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When Stress Turns into Spending: Examining the Mediating Role of Emotional Intelligence

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ABSTRACT

Post-traumatic stress disorder that applies after childbirth has become a problem that is growing not only on the basis of its clinical implications but also on the basis of its potential behavioral implications. The research on the connection between post- traumatic stress disorder and compulsive buying behaviour within the Stimulus Response framework is policy-based on the mediation in which the research study used emotional intelligence as the mediating factor among post- cesarean women. They were collected via a structured survey (n = 368) about post- cesarean women and analyzed using the assistance of the Statistical Package of Social Sciences and Smartpls 4 Partial Least Squares. Reliability and validity tests demonstrated the existence of strong psychometric properties and hypothesis-based relationships were tested with the use of structural equation modeling. The findings revealed that post-traumatic stress disorder is a very important factor in determining the likelihood of compulsive buying, indicating that excessive consumption may be acquired by women who experience more intense symptoms of trauma to manage them. However, emotional intelligence was established to have a negative predictive relationship with compulsive buying behavior that upholds the significance of emotional control in de-escalating the maladaptive purchasing behaviors. This mediation analysis also confirmed the findings that emotional intelligence partly mediates the relationship between post-traumatic stress disorder and compulsive buying behavior and therefore it is possible to mitigate the adverse behavioral outcomes of the trauma through enhancing emotional intelligence. This study contributes to the theory as it predicts the Stimulus-Organism-Response model to parental health and consumer behavior by showing how responses of emotional processes mediate responses of psychological distresses. In practice, the findings require health care policies that involve integration of psychological counseling, emotional intelligence training, and financial literacy training of post cesarean mothers. It is possible to correlate the policy recommendations with the United Nations Sustainable Development Goals (Goal 3 and Goal 5) because it will enhance maternal mental health and protect women against economic risks.

Keywords: *Post Traumatic Stress Disorder, Emotional intelligence, compulsive buying behaviour, social influence*

INTRODUCTION

The primary aim of the research was to investigate the childbirth trauma causing PTSD in the behaviour of the patient, and also investigate the childbirth trauma causing PTSD in the behaviour of the patient regarding Compulsive buying behaviour. This study also seeks to review the psychological and behavioral consequences of traumatic childbirth in women as it is investigated with the help of three specific research questions. In particular, it analyzes the question of the effect of post-traumatic stress disorder (PTSD) on emotional intelligence in women undergoing traumatic childbirth. It also explores the fact that emotional intelligence mediates the association between PTSD and compulsive buying behavior.

Lastly, it also looks at whether social influence mediates the relationship between emotional intelligence and compulsive buying behavior in this case. All these questions aim at enhancing the knowledge base on the interaction between psychological trauma and social influences to guide the emotional control and consumer behaviors.

Their contribution to the productivity of a region and a nation cannot be equated to that of any other human being, but their own well-being (psychological and physical) is a worldwide concern that needs to be addressed without any compromise. The priority group in the United Nations Sustainable Development Goals is women and girls; however, the food insecurity and poverty levels are growing, and an increasing number of women and girls become vulnerable to starvation and low treatment (UN Women, 2023). The world still experiences an inadequate regime of social protection to mothers of newborns as half of the mothers receive maternity cash benefits. It is based on this background that childbirth through the use of caesarian section also leads to the exacerbation of women and other complications that create physical, mental, and emotional imbalance (UN Women, 2023).

This imbalance is also reflected in the gawking statistics of Post-Traumatic Stress Disorder (PTSD) following caesarean surgeries of rates up to 31.7% compared to the instances of a normal labour. This is due to lack of support and experience of traumatic delivery which in most cases are the contributing factors. The research conducted by Bodin et al., (2022) confirms that 20.1 percent of women get PTSD after giving birth to a child through cesarian section and the misperception of perinatal experience may be one of the key risk factors. This trauma does not only spill over in the delivery room, but the outcome is emotional stress, anxiety, and depression, which may manifest in the form of maladaptive behaviours. (Mishra & Singh, 2024)) observed that individuals who experience increased degree of emotional distress are prone to committing compulsive buying to a larger extent. Similarly, psychiatric comorbidity, affective and anxiety disorders may also be regarded as the precursors to compulsive buying disorder (CBD) in women that go hand in hand with the PTSD symptoms (Mueller et al., 2007). Furthermore, Suresh & Biswas, (2019) emphasized that low emotional intelligence might be a predisposing factor to compulsive buying due to the possibility to treat emotional pain.

The post-traumatic stress disorder (PTSD) is a complicated mental disorder induced by both exposure to extreme traumatic events and psychological and emotional factors (Rewar et al., 2015). The PTSD can be characterized as an experience, witnessing, or facing Death or a grave injury that results in the feeling of extreme fear, powerlessness, and loss of a sense of security and predictability (Vermetten, 2023). The symptoms of PTSD include: a traumatic experience, intrusion of fear memories, fear of threat, avoidance, hyperarousal, and cognitive/mood changes, all need immediate psychiatric care (Du et al., 2022). Equally, traumatic childbirth is described as a process of birth where an individual feels threatened and develops fear and helplessness which may culminate in psychological distress. It is estimated that one out of three women also experiences their childbirth as traumatic, and 1-6% of them develop post-traumatic stress disorder (PTSD) (Ford & Ayers, 2011; Fraga et al., 2023). PTSD is a mental disorder caused by exposure or observation of a traumatic event and in the perinatal case, it may cause a high level of dysfunction in family relations and maternal (Angarita Ramirez et al., 2023; Kranenburg et al., 2023). Healthcare is an important part of society as it enhances health outcomes, avoids diseases, and gives required treatment. It is a strong contributor to the formation of physical, mental, and social wellness becoming part of the overall well-being of people and societies (Jani & Chaudhary, 2023).

