is the relationship of the participants to food with PCOS management?
4. What do participants mean by clean eating, dietary restriction and health control?
5. What are the sociocultural expectations in India and how do they affect the body image and eating habits of the participants?

3.7 *Procedure*

Participant recruitment was done using purposive sampling in the university setting in North India, after receiving the permission of the institutional supervisor. The study was advertised informally by word-of-mouth within the academic community and by referrals among peers. Interested individuals approached the researcher by phone, after which they were initially screened based on the inclusion criteria (18-25 years old female college student with a medically diagnosed PCOS condition and an active user of social media).

A Participant Information Sheet was offered to the eligible participants explaining the aim of the study, confidentiality, voluntary nature of participation, and the possibility of withdrawal at any point without a penalty. Prior to the commencement of interviews, informed consent was given through written means.

The interviews were set in a convenient time to the participants. Interviews were carried out in a dedicated room at the university or online in a secure video conferencing platform depending on the preference of the participants and their availability. The length of every interview was about 45-60 minutes.

During the start of every session, a more relaxed talk was used to build rapport to minimize the anxiety levels and establish a secure environment to have a conversation. The

participants were reminded of the fact that there were no correct or incorrect answers and were asked to share freely about what had happened to them. All interviews were audio-recorded with permission to make sure that no data were missed. Immediately after every interview, the field notes were kept, where non-verbal, emotional, and pauses, along with preliminary reflections, were noted.

The interviews were conducted in a semi-structured format, which was flexible in permitting probing questions when the participants added on related experiences. This was a way of creating depth and at the same time in line with objectives of the research.

At the end of every interview, the participants were debriefed. Having emotional support resources was provided when the discussions caused apparent distress but no participant needed an urgent intervention. A thank-you note was given to the participants that they could seek a summary of the findings at the end of the study.

The transcription of the audio recordings was made verbatim and within 48 hours of every interview in order to maintain the contextual accuracy. The anonymity of the transcripts was established with the help of pseudonyms, and all the identification information was eliminated. The information in the electronic format was placed in coded files that could be accessed by the researcher alone.

Data collection was also in place until thematic saturation was attained, which refers to where no new patterns or meanings are being accumulated out of consecutive interviews. The thirteenth interview was noted to be saturated, but two extra interviews were done to provide depth analysis and ensure that the themes were repeated.

3.8 *Data Analysis*

Reflexive Thematic Analysis (Braun & Clarke, 2006) was employed across six stages: (1) Familiarization: transcripts were repeatedly read and initial impressions recorded; (2) Initial Coding: open coding generated phrases such as 'Feeling unfeminine,' 'Scrolling makes it worse,' and 'I need control'; (3) Theme Search: codes were grouped into patterns of meaning; (4) Theme Review: themes were refined for internal consistency and distinctness; (5) Defining and Naming: themes were named to reflect experiential essence; (6) Report Production: narratives were contextualized within objectification and social comparison theories.

Table 1: *Socio-demographic detail*

Socio-demographic Profile of participants (n=15)

Variable	Category	N
Age	18-20 years	6
	21-22 years	5

	23-24 years	4
Course Of Study	Undergraduate	10
	Postgraduate	5
Residence	Urban	9
	Semi-urban	4
	Rural	2
Duration Since Diagnose	6 months- 1 years	5
	1-3 years	7
	Above 3 years	3
Primary Social Media Platform	Instagram	12
	Youtube	2
	Printerest	1

3.9 *Trustworthiness of the study*

To ensure rigor:

- Credibility: 3 participants were part of the member checking.
- Dependability: A coding decision audit trail was observed.
- Confirmability: The minimized researcher bias was through reflexive journaling.
- Transferability: Thick description facilitates situational cognition.

3.10 *Ethical Considerations*

The participants were given:

- Informed consent forms
- Confidentiality assurance
- Right to withdraw upon any stage.
- Request to avoid awkward questions.

They were given pseudonyms to be anonymous. Information was kept in digital files that were under passwords only accessible to the researcher.

4. Results

Four themes were constructed through reflexive thematic analysis of semi-structured interviews with 15 Indian college students with PCOS. Each theme is outlined below with key sub-themes and illustrative verbatim quotations (pseudonyms used throughout).