Likewise, the concept of compulsive buying behaviour (CBB) was applied in the psychiatric literature nearly a century ago, yet it has received little empirical coverage until the 1990s, when consumer researchers proved the high prevalence of this disorder (Claes et al., 2016). But CBB does not appear in DSM-5 (Bandelow, 2017) Furthermore, most definitions of CBB agree that the psychiatric state is

typified by unmanageable or overindulgent urges or behaviour concerning shopping and spending that have unintentionally adverse ramifications (Konkoly et al., 2021) Additional operational criteria that are currently available are more likely to include the cognitive and behavioral dimensions of this psychiatric condition. (e.g., marked subjective distress, disruption of social or occupational functioning and financial/legal problems (Konkoly et al., 2021).

Emotional Intelligence have been suggested as the skill of comprehending, articulating and controlling action. First derived by Salovey & Mayer, (1990), it was described as the control of emotions to attain the anticipated results. It entails the non-cognitive abilities of competence (Bru-Luna et al., 2021). The twelve fundamental EI competencies have been proposed by Goleman and Richard and this includes conflict management and self-controlling. It also involves proposing an influential behavior in order to create a good relation and a positive outcome (Denial Goleman, 1995). The adaptability to organizational awareness to the achievement orientation and empathy are the major considerations. In the workplace, Goleman explains that, the success of any individual relies 80 percent on the emotional quotient and only 20 percent on the intelligence quotient. He also indicated that the EI control assists in avoiding both the emotions-related accidents and the stress-related accidents, therefore, stress on others (Lee & Mysyk, 2004).

Besides, a conceptual approach to user behavior is provided by Stimulus-organism-response (SOR) theory (Russell et al., 2023). This theory states that external stimuli can affect the internal condition of the organism, which in turn provokes a behavioral reaction of the user. Mahsud et al., (2022) applied the S-O-R model to investigate the mechanism through which psychological ownership (the organism) mediates the relationship between product related stimuli (the stimulus) and compulsive buying behavior (the response). They also investigated the influence of emotional attachment and personal attachment to the possessions on the tendency of people to over and unnecessary buying.

LITERATURE REVIEW

Childbirth trauma refers to something happening during child birth and delivery that can be either actual or threatened grave harm or death of the mother or the baby. The trauma to the psychic dimension may be in the form of a sense of total fear, emotional pain, which affects the mother-infant bond (Divya Gupta, 2023). The causes of physical trauma are the abnormal fatal delivery and the application of obstetric interventions, which may result in such complications as a synclitic head insertion (Vlasyuk, 2019). Childbirth trauma is defined as unpleasant experiences of labour and birth, which leads to mental distress. It encompasses fear and trauma experiences that have effects on the early mother-infant relationship (Frankham et al., 2023). Birth trauma is not just restricted to the labour but also postpartum vulnerability. It is a build-up of social and structural aspects in which invisible trauma is caused, which results in isolation. The article extends the conventional definitions of birth trauma (Nelson, 2024).

On the same note, (Kutria et al., 2021) pointed out that factors leading to Post-Traumatic Stress Disorder following childbirth such as caesarean delivery include a number of factors. Caesarean section (C-section) is a traumatic event to women and it is a cause of Post-Traumatic Stress Disorder (PTSD), which is harmful to the behavior (Havard Medical School, 2024). Childbirth may become a very stressful experience to some and even lead to the emergence of PTSD symptoms (Dekel et al., 2017). Traumatic Child-Birth experience causes negative behavioral effects on women exposed to Post-Traumatic Stress Disorder (Shiva et al., 2021). And as per World Health Organization, (2025) Women are more likely to have PTSD than men.

In addition, childbirth trauma is described as psychological distress either during or following childbirth, commonly resulting in childbirth-related posttraumatic stress disorder (PTSD). This disease occurs in millions of people worldwide with a prevalence rate of between 1.5-9% (Jordanova, 2022). The trauma may be caused by many things, which negatively affect the birth experience, complications, and absence of support, and may overwhelm the coping capabilities of a person (Horsch & Ayers, 2016). Childbirth trauma is both physical and mental, but psychological trauma is especially upsetting. It may cause serious mental health disorders, such as anxiety and depression (Fraga et al., 2023).

In spite of the fact, post-traumatic stress disorder (PTSD) and compulsive buying behavior (CBB) do not exist independently in terms of their psychological interdependence even though the two are mutually connected by such factors as stress and emotional distress (Thomas et al., 2016). PTSD is frequently associated with obsessive-compulsive behaviour (OBB) that has similar characteristics such as intrusive thoughts resulting in compulsiveness such as buying (Mishra & Singh, 2024) . It has been determined that stress is a strong predictor of compulsive buying, and an increased perceived stress level is associated with a more severe symptom of compulsive buying-shopping disorder (Cherry et al., 2014).

Likewise, Garthus-Niegel et al., (2013) proposed that the subjective experiences of women during delivery are important in the development of post-traumatic stress symptoms following childbirth. It was found Verreault et al., (2012) that past sexual traumas and anxiety sensitivity may predispose a person to develop PTSD after childbirth. These results point to the significance of screening and offering personalized treatment to those women who have more chances of being at risk. Halperin et al., (2015) established that the process of childbirth among Arab women and Jewish women was more similar than different as far as the incidence of PTSD symptoms after childbirth did not show any significant differences.

In addition, Moon, (2023) suggested that the compulsive buying behavior is an uncontrollable and excessive buying behavior that is associated with self-conception features such as I, me, and my everything. Compulsive buying behaviour is spontaneous buying that is caused by psychological reasons. This behaviour is exploited by firms in contemporary marketing to place their products strategically and to construct settings that facilitate spontaneous buying (Lim, 2020). Compulsive buying behaviour is over-indulgent uncontrollable buying which results in financial and emotional damage. Learning its cues such as store mood is among the key elements of contemporary marketing tactics (AliArab et al., 2023). In addition, a positive correlation between adverse childhood experiences (ACEs) and deteriorated emotional regulation because of which increased levels of anxiety and compulsive buying behavior were anticipated (Maggioni et al., 2006). Similarly, the perceived stress in general has had a positive correlation with the severity of compulsive buying, which underscores the central position played by stress in the formation and maintenance of compulsive buying (Thomas et al., 2016). The role of emotional control and stress susceptibility is also highlighted in an effort to illuminate or manage the failure to self-control in the individual with the PTSD compulsive buying issues (Myropolska & Dombrovska, 2021; Park et al., 2020).

Compulsive buying behavior with a particular focus on its prevalence as a maladaptive coping strategy in order to get past emotional challenges concerning exposure to traumas in the Post-Traumatic Stress Disorder (PTSD) (Russell et al., 2023). There is also the fact that an emotion regulation strategy (one of them being expressive suppression) can eradicate the propensity to compulsive purchases among those with more severe mental health symptoms, proving that effective emotion regulation can serve as a kind of shield (Russell et al., 2023).

On the same note, Martins et al., (2010) established the effectiveness of emotional intelligence as a predictor of positive affective conditions and well-being, which affects the quality of life of older adults with chronic conditions. An emotional intelligence trait measurement is more significantly linked to health compared to the ability measurement, and can be a predictor of health. Emotional intelligence (EI) and stress are two important variables that affect the well-being and performance of an individual in different spheres of life. Whereas the concept of stress is viewed in terms of coping with external demands that exceed the capability of such an individual (Biggs et al., 2017), emotional intelligence is the skill to perceive, comprehend, handle, and apply emotions positively (Mayer et al., 2016). Caruso et al., (2019) developed a model that established four levels of emotional intelligence such as emotional perception, capacity to reason with the aid of emotions, emotional understanding and emotional management. Furthermore, the other groups and individuals will influence the individual behaviour (Qourrichi, 2023).

Tarka, (2020) examined the relationship between negative emotions (organism), stressors (stimulus) and compulsive purchasing behavior (response) using S-O-R model. The experiment studied how feelings of anxiety, sadness and dissatisfaction play a part in causing the maladaptive shopping behavior as a reaction to stressful events in life or the turbulence in emotions.

Farmer et al., (2020) analyzed the mediation relationship between stress (stimulus) and compulsive shopping behavior (reaction) on the basis of emotional dysregulation (organism) in the participants. In the study, the issue of stressor management problems expanding the impacts of stressors on impulsive purchase choices and over-shopping were considered. Singh and Chaturvedi, (2023) used the S-O-R model to investigate the effects of stress events (stimulus) in life on emotional and cognitive processes (organism) that serve as the basis of compulsive purchasing behaviours (response).

A theoretical construct of cognizing user behavior was proposed: the stimulus-organism-response (SOR) hypothesis (Russell et al., 2023). According to this hypothesis, the external stimuli influence the inner state of the organism and it is this inner state that triggers the behavioral response of the user. To test the idea of the psychological ownership (organism) in mediating between product relating stimuli (stimulus) and compulsive buying behavior (response). Mahsud et al., (2022) used S-O-R model. They also examined how the emotional attachment and personal connection with the things they have that is what dictates the propensity of individuals to consume a lot and to spend a lot of money on acquiring new products.

Zheng et al., (2020) analysed the effect of the stress (organism) upon other environmental stimuli (including financial problems or life events) resulting in compulsive buying behaviour (a reaction) through the S-O-R model. Their research focused on the impacts of stressors on the emotional and cognitive mechanisms, which leads to the involvement of people in impulsive and compulsive shopping in an effort to deal with stress. Tarka et al., (2022) applied the S-O-R model to the analysis of the interrelation of stressors (stimulus), negative emotions (organism) and compulsive shopping behavior (response). In the current paper, the impacts of the influence of feelings, whether of anxiety, sadness or dissatisfaction, on maladaptive purchasing habit, which occurs following stressful life events or emotional upheavals, were discussed.