Table 2: *Identification Of Themes And Sub Themes*

S.No.	Themes	Sub-Themes
1.	The Unruly Body- Femininity under threat	• Alienation from the body • Visible symptoms and social exposure

		• Feeling “Less Feminine”
2.	The Digital Mirror- Surveillance, Comparison and Validation	• Scrolling as self-evaluation • The “postable” body • Metrics as Emotional Validation • Influencer- Driven Ideals of healing
3.	Food as purity and punishment- The Moralisation of eating	• “Good food” vs “Bad food” • Control amid hormonal unpredictability • Guilt, Anxiety and Food Rumination • Social Isolation through clean eating
4.	Between Marriageability and Modern wellness- cultural tensions	• Family commentary and Body policing • Fertility anxiety in emerging adults • Negotiating tradition and digital modernity

Theme 1: The Unruly Body- Femininity Under Threat

The moment of diagnosis emerged as a critical turning point in participants' relationship with their body. Many described their bodies as unpredictable, difficult to control, and increasingly alien. PCOS symptoms—weight changes, acne, and facial hair—were experienced not only as physical issues but as disturbances to identity and femininity.

> *"I feel like my body has its own mood swings. I try everything, but it doesn't listen to me."* — **A.S., 21**
>
> *"When I get chin hair, I feel embarrassed even in class. I keep checking if someone is staring."* — **R.R., 19**
>
> *"I don't feel girly sometimes. Facial hair makes me feel… not like other girls."* — **M.T., 22**

Visible symptoms increased social self-consciousness and intensified self-monitoring behaviors. Feeling 'less feminine' emerged as a recurrent emotional reaction, representing the internalization of sociocultural beauty ideals.

Theme 2: The Digital Mirror- Surveillance, Comparison and Validation

Social media functioned as a site of incessant comparison. Curated images of thin, symptom-free bodies consistently elevated body dissatisfaction. Participants described a cycle of brief motivation followed by negative self-evaluation after scrolling.

> *"After scrolling, I feel motivated for five minutes. Then I just feel bad about myself."* — **N.R., 20**

> *"Before uploading a picture, I zoom in to see acne. If it's visible, I don't post."* — **I.G., 18**
>
> *"If my picture gets more likes, I feel like maybe I don't look that bad."* — **S.K., 23**
>
> *"They make it look so aesthetic… chia seeds, avocado bowls… I feel like I'm not doing enough."* — **T.K., 21**

The concept of a 'postable body' emerged, with participants carefully editing images and withholding posts when symptoms worsened. Influencer content about PCOS management further set aesthetic standards for how illness itself should be displayed.

Theme 3: Food as Purity and Punishment- The Moralization of Eating

Dietary management had become a moralistic process. Participants described foods in binary terms—'good' or 'bad'—and experienced guilt and anxiety upon transgressing self-imposed dietary rules. Food restriction was framed as a means of regaining power over an unpredictable body.

> *"If I eat roti, I feel guilty. Like I've done something wrong."* — **P.B., 20**
>
> *"At least I can control what I eat. I can't control my hormones."* — **K.S., 22**
>
> *"If I eat cake at a birthday, I think about it the whole night."* — **S.A., 19**
>
> *"At home, everyone eats rice. I sit with quinoa. It feels separate."* — **A.B., 24**

Participants also described coping mechanisms during emotional distress—both adaptive (journaling, confiding in friends, exercise for stress relief) and maladaptive (over-scrolling, emotional withdrawal, increased dietary restriction). Coping thus oscillated between healthy regulation and heightened self-surveillance.

Theme 4: Between Marriageability and Modern Wellness- Cultural tensions

This theme explored the sociocultural environment shaping participants' lives. Family members frequently commented on weight, appearance, and marriage prospects, creating external pressure to alter bodies urgently. Fertility anxieties surfaced even among unmarried participants, highlighting how deeply Indian society ties a woman's value to reproductive capacity.

> *"My aunt said, 'Lose weight now or later no one will say yes.' That stayed with me."* — **R.S., 21**

> *"When the doctor mentioned fertility issues, I panicked. I'm only 20."* — **N.R., 20**
>
> *"Earlier it was just 'be slim.' Now it's 'be slim but also eat clean and glow.' It never ends."* — **S.A., 23**

Participants navigated a double burden: traditional familial expectations and the polished wellness ideals promoted by digital culture. The outcome was compounded pressure to achieve simultaneous physical perfection and reproductive legitimacy.