Jain et al., (2023) tested how emotional dysregulation (organism) mediates the relationship between stress (stimulus) and compulsive shopping behavior (response) in people. The S-O-R model was also used by Singh et al, (2015) to investigate the impact that stressors have on impulsive buying and compulsive shopping under the condition of ineffective skills in emotional regulation. Through the S-O-R framework, they examined the effects of stressful life experiences (stimulus) on the affective and cognitive

mechanisms (organism) that were related to compulsive shopping behavior (response). Compulsive shoppers usually turn to the shopping behavior as a way of coping with negative feelings, which can be considered a maladaptive behavior as a result of the traumatic experience (Weinstein et al., 2015). The neurotic character of CBB can be interpreted as a reaction to the emotional problems that have not been resolved, such as PTSD-related problems (Filomensky et al, 2021). In another study, the participants with CBB rated much higher on the symptoms of emotional distress such as the Depression, Anxiety, and Stress Scale (DASS-21) (Mishra & Singh, 2024)

Women health (mental and physical) is a priority area in the United Nation Sustainable Development Goals and (United Nation, 2022) and (UN Women, 2023) report that poverty and food insecurity are increasing as more women and girls get hungry. Additionally, women are mostly impacted because of the weak social protection mechanisms globally, with 55 percent of newborn mothers not getting any maternity cash benefits, and being born via caesarean (C-Section) also causes mental, physical and emotional imbalance among women.

The incidence of PTSD in women after caesarian section (ECS) is an area of concern and the incidence of the condition has been reported to be as high as 31.7. It is commonly associated with a lack of support and adverse delivery experiences and 20.1% of women developed PTSD after caesarean sections and negative childbirth experiences proved to be a significant risk factor (Bodin et al., 2022).

Besides, as Mishra & Singh, (2024) state, people having higher rates of emotional distress such as anxiety or depression tend to participate in compulsive buying. Mueller et al., (2009) reported the prevalence of compulsive buying disorder (CBD) in women that is characterized by very high levels of psychiatric comorbidity especially affective and anxiety disorders that may be overlapping with symptoms of PTSD. Suresh, (2019) pointed out that less emotionally intelligent individuals can be prone to compulsive buying being a maladaptive coping behavior with emotional pain. Based on the literature following hypotheses developed:

H1: There is positive and significant impact of stress on Compulsive Buying Behaviour
H2: There is negative and significant impact of Emotional Intelligence on Compulsive buying behaviour.
H3: Emotional intelligence negatively mediates between stress and Compulsive Buying Behaviour

RESEARCH METHODOLOGY

Research philosophies of researchers must be unveiled since they continue to shape how research is done. They identified different paradigms including positivism, interpretivism, and pragmatism (Creswell, 2009). In this study, an objective will be taken on objective ontology and objective epistemology since the aim of this study is to comprehend the association amid diverse realities in the lens of PTSD. The ontological position of the current study is to discuss the Childbirth trauma resulting in PTSD that affects the emotional intelligence of the patient and its implications. Hence, the current research adopts a stand on the objective nature of the real, and the objective ontological presupposition is to be pursued in the research. And the research paradigm will be Positivism because this is a research paradigm used in the fundamental research, where the main focus is on empirical studies and objective measurement, mostly in the natural sciences and fields of social sciences. It argues that the observable phenomena are to generate knowledge, so the methodology must be structured in such a way that quantitative data plays a priority role (Maksimović & Evtimov, 2023).

In the current research the data gathered objectively by the researcher personal interaction with subjects of study at the sites and online. To meet its objective, the present research takes a position that

encompasses objective ontology and objective epistemology. Consequently, based on this discussion, the main research subject of the present investigation will be the choice of the quantitative research methodologies (Al-Qaisi, 2023; Kennedy-Shaffer et al., 2021). Current study will adopt the deductive research approach to unearth the truth. Basing on above this study choose the explanatory approach to excavate the cause effect. The reality will be measured objectively by quantitative research methods through the analysis of relations among variables with the help of the statistical operation or a set of statistical procedures that will provide systematic and controlled outcomes with possible limitations in exploration and will be utilized in this research (Gosak et al., 2024).

Flexible selection criteria will be developed to come up with the potential participants to gauge the richness of a wide sample. Gyne Gyne section C-section patients after surgery are the individual Women as patients. The members of the study contacted through phone first to set the date and place of the questionnaire. The information described in detail on the phone, and the participants provided with a detailed email containing an information letter. The other individuals who decide to participate in the study will have the choice of participating in the study at their home or workplace. One of the general rules of thumb is to have 5 to 10 respondents to a questionnaire item. The data analysis and representation of the findings were performed via different statistical tools, i.e., SPSS, Smart PLS, and Amos (Hair, 2010; Nunnally, 1978). This research study will involve patients who report PTSD symptoms and experienced traumatic childbirths and thus more than 6 months to complete this research study because the researcher must identify the patients who underwent C-sections (Traumatic childbirth leading to PTSD) 2 to 3 months following the trauma.

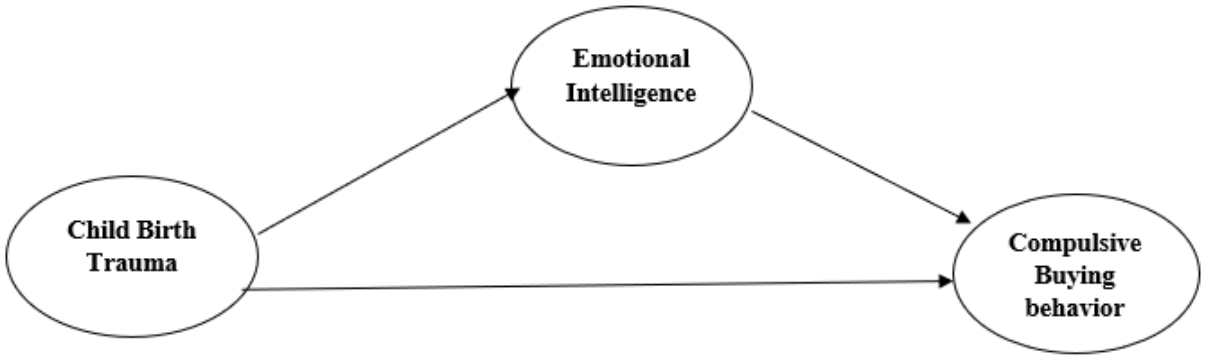
The purpose of conducting the study was to evaluate the applicability and validity of a tool that was previously adopted in one country to be used in the Pakistani context. The largest with the greatest goal was to assess internal reliability and interrogative quality of questionnaire items, respectively, related to three constructs, i.e., PTSD, Emotional Intelligence and Compulsive Buying Behavior. To make it contextually relevant, two practitioners and two academicians reviewed the instrument since it was designed in the other cultural setting context. The specific target of women in Lahore and Islamabad, Karachi, Multan and other cities which are among the largest cities with large female presence in both working and entrepreneurial life. The specially selected participants had cesarean delivery within the past six months. The researcher provided a clear purpose of the research and instructions to a participant particularly on the technical terms such as PTSD before the researcher administered the questionnaire.

The questionnaires were mailed and each respondent given 20 minutes to complete the questionnaire. This was beneficial to the respondent since he needed to comprehend the instrument completely. The process offered proposals on how clear the questionnaire was, how to organize it, and the participation of the respondents. It also helped in refining the process of administration and demonstrated that the study design was effective to a greater magnitude.

The framework used in figure 1 below regarding this study is exclusive to measure the performance mechanism of behaviour of patients by analyzing the effect of PTSD on Compulsive Buying Behaviour and through their mediation of Emotional Intelligence (Kovács et al., 2022; Mishra & Singh, 2024; Oyur Celik, 2017; Radiman et al., 2024). There is a considerable disjunction between the PTSD connected with the Traumatic childbirth and its interrelation with the emotional intelligence and compulsive buying behaviour (Hsieh et al., 2019; Nightingale et al., 2018). Hence, this is where the gap in the body of knowledge was addressed in this study. Compulsive buying possesses varying symptoms though in this paper we intend to study the other factor one i.e. Caesarion, which causes PTSD and triggers human behavior to compulsive buying. The framework used in figure 1 below regarding this study is exclusive to measure the performance mechanism of behaviour of patients by analysing the effect of PTSD on

Compulsive Buying Behaviour and through their Mediation of Emotional Intelligence (Kovács et al., 2022; Mishra & Singh, 2024; Oyur Celik, 2017; Radiman et al., 2024). There is a considerable disjunction between the PTSD connected with the Traumatic childbirth and its interrelation with the emotional intelligence and compulsive buying behaviour (Hsieh et al., 2019; Nightingale et al., 2018). Hence, this is where the gap in the body of knowledge was addressed in this study. Compulsive buying possesses varying symptoms though in this paper we intend to study the other factor one i.e. Caesarion, which causes PTSD and triggers human behavior to compulsive buying.

Figure 1: Conceptual Framework



ANALYSIS AND RESULTS

Firstly, the reliability of the instrument used in pilot study was assessed through internal consistency using Cronbach's Alpha. This analysis was conducted using SPSS version 27. According to (Sekaran, 2016), a Cronbach's Alpha value above 0.70 is considered acceptable, indicating that the instrument is consistent and reliable for measuring the constructs. A value above 0.90 reflects excellent internal consistency. Out of 70 distributed questionnaires, 62 were returned with complete and valid responses, resulting in an effective response rate of 80%. The instrument consisted of three major constructs: Post-Traumatic Stress Disorder (PTSD), Emotional Intelligence, Compulsive Buying Behavior, with a total of 46 items.

Table 1: Reliability Statistics for Pilot Study (N = 70)

Sr. No.	Variable	Cronbach's Alpha	No. of Items	Remarks
1	Stress (PTSD)	0.962	20	Acceptable
2	Emotional Intelligence	0.955	16	Acceptable
3	Compulsive Buying Behavior	0.937	10	Acceptable
	Overall Cronbach's Alpha	**0.844**	46	Acceptable

All individual constructs yielded a Cronbach's Alpha above 0.90, indicating excellent internal consistency. The overall Cronbach Alpha for the combined items was 0.844, confirming the reliability of the instrument for use in the Pakistani context, despite its adaptation from a different cultural setting. These results validate the internal consistency of the adopted scales and support their use in the main study.

Demographic Analysis

Professional Status of Participants

The heterogeneity of the sample (entrepreneurs, salaried employees, and dual-role earners) occupational mix suggests a heterogeneous, economically active sample of post-caesarean mothers. Such heterogeneity is important because the financial routine, self-control needs, and purchase prompts are often heterogeneous across contexts of work (e.g., income rhythm, shopping exposure on commutes or online breaks), which can affect both compulsive buying proneness and demands on emotion regulation at the day-to-day level. The favorable external validity of the PTSD variables in the pathway PTSD-EI-CBB is enhanced by diversity of economic profile due to a decreased possibility of effects being limited to one employment niche.

Table 1: Professional Status of Participants

Professional Status	Frequency (n)	Percent (%)
Entrepreneur	143	38.8
Employed	175	47.4
Both	51	13.8
Total	369	100.0

Reliability Summary

Cronbach's alpha and composite reliability exceed the conventional .70 threshold for all constructs, while AVE values are ≥ .50, indicating strong internal consistency and adequate convergent validity. These results are which typically yield high reliability in adult samples. High reliability is especially important in models where indirect effects are tested; unstable measures produce biased path estimates and unreliable mediation inferences (Hair et al, 2019) In short, the scale performance here supports the measurement soundness required for valid tests of H1–H3.