5. Discussion

This study examined how Indian college students with PCOS relate to their bodies, eating behaviors, and online experiences within a surrounding cultural framework. These participants do not view PCOS solely as a medical issue: it is something they openly live with, affecting both how they perceive themselves and how others perceive them. Culture mediates every aspect of this experience.

In their narratives, the body is not merely a site of symptoms—it carries social significance. Weight gain, acne, and hirsutism are discussed as changes that disrupt not just appearance but the participants' very sense of womanhood.

Objectification and the internalisation of surveillance

Theme 1 closely aligns with Objectification Theory (Fredrickson & Roberts, 1997): participants exhibited persistent mirror-checking and ongoing self-scrutiny. However, this study extends beyond the typical emphasis on thinness found in objectification research. Here, feminine standards broaden to include smooth skin, absence of body hair, and reproductive 'normalcy.' In the Indian context, femininity is closely tied to marriageability and fertility—meaning that visible symptoms do not merely signal cosmetic imperfection but threaten social reputation and family honor.

The digital mirror as a psychological amplifier

Social media in this study functions not as a neutral stage but as an amplifier—transforming comparison into a constant, algorithmically curated experience. Consistent with Social Comparison Theory (Festinger, 1954), upward comparisons dominated, particularly against refined 'recovery' narratives of PCOS management. Digital comparison generated a feedback loop: comparison leads to self-critical feelings, which tighten behavioral control, which drives return to digital spaces for further benchmarking. The 'postable body' concept captures how self-objectification bleeds into digital self-presentation, with participants managing their online identity as an extension of illness management.

Vol. 4, Issue 5 May 2026 ISSN: 2584-0142

Orthorexia tendencies as compensatory control

Participants' accounts of eating behaviors revealed a clear shift from medical dietary advice toward stricter, moralized restriction. Food was categorized in binary terms; rule violations produced guilt and anxious rumination rather than simple regret. Dietary control compensated for perceived loss of control over hormonal fluctuations, consistent with biopsychosocial models of orthorexia. However, such control carried costs: social withdrawal and isolation from family meal rituals—themselves repositories of cultural connection. The coping analysis further suggests orthorexic behaviors function not merely as health practices but as emotional regulation mechanisms for perceived bodily unpredictability.

Cultural intensification of body anxiety

Family commentary and fertility anxiety stood out as distinctly Indian amplifiers of body dissatisfaction. Even unmarried participants in their early twenties felt the weight of reproductive expectations. Keeping the body 'in check' in this context is never purely private: it is entangled with family legacy and social standing. Participants described a 'double pressure'—traditional familial expectations and modern digital wellness ideals—operating simultaneously and without resolution.

5.1 ***Limitations***

This study carries certain limitations. The sample size was restricted to 15 participants from a specific age group and geographical area (North India), limiting transferability. Self-narrative data may be influenced by memory reconstruction and social desirability bias. The study was confined to college-going females, excluding working women and those outside formal education. No clinical measures of orthorexic severity were employed.

5.2 ***Suggestions For Future Study***

- Longitudinal investigation of body image trajectories following PCOS diagnosis.
- Quantification of orthorexic behavior severity in Indian PCOS populations using validated scales.
- Comparative qualitative studies across urban, semi-urban, and rural contexts.
- Intervention-based research on digital body image literacy and critical social media consumption.
- Inclusion of male and family perspectives to illuminate broader sociocultural influences.

6. Conclusion

This study demonstrates that PCOS, as a health condition, becomes a simultaneously psychological and sociocultural experience for Indian college students—one in which the body becomes a site of scrutiny that is medical, digital, and familial at once. Self-objectification acquires new dimensions in this setting, and dietary control becomes a coping mechanism with the potential to develop into orthorexic behaviors.

The four themes—The Unruly Body, The Digital Mirror, Food as Purity and Punishment, and Cultural Tensions Between Marriageability and Modern Wellness—collectively reveal a complex interplay between chronic illness, digital culture, and sociocultural expectations that is not adequately captured by biomedical models alone.

Implications for clinical practice include the integration of psychosocial assessments into standard PCOS care, culturally sensitive counselling that addresses the marriageability and fertility dimensions of body anxiety, and digital literacy programs that help young women critically evaluate social media wellness content. Mental health professionals should be alert to orthorexic tendencies as an underrecognized coping mechanism in this population.

Understanding the complex setting in which PCOS care must be delivered to the Indian population is not merely advisable, it is essential to providing support that is genuinely responsive to the lives these young women are living.

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