Table 2: Reliability Summary (N=368)

Construct	Items	Alpha	RhoA	CR	AVE
Compulsive Buying Behavior	10	0.948	0.949	0.956	0.683
Emotional Intelligence	16	0.959	0.96	0.963	0.622
PTSD	20	0.99	0.99	0.99	0.836

Factor Loadings & Reliability

Indicator loadings cluster around or above .70 for most items, satisfying common thresholds for indicator reliability. A few items (e.g., a lower CBB or PTSD indicator) are marginally below .70; however, construct-level AVE and CR remain strong, aligning with best-practice guidance to retain theoretically central items when their removal does not substantively improve CR/AVE.This approach preserves content validity critical when modelling latent constructs that integrate multiple subfacets (e.g., EI's appraisal, use, and regulation; PTSD's intrusion, avoidance, negative mood/cognition, and arousal) (Hair et al, 2019).

Table 3: Factor Loadings & reliability

Construct	Item	Loading	Alpha (α)	Rho-A	(CR)	AVE
Compulsive Buying Behaviour	CB1	0.71286	0.948	0.949	0.956	0.683
	CB10	0.66645				
	CB2	0.75897				
	CB3	0.72093				
	CB4	0.75701				
	CB5	0.70415				
	CB6	0.76151				
	CB7	0.76213				
	CB8	0.7088				
	CB9	0.79047				
PTSD (Stres)	ST1	0.77029	0.99	0.99	0.99	0.836
	ST10	0.65639				
	ST11	0.72772				
	ST12	0.78465				
	ST13	0.75529				
	ST14	0.72002				
	ST15	0.74874				
	ST16	0.69638				
	ST17	0.74378				
	ST18	0.72469				
	ST19	0.77825				
	ST2	0.75436				
	ST20	0.73256				
	ST3	0.72819				
	ST4	0.71358				
	ST5	0.74433				
	ST6	0.70973				
	ST7	0.713				
	ST8	0.70218				
	ST9	0.71264				
Emotional Intelligence	EI1	0.71975	0.959	0.96	0.963	0.622
	EI10	0.70825				
	EI11	0.71079				
	EI12	0.70118				
	EI13	0.76137				
	EI14	0.7693				
	EI15	0.77669				
	EI16	0.72041				
	EI2	0.77917				
	EI3	0.75765				
	EI4	0.70942				
	EI5	0.73746				
	EI6	0.74674				
	EI7	0.75847				
	EI8	0.70278				
	EI9	0.7156				

Discriminant Validity

For each construct (CBB, EI, PTSD), the square root of AVE on the diagonal exceeds the corresponding inter-construct correlations, fulfilling the Fornell–Larcker criterion and supporting discriminant validity (Fornell & Larcker, 1981). The correlation pattern is theoretically coherent: PTSD correlates positively with CBB and negatively with EI, while EI correlates negatively with CBB. This structure accords with evidence that trauma and stress elevate avoidance-based coping and dysregulated affect (Dekel et al., 2017; Ford & Ayers, 2011), and that higher EI helps inhibit mood-repair purchases and impulsive tendencies (Nijhawan et al., 2023). Discriminant validity ensures that the mediation in H3 is not an artefact of construct overlap but reflects distinct psychological processes.

Table 4: Fornell–Larcker Criterion for Discriminant Validity

	CBB	EI	PTSD
CBB	0.735		
EI	-0.308	0.736	-
PTSD	0.383	-0.403	0.731

Path Analysis

The structural paths align with theory and prior findings. First, PTSD → CBB is positive and significant, supporting H1 and echoing research that stress/trauma increases reliance on avoidance and mood-repair consumption (Horsch et al., 2017; Ridgway et al., 2008) Second, EI → CBB is negative and significant, supporting H2 and matching evidence that EI's regulation and appraisal capacities reduce impulsive/compulsive purchasing (Law et al., 2004; Nijhawan et al., 2023). Third, PTSD → EI is negative and significant, consistent with the notion that trauma symptoms (intrusion, hyperarousal, avoidance) erode emotion-regulation capacity, a necessary precondition for the indirect effect in H3 (Dekel et al., 2017; Ford & Ayers, 2011) Collectively, these coefficients fit the S-O-R logic: stimulus (PTSD) perturbs the organism (EI), shaping the response (CBB).

Table 5: Path Analysis

Path	**β**	**p-value**	**Decision**
PTSD → CBB	0.310262	0.0	Supported (H1)
EI → CBB	-0.1873	0.0	Supported (H2)
PTSD → EI	-0.40277	0.0	— (for mediation)

Median Analysis

The indirect effect is negative and significant, confirming H3: higher EI attenuates the translation of PTSD symptoms into compulsive buying. This aligns with the SOR mechanism in which organism-level resources filter stimulus impacts before they manifest as behaviour, and with broader evidence that emotion-regulation capacity moderates or mediates stress-to-maladaptation pathways (Hair, 2010; Nijhawan et al., 2023). The result also dovetails with consumption research showing that interventions targeting emotional regulation reduce urge-driven spending and regret (Ridgway et al., 2008; Stolz, 2016). In short, EI functions as a protective mechanism in this model, offering a plausible lever for clinical and consumer-education programs.

Table 6 : Median Analysis

Indirect Effect	**β_indirect**	**p-value**	**Decision**
PTSD → EI → CBB	-0.075	0.0	Supported (H3: EI mediates)

Hypotheses Testing

All three hypotheses are supported: PTSD increases CBB (H1), EI decreases CBB (H2), and EI mediates the PTSD→CBB relation (H3). The pattern is consistent with clinical and consumer literatures: traumatic stress is associated with avoidance-based coping including shopping as mood repair (Ford & Ayers, 2011; Stolz, 2016), while EI is linked to adaptive regulation that restrains impulsive or compulsive buying (Law et al., 2004; Nijhawan et al., 2023). Methodologically, the simultaneous confirmation of direct and indirect paths indicates the model captures both risk (PTSD) and resource (EI) processes, a balance recommended in modern structural modelling of behaviour under stress (Hair, 2017).

Table 7: Summary of Hypotheses Testing Results

Hypothesis	Statement	Decision
H1	PTSD positively impacts CBB	Supported
H2	EI negatively impacts CBB	Supported
H3	EI mediates the PTSD→CBB link (negative mediation)	Supported

Correlation Analysis

Bivariate associations reinforce the structural story: PTSD shows a moderate positive correlation with CBB and a moderate negative correlation with EI; EI shows a moderate negative correlation with CBB. None of the inter-construct correlations approach multicollinearity thresholds, supporting the distinctiveness of constructs and the stability of path estimates (Hair, 2017; Kline, 2011). Conceptually, the signs and magnitudes match prior work: trauma symptoms correlate with dysregulated affect and coping, while EI aligns with regulated choice and lower maladaptive purchasing (Dekel et al., 2017; Nijhawan et al., 2023).

Table 8 : Correlation Matrix for CBB, EI, and PTSD

	CBB	EI	PTSD
CBB	1.0		
EI	-0.308	1.0	
PTSD	0.383	-0.403	1.0

DISCUSSION

The statistical analysis confirmed all three hypotheses. First, PTSD showed a significant positive association with CBB, indicating that higher trauma symptom severity after caesarean delivery is linked to greater engagement in compulsive buying. This supports the premise that individuals experiencing distress from intrusive memories, hyperarousal, and avoidance symptoms often turn to maladaptive coping strategies such as excessive shopping for temporary mood repair (Ridgway et al., 2008). Second, EI demonstrated a significant negative relationship with CBB, suggesting that women with stronger emotional perception, regulation, and utilization skills are less likely to engage in compulsive consumption. This aligns with research showing that high EI fosters better impulse control, facilitates adaptive coping strategies, and reduces vulnerability to emotional spending triggers (Law et al., 2004; Nijhawan et al., 2023).

Third, EI was found to mediate the PTSD and CBB relationship. The indirect effect was negative and significant, meaning that while PTSD directly increases CBB, its effect is attenuated when higher EI is present. This finding supports the SOR model's contention that organismic factors can filter the impact of stimuli on behavioural outcomes. In the current study, EI served as a protective psychological resource, consistent with literature on emotional regulation's buffering effects on stress-related maladaptive

behaviours (Gómez-Leal et al., 2021). Collectively, these findings advance understanding of the link between maternal trauma and consumer behaviour, particularly in a postpartum context influenced by both psychological vulnerability and cultural norms that may reinforce spending patterns.

The analysis revealed that PTSD significantly increased compulsive buying behaviour, aligning with the SOR model's assertion that unregulated distress can trigger maladaptive responses. This supports existing evidence from consumer and clinical psychology showing that trauma survivors may use shopping as an avoidance-based coping strategy to manage negative affect (Horváth et al., 2013). In the post-caesarean context, physical recovery demands, emotional trauma, and societal expectations to maintain household and personal presentation especially within urban.
This finding is consistent with research showing that strong emotional competencies enable individuals to manage stress, regulate impulsive urges, and adopt adaptive coping strategies rather than relying on short-term mood-repair behaviors (Law et al., 2004; Nijhawan et al., 2023).

This study advances the application of the Stimulus–Organism–Response (SOR) model by empirically linking a clinical psychological condition post-traumatic stress disorder (PTSD) to a consumer behaviour outcome compulsive buying behaviour (CBB) through the mediating role of an emotional competence construct, emotional intelligence (EI). By doing so, it validates SOR as a robust framework for explaining trauma-related economic behaviours, demonstrating that the "organism" component can be operationalized as a psychological resource with both direct and indirect effects on behaviour. This theoretical integration strengthens the bridge between consumer psychology, clinical psychology, and behavioural economics, highlighting the value of multidisciplinary approaches to understanding post-trauma decision-making processes.

From a practical perspective, the findings suggest clear avenues for intervention in healthcare and consumer protection contexts. For healthcare practitioners, incorporating EI development modules into postnatal care programs could equip new mothers with the emotional regulation skills necessary to reduce reliance on maladaptive coping behaviors such as compulsive buying. Mental health professionals can collaborate with financial counsellors to provide integrated support addressing both emotional resilience and responsible financial behaviour. Furthermore, the results have ethical implications for retailers and advertisers, who should exercise caution in marketing to emotionally

CONCLUSION AND IMPLICATION

The findings of this research provide strong empirical evidence that post-traumatic stress disorder (PTSD) following caesarean childbirth has a significant and positive impact on compulsive buying behaviour (CBB), highlighting the vulnerability of postpartum women to maladaptive consumption patterns when experiencing elevated psychological distress. Symptoms such as intrusive memories, hyperarousal, avoidance behaviors, and negative mood alterations can erode self-regulation capacity, thereby increasing the likelihood of engaging in excessive, repetitive purchasing as a form of short-term emotional relief. This aligns with established clinical and consumer psychology literature that conceptualizes compulsive buying as an avoidance-based coping strategy in the presence of unresolved trauma. In contrast, emotional intelligence (EI) emerged as a significant protective factor, demonstrating a negative relationship with CBB. Women with higher EI characterized by enhanced self-awareness, emotional regulation, empathy, and the ability to channel emotions constructively were less likely to engage in emotionally driven spending. This finding not only reinforces prior research linking EI to adaptive coping and impulse control but also underscores the critical role of emotional competencies in shaping healthier financial and behavioural outcomes in the postpartum period.

This study advances the application of the Stimulus–Organism–Response (SOR) model by empirically linking a clinical psychological condition post-traumatic stress disorder (PTSD) to a consumer behaviour outcome compulsive buying behaviour (CBB) through the mediating role of an emotional competence construct, emotional intelligence (EI). By doing so, it validates SOR as a robust framework for explaining trauma-related economic behaviors, demonstrating that the "organism" component can be operationalized as a psychological resource with both direct and indirect effects on behaviour. This theoretical integration strengthens the bridge between consumer psychology, clinical psychology, and behavioural economics, highlighting the value of multidisciplinary approaches to understanding post-trauma decision-making processes.

Perhaps most importantly, the study revealed that EI mediates the relationship between PTSD and CBB. This mediation effect suggests that EI functions as an internal psychological filter within the Stimulus–Organism–Response (SOR) framework, reducing the translation of traumatic stress into maladaptive economic behaviour. By demonstrating that EI can partially buffer the negative behavioural consequences of PTSD, the research offers valuable insight into intervention design emphasizing that strengthening emotional competencies may mitigate the adverse consumer behaviour outcomes associated with maternal trauma.

By integrating perspectives from clinical psychology, consumer behaviour, and behavioural economics, this study extends the applicability of the SOR model to a new domain, linking a clinically recognized psychological disorder to a specific economic behaviour through a mediating emotional resource. The research not only deepens theoretical understanding but also provides a foundation for practical strategies in healthcare, mental health support, and consumer protection policy aimed at improving the economic and emotional well-being of post-caesarean mothers. In doing so, it makes a substantive contribution to both the academic literature and real-world practice in contexts where maternal health and economic participation intersect.

This study offers significant contributions across theoretical, empirical, and methodological domains. **Theoretically**, it advances the Stimulus–Organism–Response (SOR) model by applying it to a novel context maternal trauma resulting from caesarean childbirth and linking it to a specific economic behaviour, compulsive buying behaviour (CBB). By conceptualizing PTSD as the *stimulus*, emotional intelligence (EI) as the *organism*, and CBB as the *response*, the research demonstrates how a clinically recognized psychological condition can influence consumer decision-making through an internal emotional resource. This extension enriches the theoretical integration between consumer psychology, clinical psychology, and behavioural economics, opening pathways for cross-disciplinary models of post-trauma economic behaviour.

Empirically, the study provides the first quantitative evidence of the PTSD–EI–CBB relationship among post-caesarean mothers in Pakistan, a demographic and cultural group largely absent from both PTSD and consumer behaviour research. It highlights how trauma-related distress can shape financial and consumption patterns in a context influenced by specific cultural norms, such as postpartum gift-giving and social spending expectations. These findings not only contribute to the scarce literature on postpartum consumer behaviour in low- and middle-income countries but also offer culturally relevant insights that can inform policy and practice in similar settings.

Methodologically, the research demonstrates the feasibility and reliability of adapting internationally validated instruments such as the PTSD Checklist for DSM-5 (PCL-5) (US Deptt of Veterans Affairs, 2023), the Wong and Law Emotional Intelligence Scale (WLEIS), and established CBB measures to a

South Asian context. Rigorous translation, cultural adaptation, and pilot testing ensured that the instruments retained their psychometric integrity while remaining contextually appropriate. This methodological approach provides a replicable model for future studies aiming to investigate complex psychological behavioural linkages in non-Western populations, particularly in culturally sensitive domains like maternal health and financial behaviour.

LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

There are limitations that are not left out in this study. First, its cross-sectional nature does not allow causal inference to be made, so it is ambiguous whether PTSD influences compulsive buying or the reverse. Second, there is a risk of biases in self-reported measures, including social desirability and biases in recalling elements. Third, it was confined to married post-caesarean women in Pakistan and could not be generalized to other cultures and various postpartum experiences. Fourth, the research included emotional intelligence as a mediator only, which is inadequate in relation to other influential elements of psychology or social conditions, including resilience, coping mechanisms, family support, or socioeconomic status.

Longitudinal designs should be used in the future to provide causal relations and variation in compulsive buying behaviour with time. The broadening of the research to different cultural and demographic setting will contribute to the evaluation of generalizability of results. The addition of other mediators and moderators (resilience, coping styles, family support, and financial literacy) would give a more comprehensive picture of the post-trauma consumption behaviour. Lastly, intervention studies that involve emotional intelligence training or combined psychological, financial support programs may provide important information on practical solutions to the current problem of compulsive buying in postpartum women.

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